

Book Reviews

The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care, by T.R. Reid, hardcover, 288 pages, \$25.95, ISBN-13: 978-1594202346, New York, N.Y., Penguin Press, New York, 2009.

The author of *The Healing of America*, T.R. Reid, uses misleading statistics and communitarian views of rights from such statist organizations as the United Nations to make the case that Americans should adopt the national medical systems of other industrialized nations. Like so many advocates of nationalized medicine, he looks at the issue in a vacuum and not in the larger context of what a smothering welfare-state security blanket does to the psyche, values, industriousness, and survivability of a nation.

This book should be entitled “Let’s adopt the national health care of dying countries.” The fact is that several industrialized countries cited by Reid have mortality rates that exceed birth rates. Unless they change their social welfare policies and immigration laws to encourage higher birthrates and population growth, they will cease to exist in their current form in a few decades.

This is especially true for European countries that have a large and largely illiberal Muslim population, which, because of higher birthrates, will eventually outnumber the non-Muslim population. Even if these countries somehow survive as liberal democracies, their social welfare costs will become unsustainable, especially if the United States stops subsidizing their national defense.

To his credit, Reid presents a balanced overview of the history and workings of nationalized medicine, including the many warts, such as long waiting times for treatment, bare-boned facilities, rationing, unsustainable cost increases, and, in his words, the “shafting” of physicians and other “health care providers.” For this reason alone, the book should be read and kept as a reference by those who have an interest in the debate on the future of American medicine.

Unfortunately, Reid either ignores an important reason why the United States appears to spend more on medical care and to get less in return than other industrialized nations.

For example, although he correctly details the dysfunctions, inefficiencies, sub-par health outcomes, and coverage gaps with American health insurance/care, Reid gives no explanation of the primary cause of these problems, other than to incorrectly imply that the cause is the profit motive. As readers of these pages know, the primary cause is the destruction of a true consumer market in health insurance/care at the hands of the government. Seven decades of misguided tax, labor, and welfare policies have created a Rube Goldberg contraption of cost shifting, third-party payments, hidden prices, red tape, malpractice litigation, and rent-seeking corporations that use their political clout to stifle competition. At the same time, there has been a crowding out of private charity, personal responsibility, and saving for the infirmities of old age.

If, as Reid suggests, the profit motive is bad for medical care, then wouldn’t it also be bad for other necessities of life, such as food, shelter, and clothing? Shouldn’t profits be replaced by socialism and a single-payer system across all life-sustaining industries? Reid doesn’t address these questions. However, he does address the philosophical issue of health care as a right.

Reid praises the Charter of Fundamental Rights of the European Union, which, among other invented “rights,” grants the right to health care, or to be more accurate, *free* health care. Tellingly, he makes no distinction between positive and negative rights and thus is not concerned that government coercion is used against some citizens for the benefit of other citizens in order to fund nationalized medicine and to limit costs. Nor is he concerned that nationalized medicine violates the right of self-ownership by giving the state control over the bodies of patients and the labor of physicians. As a result, he doesn’t ponder whether American medicine can be improved without coercion, or at least with far less coercion than that exercised by other nations.

The book has the additional flaw of comparing U.S. spending and outcomes to Germany, France, Great Britain, Switzerland, Canada, Japan, and Taiwan. These nations are markedly different from the U.S. in racial make-up, levels of immigration, diets, size, and history. For example, Germany, Switzerland, Japan, and Taiwan are mostly racially homogenous (France doesn’t publish racial statistics). Switzerland, with a population of only 8 million, finds it much easier to maintain solidarity and enact reforms than a multiracial nation of 310 million. Japan has a low rate of heart disease and diabetes due to genetics and diet. It also has restrictive immigration laws that maintain racial purity and keep out people with AIDS and other diseases. And none of the countries has absorbed as many unskilled and uneducated immigrants in poor health as the United States has.

On the last point, Reid holds up the other countries as paragons of fairness and justice because of their nationalized medicine, although the United States has admitted a larger number of poor immigrants to its shores than all of them combined. Coupled with its economic freedom and class mobility, the U.S. has given tens of millions of immigrants the opportunity to rise above the poverty, ignorance, and substandard medical care of their homelands. But this attribute has lowered the U.S. in international health rankings and in the eyes of Reid and the United Nations. Apparently, the U.S. would have more international esteem if it had the immigration laws of Japan.

