Book Reviews


Ray Moynihan and Alan Cassels have compiled a scholarly catalogue of frightening information. The “Devil” is supported by his demons: “Big Pharma” is abetted by the Food and Drug Administration, the National Institutes of Health, the scientific press, celebrities, “support” groups, medical “thought leaders,” and of course seductive marketing to doctors.

There is apparently a rash of scholarly exposés about the darker side of the medical profession. Amazon suggests a dozen of them, including The Truth about the Drug Companies, by Marcia Angell, M.D., former editor of the New England Journal of Medicine. They all seem to demean physicians and argue for more state control of medical practice. One might want to turn to Edgar Allan Poe for something more cheerful.

“Insiders” who see the light seem compelled to accept funding—from never-disclosed sources—to alert somebody, using the cloak of scholarship, that “something must be done.”

In the opening paragraph, authors of Selling Sickness opine: “As a group these drugs now generate revenues of more than $25 billion a year…. The spiraling costs…can threaten to bankrupt entire health systems.” Their remedy? I’ll start with their clues: “not-for-profit,” “public,” “pharm free,” “no bias,” “new ways of defining diseases and educating people about options.”

The money spent selling sickness by the “most profitable industry on earth” appears to be evenly divided between influencing physicians, creating and exploiting patients, and maintaining the power structure that protects investments.

The prologue introduces the problem: “The ups and downs of daily life have become mental disorders, common complaints are transformed into frightening conditions, and more and more ordinary people are turned into patients” [p 9]. The epilogue introduces the solution: “Somehow [emphasis added] a much broader group of people, both lay and professional, must be involved in defining diseases and disorders, and producing unbiased information about the risks and benefits of various options for treating and preventing them” [p 199]. The authors suggest “health advocacy groups, university departments, and public institutions with reputations for independence, good science, and healthy skepticism.” Or even, as stated in the prologue, “a whole new global collaboration” [p 18].

“In the meantime,” they lament, “most people are left with little choice [emphasis added] but to ‘talk to your doctor’…” The reputation of the medical profession has sunk that low.

The authors have definitely documented the case for believing that physicians should be frightened and ashamed, patients should be frightened and confused, and pharmaceutical companies should be confident that they will have full control of any change that may or may not take place. Their power will not be diminished; their profits will continue.

The authors say the industry that profits from agents to control high cholesterol has sold it to physicians as a problem. The industry has oversold depression by means of a “survey” that claimed 30 per cent of people have a mental disorder at any given time. Patients diagnosed with attention deficit disorder are diagnosed by industry-funded advocacy groups, and their treatment is enforced by medical boards. Blood pressure, much like cholesterol, is a guaranteed profit maker. “Why? Because rather than good science, it is the roar of the promotional machine, from the detailers to the television drug ads, that influences what a lot of doctors prescribe to their patients.”

The authors provide research about industry funding, state promotion and enforcement, and marketing to doctors and the public. Examples include “premenstrual dysphoric disorder,” “social anxiety disorder,” and female sexual dysfunction. For osteoporosis, both drugs and diagnostic testing must turn a good profit. In a chapter on “Taming the Watchdog,” we are shown an example of state protection of another bad drug, this time for irritable bowel syndrome. This can happen, they say, “because of the tremendous political power of the medical profession and its constantly restated right to clinical freedom” [p 165].

I concur with the authors’ assessment of this evil state of affairs. Their conclusion however, seems to be that Lucifer needs a new supporting cast, and the reason is neatly tucked away in the penultimate paragraph of the prologue: “Soaring sales have made drug companies the most profitable corporations on the planet…. But the flip side of healthy returns for shareholders is an unsustainable increase in costs for those funding the health system, whether they are governments or private insurers.”

Selling sickness is about an overextended business trying to maintain its bottom line, the authors show, which is opposed by payers interested in their bottom line. Good medical care is not the issue on either side.

The authors apparently see physicians merely as legal drug dispensers, and clearly don’t expect any solutions to come from the medical profession.

How could a solution come from those physicians who have already succumbed to the power of the state?

James F. Coy, M.D.
The Villages, Fla.


Following on his previous book The Emotional Plague: the Root of Human Evil (2008), psychiatrist Charles Konia continues his effort to explain the dysfunctional cultures and societies of history, and why it is important to stop analyzing social and cultural developments in terms of Right and Left political attitudes.

Konia considers both ends of the political and social spectra as impeded
by attitudes or outlooks he describes as “armor,” and states that such impediments prevent development of positive adaptations that promote human social welfare.

He states that evil and destructive, even genocidal political movements and regimes have developed through history because of inappropriate reliance on outside political solutions that do not address maladaptive personal development.

As background to reading this book, I believe it important to read Konia’s glossary of terms, available at http://charleskonia.com/glossary. “Character Armor” is the emotional armor people use as protection from stress. “Functional Thinking,” which is the author’s proposed cure for inappropriate armorig, is thinking according to the natural functions. This is contrasted with mechanistic thinking of the Left, which is focused on nature as a machine, and mystical thinking of the Right, which views nature as unknowable. Keep in mind that when you have to learn a new lexicon you may be looking at a cult.

Konia asserts that for social improvement to occur, fundamental outlook changes must occur. Societal and political problems originate from human frailties and artificial “arming,” an adaptive defense mechanism that interferes with functional thinking and therefore with proper socialization.

Destructive human behaviors come from mystical thinking of people on the Right, and mechanistic thinking of people on the Left, Konia writes. Though all political conflicts seem to fall into the pattern of Left vs. Right, Konia says it does not have to be so, and he proposes efforts to release people from rigid protective attitudes to gain a more functional way of interrelating.

In his book on the “emotional plague,” which he defines as the neurotic character in destructive action on the social scene, Konia analyzes the murderous regimes of history with these theories as guide. His assessment is that attitudes have moved societies far to the Left (mechanistic) side, and that those now considered to be on the Right used to be the center.

Konia lucidly dissects the dangers of socialism, collectivism, and utopianism. I would differ with his assertion that the Right is burdened by mysticism, since I consider the Right to be anchored to a naturalistic and sensible set of moral and political foundations and the realistic mindset that accepts the tragic vision of the human condition, the frailties of man.

For example, it is the Right that accepts the weakness and imperfections of man and the importance of finding principles of morality in normal human conduct of affairs, called the Natural Law. It is the Right that sees the danger of excess government and potential tyranny. Although Konia portrays some fascist and totalitarian regimes as of the Right, some would dispute that analysis, and insist that most state tyranny be characterized as from the Left, built on collectivist or statist utopianism. Exceptions are dictatorships that arise with no effort to attract support for a utopian ideal, and are intent merely upon acquisition of power and control.

It sometimes appears that Konia could attribute mystical or magical thinking to those on the Left, since he correctly shows how socialism is built on a fatal conceit that good planners and government will bring utopian societies, when those on the Right reject such dreams, and instead accept the imperfect but humane state of limited government that protects individual liberty and the freedom of people to choose or refuse the control that the Left would impose. Yet there is no doubt that Konia advocates for the value of limited government that protects individual liberty.

After 11 chapters of psychiatric and sociopolitical analysis of societal dynamics, Konia proposes solutions in his last chapter. He asserts that societies and cultures must be committed to individual welfare and freedom, if they are to be delivered from the emotional and social impediments that lead to the evil behaviors of the “emotional plague” that have produced murderous and oppressive episodes in history, including horrifying mass pogroms and genocide.

Societies and peoples must release themselves from the armored impediments that Konia considers to be the causes of so much dysfunction, to reject mechanistic/mystical ways of Left and Right thinking, and trade them for functional thinking that is in harmony with a salutary conduct of affairs. Functional thinking would include improvements in child-rearing, and relieve the culture of the barriers to proper socialization and the pursuit of happiness.

Konia is a student of the theories of Wilhelm Reich, a psychiatrist who was a student, and then a colleague of Sigmund Freud. Reich had a theory of a form of energy called Orgone that I cannot comment on other than to say it is disputed. Reich advocated for more sexual freedom and disapproved of what he called the neurotic nature of chronic stasis that operated as a compulsive moral regulation or repression and inhibition.