Yes, American medicine and insurance should be reformed, but American values and individual liberty shouldn’t be sacrificed in the process. Moreover, contrary to the advice of *The Healing of America*, the U.S. should surely not emulate dying countries.

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The Best-Laid Plans: How Government Planning Harms Your Quality of Life, Your Pocketbook, and Your Future, by Randal O'Toole, hardcover, 416 pp, \$22.95, ISBN 978-1-933995-07-6, Cato Institute, 2007.

It is said that human societies have developed four mechanisms for allocating resources: violence, religion, politics, and markets. In our non-theocratic society we are left with politics and markets and the generous efforts of religious organizations providing vast sums of gratuitous humanitarian care. Is government planning the only means for allocating resources? What of the loss of our personal freedoms? What of free markets?

In this time of seemingly decreased personal initiative and self-reliance, citizens increasingly default to government planning as an accepted part of life, even though history demonstrates that such planning frequently causes or worsens the very problems it is intended to solve.

With 30 years of research and in-the-trenches experience, author Randal O'Toole, a senior fellow at the Cato Institute, examines how and why the schemes of government planners usually go horribly wrong. He does this by rigorous combined application of theory and case studies to substantiate the results of his analyses.

Planning, of course, is generally not a harmful activity. However, there are significant differences between private planning and government planning. Government officials are often focused on long-range planning that forges critical decisions about your life, your property, and your future. These bureaucrats, who generally have no personal stake in the matter, are disconnected from personal accountability and from risk-reward factors.

Although some might hope that expansive political discourse would lead to rational, cogent constructs that are organized, efficient, objective, and altruistic, such results occur rarely, if ever. Comprehensive government planning almost always fails under the weight of voluminous data and special-interest infighting. Plans are often obsolete before they are published, owing to changing political, social, and scientific realities.

The author also points out that long-range planning by government bureaucrats

often fails because the future is not predictable. Thus, planners inject their own personal preferences, once again opening the door to manipulation by special-interest groups.

Government planning agencies also lack flexibility, for numerous reasons, including commitment to rigid ideologies, the corruption of power-mongering, political inertia, and influence from special-interest groups. It tends to respond to controversies with still more suffocating regulations.

O'Toole concludes that the Law of Unintended Consequences prevails and government planning cannot be rational in a political environment with perverse incentives.

He characterizes private free-market planning, on the other hand, as localized and focused, and flexible and short term, having less corruption by special-interest groups, and being disciplined by the planners' having a personal stake in the outcome.

Author O'Toole outlines the process of government planning: legislators with miasmatic self-interest write laws lacking specificity so they can turn them over to entrenched bureaucrats who translate law into detailed administrative rules and regulations. This provides cover and plausible deniability for legislators when the planning fails. The Iron Triangle of elected officials, bureaucrats, and special-interest groups tends to "warp planning to their own ends rather than to the public interests."

O'Toole argues for the free-market system that typically works on the private planning model. Free markets embrace three elements: individual choice, freedom with accountability, and risk-reward incentives. It is the antithesis of the Iron Triangle, and most closely matches the realities of human behavior.

This book is recommended reading for politicians and every citizen who desires to promote effective, albeit limited, governmental function. One must understand the beast in order to tame it—or kill it!

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Universal Coverage, by Daniel Putkowski, paperback, 350pp, \$16, ISBN 978-09815959-4-8, Hawser Press, 2009.

This is the third novel by young writer Daniel Putkowski. The genre might best be

described as a reality novel. It puts aside the facts and figures of the universal healthcare debate, and just tells a story of how universal coverage might affect the lives of real people.

I experienced a certain Schadenfreude in reading about a couple of holier-than-thou yuppies who get what they were asking for. That includes other aspects of the liberal agenda such as coerced energy "conservation" (rationing). Though not a major feature of the story, the liberal social agenda is also present in the background. For example, a social worker remarks that the protagonists are unusual in having the traditional family structure of married parents and their son.