Konia follows Reich in his advocacy of removing the inhibitions of “Character Armor,” layers of personality and social inhibition that can give rise to antisocial behavior. In Konia’s analysis, the Left erects barriers, and raises idealistic and collectivist aspirations, while the Right focuses on survival instincts and threats. Functionality is the goal of Konia’s method, which promotes liberty.

Although some may object to Konia’s characterization of the Right, his focus on the dangers of socialism and ideological collectivism is a valuable contribution.

John Dale Dunn, M.D., J.D.
Brownwood, Tex.


The major strengths of this short book by a second cousin of Barack Obama are its brevity and its history of government intrusions into the medical care of sovereign citizens.

The author’s sadness in recounting his physician father’s dismay over the changes government interference wrought in his ability to take care of his patients has seeped into the book and lends it a paradoxical air of urgency, the kind sudden screams from a child might elicit.

The author discloses that he lost a parent at a young age, as did President Obama. The author’s attitude toward his second cousin is forbearing, but in his discussion, he says that it appears to him that Obama imposed his preconceived political opinions on his mother’s experience when he laments in his book Dreams from My Father that his mother suffered “because of a broken [American] health care system.” This is inconsistent with the facts, Wolf notes: “She chose this medical care over all others.” Obama’s mother came back to the United States from Indonesia when she developed ovarian carcinoma, and she got excellent medical care in Memorial-Sloan Kettering, and later at Straub Clinic in Hawaii. Financial considerations did not prevent her from receiving that excellent medical care.

Dr. Wolf correctly identifies American healthcare policy as the battleground for our very freedoms. As far as he
is concerned, individual liberty and Constitutional government have made America the most prosperous nation in history (this seems objectively verifiable), but he says his second cousin’s desire is to transform us into a second-class European-style welfare state.

Although this little book, only 38 pages, has a sober, workmanlike tone, the author gives his readers some sharp insights. One is: “For the first time in the history of our Republic, the federal government has issued a decree [that Americans]...must enter into a legal financial contract with a state-sanctioned company.” Another is: “To grasp how fundamentally flawed Obamacare is to its core—you have to understand the unmistakable pattern of failure shown whenever the government has interfered with health care, always under the guise of protecting you.”

Wolf tells us that politicians live in a fantasy world that confuses intentions with results. This point has been made by many others, but it bears repetition in every possible variation, since it seems so poorly recognized that government manipulation of fantasy abstractions causes disasters in the real world of suffering humanity. I would like to have seen a contrast drawn between the way politicians are never held to account for the ways their decisions blight our lives and the way a physician’s decisions are subjected to excruciating scrutiny by politicians and lawyers—despite the fact that a decision by a politician can ruin millions of lives at once.

Wolf notes that our Constitution gives no authority to the federal government to interfere with medical care, and describes some of the disasters that the federal government causes as “increased costs, rationed care, stifled innovation, and sweetheart deals for political friends.” He asserts that we have the finest medical care in the world despite government interference, that the problems have been caused by government, and that the politicians then attempt to solve the disasters they caused by still more intrusion into our medical care. In an echo of Rahm Emanuel, Dr. Wolf points out that the crisis of increased costs “created by the government was then used to convince Americans to give up even more freedom to the government itself.”

The history of the 10 incremental government intrusions into medical care will enlighten even those who have been ignorant of them. The simple explanations are very clear, putting this knowledge easily within the grasp of the most distracted, and are accompanied by a clear explanation of their pernicious effects. These begin in 1929 with the establishment of Blue Cross and its sweetheart deal from Congress, and goes on through price and wage controls, special deals for unions, Medicare, HMOs, the “Prospective Payment System;” the “Resource Based Relative Value Scale,” Part D of Medicare, and so on.

The last part of the book describes the simple free-market solutions that would actually improve things, namely, ability of people in any state to buy real medical insurance in another state, according to the laws of that state, in order to escape the expensive mandates of their home states; Medicare and Medicaid reform; frivolous lawsuit reform; expansion of health savings accounts; and an end to monopolistic state licensing and insurance practices.

In many places, explanations could have been more forceful. For example, Dr. Wolf recounts that his father was forced to raise the charge for a clinic visit from $20 to $26, but does not adequately explain that it was the Medicare straitjacket of total uniformity that forced him to do that. He notes that government forbids one from forgiving the bills of the poor on Medicare, but does not explain that physicians have been criminally prosecuted for this, and that the Deborah Heart and Lung Hospital in New Jersey was fined $840,000 for forgiving “co-payments” of poor Medicare patients. He discusses the “insurance costs” of government interference in medical care, but does not point out the horrifying distraction, stress, and fragmentation visited upon physicians and medical care in general by that government interference, which entangles us in a Kafkaesque nightmare. He misses a chance, in discussing the employer paid “healthcare” that came in with wage and price controls in the 1940s, and HMOs later, to point out that what we have now is not actually medical insurance, but pre-paid medical care, covering routine, predictable, everyday costs, the medical equivalent of carwashes and oil changes.

I cheered whenever Dr. Wolf pointed out the truths so often left out: Government interference, sold as wonderful beneficence, actually obliged tens of millions of Americans to surrender control of their medical care dollars to people whose first priority was not their health. Employer-paid medical care removed patients’ incentive to economize. Government took power away from all citizens, and then gave it back to a few who were in unions that got government sweetheart deals. Government forces people to prepay for things that they neither want nor need. Central planners view all Americans except themselves as incompetent. And ObamaCare utterly disregards the wishes of most Americans.

At 38 pages this book packs a lot of punch. I regret that it is available only electronically, rather than in print. I would distribute a print version transcontinentally, at dog shows, churches, roadside restaurants, and gas stations.

Tamzin Rosenwasser, M.D.
Venice, Fla.


As a seasoned investigative reporter, Donna Laframboise once again illuminates a scandal that has conveniently managed to escape most of the world’s media for the past several years. Into the Dustbin is a follow-up to her earlier book, The Delinquent Teenager Who Was Mistaken for the World’s Top Climate Expert: an Exposé of the IPCC (Ivy Avenue Press, 2011). Organized through her blogs, Laframboise’s new book zeroes in on the overt and flamboyant dishonesty of Dr. Rajendra Pachauri’s leadership of the Intergovernmental Panel on Climate Change (IPCC).

Laframboise is not a scientist, and accordingly she does not pursue questions of scientific fact. Rather, she doggedly covers IPCC leadership as one might expect any reporter investigating city-hall-style corruption. She repeatedly documents Pachauri’s blatant discrepancies as he paints a picture of pristine science and a faultless peer-review process.

Her prime point is that Pachauri and his surrogates have told the world repeatedly that virtually every scientific resource used in the IPCC Assessment Report was a bona fide peer-reviewed item. Pachauri claims that because only peer-reviewed work was used to produce the report, debate is over and the science is settled. All who oppose that notion are, at least in Pachauri’s universe, inherently evil. However, the facts Laframboise brings to the surface show that about one-third of the 18,000 plus documents used in the series of IPCC reports were not
peer-reviewed, and in many cases were politically motivated documents or news releases. Additionally, she emphasizes, Pachauri’s persistent claims that only top-tier scientists participated in the process appear to be as dubious as the peer-review claims.

What may be most troubling about Lahrenboise’s repetitious documentation of Pachauri’s misstatements is that he is apparently comfortable among the international media, which generally never bothers to check or challenge his word. He appears to have no fear that simple fact-checking by even a cub reporter could have exposed his claim to be a Noble Laureate, or many other lies. Thus, this exposé is not only about leadership failure at IPCC but is also a clear indictment of media treatment of climate issues. Apparently Pachauri and his associates have the smug attitude that history will be the judge of the work: They need not worry, because the apocalyptic predictions are far into the future, and the IPCC won’t be around for the sentencing.

This short work is well worth your time. It raises the question about how many could have been so wrong for so long about the IPCC if not complicit in an agenda.

Dennis M. Mitchell, C.P.A, Q.E.P.
Laurel Hill, Fla.


I strongly recommend this book. It should be in every scientific and medical library. It should known to every student in nuclear engineering, and every health professional or technical expert who uses or is exposed to radiation in his work.

Above all, its ideas and its lessons should be presented to every decision-maker in government, education, private industry, medicine or public health, who must understand the full truth about potential benefits and risks of ionizing radiation. A superb review of its subject, this book will become the standard source on this topic for many years. It is a modern update of the original masterpiece Radiation Hormesis by T. D. Luckey, published by CRC in 1991.