Human life and work in this novel of the near future is dominated by government central planning, which is simply accepted by most, including the main character Bob Smith, as being necessary for the laudable purposes of protecting the planet and achieving "fairness" in "healthcare." Or it was, until Smith's young son, who aspires to a career in the major leagues, collapses on the baseball field. At that point, nuisances like gasoline rationing become a life-and-death matter. The all-wise bureaucracy has granted the boon of an early appointment with a cardiologist—but the patient is in Philadelphia, and the cardiologist is in Pittsburgh.

There are few competent physicians left who are willing to defy or bend the rules in the interest of their patients. They are hampered not just by the bureaucrats, but by the population's maddening acceptance of the regime. The patient's mother, Hannah, actually stops Dr. Ben from listening to her boy's heart, after Dr. Ben has taken the initiative to make an illegal house call. It wouldn't be safe to trust a physician who is practicing outside his narrowly circumscribed limits! As he later accompanies the parents to visit the boy in the hospital, Dr. Ben is blocked by a uniformed security guard.

"Wait a minute!" the guard said after logging everyone's name into the computer. "You two are fine, but he is from 128. You got a waiver to work here, Doc?"

"I'm providing a special consultation on this case," Dr. Ben said. "Check under Section 578 of the UC Code. Visiting physicians are permitted to attend to those cases which

may provide additional educational opportunities to other medical personnel.”

Dr. Ben gets through the barrier, but Smith is puzzled about Section 578. He doesn't remember it, despite the many hours he has spent studying and highlighting the Universal Coverage manual.

“I don't give a damn what Section 578 says,” Dr. Ben told him. “These fools just need an answer to their stupid questions. They don't know the difference between the right ones and the wrong ones so long as you give them any one.”

Smith endures a lot, including mandatory weekly “counseling” sessions supposed to help people cope with death. He follows all the proper procedures, as well as the informal ones (planting bribes), only to find that the bureaucrats always have a “gotcha.” The gate to care is kept by a care delivery specialist (CDS) who has checked into the results of the comparative effectiveness research as she sets up the cardiac level three care plan, which includes sending the patient home with a loaned automatic external defibrillator. Smith thought he should at least get the level of training that he had been given in CPR as a Boy Scout, but the CDS said that was unnecessary. He should just read the instructions in the box.

The situation has to become desperate before Smith, defying both his wife and the system, becomes a scofflaw. He liquidates his most prized possession, accepts the likelihood of cancellation of his universal coverage benefits, and even risks prison time for siphoning gasoline, in order to take his son to the offshore hospital on board *The Salvare*.

I think our readers will find that the circumstances in the book are not much of a leap beyond what we already see. Most of the characters in the book are faceless automata, but then bureaucracy does have a crushing effect on the human spirit.

The details of the boy's cardiac condition are baffling to me. But they were, after all, being filtered through the point of view of a layperson who was getting information from physicians who had seen the patient for perhaps five minutes and who did not necessarily even use a stethoscope, much less any more advanced technology.

At the end of the book, I am left with a burning desire to know what was really wrong with the patient, and what happens

next. But at the end there is at least hope for one young patient—and even for our country, if a layman like Putkowski has a clear understanding of what is at stake.

The book engaged my attention and kept me reading. I hope a lot of people will read it before they become patients themselves under universal coverage.

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Against Medical Advice: a True Story, by James Patterson and Hal Friedman, hardback, 283 pp, \$26.99, ISBN 978-0-316-0-2475-5, New York, N.Y., Little, Brown, 2008.

In this book, Hal Friedman, a writer of five books of fiction, collaborates with best-selling writer James Patterson to tell the compelling story of Cory, Friedman's son, from the boy's viewpoint.

Besides the devastating tics of severe Tourette's syndrome, Cory was diagnosed as suffering with attention deficit/hyperactivity disorder, obsessive-compulsive disorder, and anxiety disorder. After his head shakes began at age five, Cory and his family lived through 13 years of torment. They consulted 13 doctors and had prescriptions for about 60 potent medicines. The only drug that relieved his agony was alcohol. For his drinking problem, he was about to be admitted to a psychiatric hospital—and was saved from this absolutely terrifying prospect only by his father's courage to sign him out AMA, against medical advice.

The book is a compendium of adverse effects of drugs. One of the worst was risperidone, which added massive obesity to Cory's other problems. The highest dose was enough to keep him from bouncing off walls, but when he became terrified of anything that had the slightest potential to hurt him, he decided that he had to stop the drug. Then he found out that the horror stories on internet chat rooms about the physical pain of withdrawal from risperidone are true, even when the drug is taken away a little at a time.

He said, “There were days when I screamed, and cried, and just wanted to die. My depression deepened and I began to believe that the only purpose of my life was to be in pain.”

At first, Cory considered himself fortunate to get an appointment with a world-famous researcher at a hospital for patients with movement disorders. Eventually, he wished that he had never heard of her or her hospital, as he experienced the meaning of the phrase “living hell.” The suggested treatment turned out to be yet another drug, tetrabenazine or TBZ. When the akathisia that it caused was at its worst, Cory said that if he had been handed a gun, he surely would have shot himself.

Cory's virtually hopeless situation became worse and worse until he nearly set the house on fire. Then came the intervention that was the turning point: wilderness camp.

This was not thought up by any of his doctors. “None of them has ever advised that I do something this unusual, or this extreme.” The idea was very simple, as Cory explains: “force troubled kids to cooperate in order to survive, and get us through the withdrawal period of our addictions by having us focus instead on more immediate issues—like...not freezing to death.”

Making it in the camp was the beginning of a still long and tortuous road to what seems to be a miraculous recovery. The patient's will and his family's heroic love triumphed, more despite than because of the advice of his physicians.

Our most important teachers are our patients. All physicians, especially those who treat patients with neurologic and psychiatric disorders, can learn much from this riveting and inspiring story.

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The Liberal Mind: the Psychological Causes of Political Madness, by Lyle H. Rossiter, Jr., M.D., paperback, 406 pp, \$19.95, ISBN-13: 978-0977956302, St. Charles Ill., Free World Books, 2006.

“Widespread denial of reality is one of the defining characteristics of the liberal mind.”

“Some liberals...are able eventually to renounce the madness of liberalism and become competent adults...the facts of life overcome the dogma of illusion.”

—Lyle H. Rossiter, Jr., M.D.

Today a distinctly collectivist bias permeates the whole of Western political thought, says author Lyle H. Rossiter, Jr., M.D.

This bias, he says, is a result of a slow cultural decline that has occurred over the past several decades. It has displaced the individual from his rightful position as the primary economic, social, and political unit of society, and has disconnected rewards from merit and desert. It has polarized the population into warring classes with false claims of victimization and continued need for political rescue.

As a result, we now have an irrational society with an ever-increasing number of dysfunctional childlike citizens who are stunted in their character development, are economically irresponsible, and are pathologically dependent on governments to take care of them. These persons, who are liberated from the burdens of adult life (as liberals claim welfare programs accomplish), are also liberated from the opportunity to grow up. This surrender ties the man-child to the skirts of the maternal state, Rossiter writes.

We also see the madness of this liberal agenda in our economic and regulatory policies, and in the egalitarianism of our social engineering. For example, since 1960, our annual spending on welfare programs (in 1990 dollars) has risen from \$144 billion to nearly \$800 billion; illegitimate births have increased 400 percent; the number of children living in single-parent homes has tripled; teenage suicides have tripled; and violent crime has risen 500 percent.

How and why this has happened is the theme of this book. Rossiter, a forensic psychiatrist, makes the case that the modern liberal agenda fails because *it ignores the nature of human beings as individuals*. Rossiter cites two bases for those claims to freedom of action known as natural rights: (1) the characteristics of human nature, and (2) the constraints needed for social order.

Freedom requires a social order based on the rule of law, which reduces conflict, since it provides for physical safety and ensures material security. Our need for freedom is always in conflict with our need for safety and security. The solution, as Henry Hazlitt explained in his 1988 book

The Foundations of Morality, is *social cooperation*—the voluntary efforts of many persons in pursuit of shared goals for mutual benefit. Social cooperation is the essential integrating force in man's simultaneous search for freedom and order.