If you are not familiar with the subject, the word “hormesis” comes from hormein, the Greek word for “to excite.” “Hormone” is the common word for certain substances which, in small amounts, excite powerful biological processes. Hormesis has come to describe phenomena by which small amounts of substances, toxic in large doses, can be beneficial in small doses. Ionizing radiation in large doses is harmful, even fatal, in humans, and has become one of the most feared human products in our society. It is not widely known, but small doses of ionizing radiation are beneficial to all levels of living organisms, from single cells to humans, even decreasing cancer incidence and increasing life expectancy. This seeming paradox is called radiation hormesis.

When a “substance” produces effects that are proportional to the dose given, that is called a linear dose-response, because a graph of response vs. dose would be a straight line. If a minimum dose of the substance is required to produce an effect, that is called a threshold. The idea that there is no threshold dose for toxic effects, and any dose above zero is harmful (and exactly proportional to the dose) is called the linear-no-threshold assumption. Its abbreviation is LNT, and it has been used by many organizations to describe expected behavior of radiation effects, for radiation safety and public health concerns, for more than six decades.

Sanders believes that LNT is scientifically false, as well as harmful to society, because it is not only causing the waste of many billions of dollars, but is costing thousands of lives. If small amounts of radiation are beneficial and are prohibited by governments, healthy uses are being lost. If “authorities” stimulate fear of radiation used in medical diagnosis and screening programs such as mammography and CT scans, it could cost tens of thousands of lives of people who avoid the tests. The federal government has already spent billions of dollars on storage sites such as Nevada’s Yucca Mountain for radioactive waste, but using these facilities has been prevented by anti-nuclear campaigns and politicians who exploit to their advantage the fear of radiation.

Sanders understands the science underlying these processes, and provides a survey of all the related subjects, which is not only wide and deep, but also understandable. He provides clear charts of the relevant data, and graphic demonstrations of relationships, some with color accents. The coverage is comprehensive, but concise, with complete references and index, in only 219 pages.

The table of contents allows rapid access to the definitions and scientific concepts, molecular and cellular mechanisms, natural environmental radiation, nuclear accidents, and Japanese survivor experience. Did you know that the survivors of non-fatal radiation doses at Hiroshima and Nagasaki lived longer than similar unexposed cohorts from other cities, despite, or because of the radiation?

Sanders also covers medical exposures and nuclear workers. Did you know that radiation technologists and nuclear industry employees, receiving small doses of radiation, get less cancer than similar populations who are not exposed?

He also covers the flaws and biases in some prior epidemiologic studies that are misinterpreted in order to ignore radiation hormesis. He summarizes the finding on cancer of the lung, breast, thyroid, liver, brain, etc., as well as leukemia, birth defects, and animal studies. In general, there is no increase in cancer incidence if the radiation dose is less than 100 millisieverts or 10 rads. This is about 50 times as much as the average person receives every year, at sea level, from the earth, the sun, and the stars. A “low” or “small” dose can be defined as less than 10 rads or 100 millisieverts. Remember, the fatal dose for most humans is about 500 rads to the whole body.

How can this be? Again, not widely known is that every normal cell in the human body has the ability to repair radiation damage from low doses, such as from natural background radiation. Low doses actually “turn on” the immune system, as well as DNA repair, resulting in lower incidence of some diseases and several types of cancer. This is why people who live at high altitudes such as mile-high Denver live longer than people at sea level; they receive almost double the natural radiation from cosmic rays from the stars.

Sanders started his research in radiation biology 50 years ago, at Texas A & M University with sponsorship by the U.S. Atomic Energy Commission. He was taught the LNT dogma, but was surprised to find that the lab rats receiving low-dose radiation every day lived longer and had larger litters than the unexposed control rats. Years of further research showed that the idea of radiation hormesis explained the data from hundreds of experiments, while LNT did not. He has many publications in refereed scientific journals. His book captures the recent research and the conclusions, and now must become the new standard reference on the subject.

Howard Maccabee, Ph.D., M.D.
Alamo, Calif.