The two major virtues that allow the citizen to master social cooperation are *autonomy*, or individual sovereignty, and *mutuality*, or voluntary cooperation. All healthy developmental influences, from infancy to maturity, enhance both of these virtues. The critical role of social cooperation, however, is vulnerable: it will unravel under the use of force that is required by collectivism. Social order is a consequence of cooperation, not of coercion.

According to Rossiter, in a free society the proper outcome of child development is a self-reliant adult who has high ethical and moral standards, a strong conscience, capacities to work and to relate to others, and a desire to produce and cooperate voluntarily. Our modes of coping are laid down in the earliest years of development, when very powerful forces motivate the individual for good or for evil. How the individual child incorporates the instincts for self-preservation, sexual satisfaction, and aggressive behavior—as against his dependency needs, acquisitive impulses, and narcissistic needs—determines whether his actions will be adaptive or destructive.

Rossiter lists the several stages of development through which the child must pass in order to grow into a competent adult. During the first 15 months he must acquire the foundations of basic trust. During the next several years he acquires the foundations of autonomy, mutuality, and initiative through a process termed individuation.

The subsequent juvenile phase, between ages six and 12, is the era of industry and of socialization. Later, during adolescence, these culminate in the age of identity and achievement, which leads to the era of industry and the beginnings of competence. All of these transformations are vulnerable to the effects of deprivation, neglect, abuses, and indulgence, which likely will lead to serious distortions in personality development.

Four additional adult virtues are important. These are the abilities to take care of oneself responsibly, to love another

person intimately, to devote oneself to children, and to care enough about one's community to try to make it better. The source of all of these qualities lies only within the individual; "society" does not cause an individual to do anything.

The liberal child, Rossiter says, never successfully achieves these stages of development. He attributes the madness of the liberal mind to early trauma resulting from the childhood neglect, deprivation, and abuse inflicted by cruel, withholding, and indifferent parents. In addition, the child indoctrinated into collectivism is made to acquire a form of developmental psychopathology that suppresses his innate longing for autonomy. The collective, not the individual, becomes the primary economic, social, and political unit.

Rossiter notes that only an irrational person would look at a community of free people cooperating by choice and see a society of victims exploited by villains. But the liberal's irrationality is most apparent in his ruthless use of force to control the lives of others, an attitude that is typical of the sociopath. This use of others is morally wrong, and can become a crime. Examples are some of the most destructive men in history, such as Hitler, Stalin, and Pol Pot.

As individual character virtues are important, so is the character of society, which itself must have achieved a degree of "adulthood" so that it can validate the individual's adult virtues. Its messages to its people can either honor the principles of rational individualism, or the liberal agenda's principles of coercive collectivism. A society's competence, or its character, is distinguished by its science and technology, by its spirit of inquiry and its respect for truth, and by how its laws deal with the problems of personal and local knowledge, interest, and power. Its dominant values and institutions must be committed to a rational individualism and it must provide a set of rules that protect ordered liberty.

Rossiter concludes that the liberal agenda is a form of madness, an evil, and a stunning failure that invariably has led to large-scale social decline. It abolishes economic freedom and creates social conflict where none existed before.

Rossiter believes that the treatment of a *society* stricken with the widespread virus

of collectivism requires education of the citizens as to the nature and causes of the disorder. Only this will allow the society to restore itself to economic, social, and political health.

With *The Liberal Mind*, Rossiter gives us the prescription that can cure the disease. Read it and help spread the word. As he notes, the future of civilized freedom depends on it.

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The Fluoride Wars: How a Modest Public Health Measure Became America's Longest-Running Political Melodrama, by R. Allan Freeze and Jay H. Lehr, hardcover, 383 pp, \$39.95, ISBN 978-0-470-44833-5, Hoboken, N.J., John Wiley & Sons, 2009.

This book is an invaluable addition to the already extensive literature about water fluoridation as a public health measure. The authors offer a carefully crafted history of the fluoridation debate in the United States, which is a “tangled tale of intrigue that starts as a medical mystery story and ends in political farce.”

They begin in prehistoric times, when dental caries as a disease was absent. The disease increased slowly after the Middle Ages, when refined sugar arrived on the market. It became epidemic in the late 19th century, and by the early part of the 20th century most Americans had tens of cavities, and more than 20% of the population eventually lost all their permanent teeth. The disease was so ubiquitous that the Public Health Service called it the “people’s disease.”

It was extremely painful, its cause was unknown, and there was no effective remedy (except for oil of cloves and cinnamon). The 1857 edition of *Farmer's Almanac* recommended: “Get a kettle of water. Let it come to a boil. Put your head into it and let simmer for precisely half an hour. Take out your head and shake all your teeth into a heap. Pick out the decayed ones and throw them away. The sound ones you can put back in again.”

In 1901 an American surgeon at the United States Marine Hospital in Naples, Italy, noticed dark brown staining on the teeth of prospective U.S. immigrants and

associated it with the spring-fed drinking water systems in the Neapolitan region (which later was found to be due to their increased fluoride content). These mottled teeth were found to be resistant to decay.

Researchers learned that a sucrose-rich diet; the presence of *Streptococcus mutans*, which metabolizes sucrose to form an acid; and susceptible teeth were all required for caries to occur. They developed three approaches for control. The first was dietary, through campaigns to reduce the sugar intake of children. The second was improved oral hygiene, through regular brushing and flossing, and the use of oral rinses. The third included strategies to increase the resistance of the teeth, such as use of oral fluoride supplements, use of fluoridated toothpaste, topical application of fluoride directly onto the teeth by dentists, and fluoridation of public water supplies. The last was thought to be the most economical and equitable approach to prevention.

Using fluoride in drinking water as a public health measure was proposed in 1942. Scientists at the Public Health Service established a threshold of 1.0 ppm as an ideal fluoride level that would prevent cavities while minimizing the side effect of tooth mottling, or dental fluorosis. In 1945, Grand Rapids, Michigan, became the first city to have artificially fluoridated water, a modest public health measure that, according to the authors, was to become one of the most controversial issues of our lifetime.

Soon thereafter, four large, long-term fluoridation trials found a 35% to 55% reduction in dental caries. Unfortunately, these studies were poorly designed. They were not blinded, and confounding factors were poorly controlled. But more recent, better-designed studies have confirmed that fluoridation does reduce cavities in children.

Nevertheless, the fluoride controversy continued. Many perceived a conflict between good science and public policy. Even though the U.S. Public Health Service, the American Dental Association, and the surgeon general all said that fluoride is good for you, public concern continued. Major players on both sides maintained polarized, entrenched positions and an adversarial mentality, making any type of civil discourse difficult.

For example, in 2000, after more than five decades, 26 cities held referenda on water fluoridation. Twelve of them approved, and 14 rejected the proposals.

Although there is no evidence that water fluoridation leads to any of these problems, most anti-fluoridationists believe that increased fluoride intake is responsible for an increased prevalence of hip fractures, heart disease, and cancer, and that fluoride, like lead, may be sapping the intelligence of our children. They believe that fluoridation’s costs and health risks easily overwhelm the modest benefits of a reduction in dental caries.

By 2005, 170 million Americans—two-thirds of the population—used a fluoridated water supply. There has indeed been a sharp decline in tooth decay among children since World War II, but this has occurred equally in fluoridated and non-fluoridated communities. The authors suggest this may be due to the widespread use of fluoridated toothpaste, and to the “halo effect” caused by regional distribution of processed food and beverages prepared with fluoridated water. A decline of caries similar in timing and magnitude to that in the United States has occurred in many developed European countries, which have rejected water fluoridation, but instead have used topical fluoride treatments and public consumption of fluoride supplements.

One important unanswered problem has been that of the chronic health risks engendered by a lifetime of drinking fluoridated water. Mild dental fluorosis, or mottling of the teeth, has increased in fluoridated communities from 13.6% in 1940 to 51.3% in 1999. It is strongly associated with the use of fluoride toothpaste in early childhood. Some think that the “optimal” fluoride concentration in drinking water may need adjustment downward to 0.5 ppm.

Or, in the near future, with improved diet and hygiene and widespread use of fluoridated toothpaste, it may be reasonable to consider ending the fluoridation of public water supplies. Perhaps this finally will bring an end to America’s longest-running political melodrama, the “Fluoride Wars.”

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