

# Book Reviews

**The Health of Nations: Why Inequality is Harmful to Your Health**, by Ichiro Kawachi and Bruce Kennedy, 232 pp, hardback, \$25.95, ISBN 156584582X, New York, N.Y., New Press, 2002.

Ichiro Kawachi and Bruce Kennedy are Harvard professors who have received an award from the Robert Wood Johnson foundation for their health policy research.

With this liberal hint at their book's tilt, the first sentence of the introduction sets forth their chief irritant: "We live in a vastly unequal world." The \$1-a-day world is then contrasted to the American household net worth. That freedom is an engine of such inequality is bypassed. These authors are not ones to put freedom into the balance with health; our freedom is negotiable in order to have our health secure.

Their argument is approached by means of an avalanche of data, nearly three dozen tables and graphs in a book of 232 pages. The implicit presupposition is that issues of value are answered by appeals to data. *What Is*, if accurately counted, turns into *What Ought to Be*. The variability in the values of millions of people is submerged in a tidal wave of statistics.

They raise the question, "What ought to be the goal of economic development?" The notion of collectivism is embedded in the very form of the question. A Mr. Lawson or Ms. Polito are not asked what are their particular economic goals. The authors turn to John Maynard Keynes to elaborate on this question of moral imperative. Somehow, one doubts that Mr. Keynes actually knew Mr. Lawson, Ms. Polito, or all the millions like them. These mere individuals are bulldozed flat by statistics so that the high-rise of socialized medicine can be erected on the ruins of their liberty. The ordinary citizen isn't likely even to phrase his issues in high-sounding terms of "economic development." For us, it is managing the water bill, orthodontist, leaky roof, or a sore throat.

Graphs and tables show averages, trends, and extremes. Our nation is depicted

as loser against more socialist nations in opinion polls, mortality figures, and even percentage of GDP spent on advertising (that despicable harpy of capitalism). We even have a graphic presentation on page 33 to show that, since 1957, money doesn't buy happiness.

So sound is their data that reference to global warming could not wait past page 2. More than once they turn to a statistic they appropriately term the "Robin Hood Index." That is, how much of the aggregate income must be redistributed from richer households to poorer ones to achieve perfect equality. Again, I note that my income, in their view, was not actually mine. It was already aggregated out of my pocket into a political pocket. He who takes the fruit of my labor without my consent has to that degree enslaved me.

Poverty is explicitly defined in relative, not absolute terms, a virtual codification of envy. Ownership of one's business is also a relative term. The authors indicate their approval of shop owners not being able to set their own hours and days of operation. Neither should employees and employers be free to negotiate mutually satisfactory leave policies. The state, in the authors' view, is the ultimate owner of business and labor. Since charitable donors don't make their charity decisions in accord with the authors' values, the state must also step in here to even things out. All of this is in the name of health.

The book identifies 1973 as the year in which the American economy "began registering sharp increases in both earnings and income inequality." No cognizance is taken of the fact that our monetary system was, shortly before that year, disconnected from the constraints of a gold standard, removing a last impediment to growth of government.

That most of the economic distortions plaguing our nation stem from some form of fascism escapes them; they see these distortions as defects in a free market rather than failure to allow a free market. Their free market allergy breaks out repeatedly. A

Dow Jones Industrial Average at 10,000 is contrasted with "growing queues of children and their newly laid-off parents ... at city food pantries." News services attend to the markets but neglect trends in homicide, suicide, and infant mortality rates. One wonders how they would sponsor the news service they prefer.

This socialized approach, which deals with the health of everybody in general by avoiding a look at the health of anybody in particular is not an abstract threat. It is a real and rising danger to both liberty and health.

As an example, the regional Medicare reviewer sent me a form letter recently demonstrating the racial disparity in mammographic screening rates in my county. There was a 6 percent difference, although inching toward parity. I am still searching in vain for good evidence that mammographic screening causes improved all-cause morbidity or mortality.

Since our disease-focused profession has flown past that best all-cause form of the question to the assumption that mammography is a powerful health tool, I obediently drop it for a more mundane question: When I see Mrs. Simmons in my office, Mrs. Simmons being in the less-favored racial group, should I take Medicare's information as an indicator on how to spend my time with her? She is obese and has poorly-controlled diabetes, hypertension, and hyperlipidemia. Her husband is hemiparetic from a stroke and depends on her care, which she does very adequately despite degenerative arthritis. She does not read well.

She, in turn, is dependent upon her working daughter for transportation, making a trip for mammography a layer cake of difficulties. She turns every office visit into a repeat survey of her irritable bowel syndrome. If even one longer-term preventive measure can be inserted into the visit, why should it be mammography instead of better blood pressure control?

How can it be that those who know many epidemiologic things about a single disease, such as breast cancer, find

themselves empowered to micromanage office visits between a patient and a physician? It is easier to love humanity in the abstract and in the collective than in the concrete and particular. The latter is messy, uncertain. Decisions have to be made that take into account individual preferences and the scarcity of time and money.

The authors present a number of studies concerning positive health promoters that don't usually appear in mainstream medical literature. One such neglected factor is participation in cultural activities. Such considerations could have been a corrective for the narrow, mechanistic viewpoint that pervades medicine. The authors manage to spoil this possibility by means of their mentality of relentless central control. It wouldn't be a stretch from their thesis to find corporations required by government regulators to add cultural activities to their worker bees' week, along with calisthenics on the factory roof and cafeterias overseen by dietician Nazis. We could have five-year plans for cultural health funded in part by government grants, infusing new life into the National Endowment for the Arts.

The authors fail to keep their book's promise to me that I would know why inequality is harmful to my health. In the case they present that most nearly fits me, they concede that inequality might actually benefit my health. They are still working on that problematic exception, seeking supplies of data to extend their safari to find the last person who has individual possessions to spend on his own welfare, according to his own judgment.

Like all collectivists, they see themselves as serving the elusive "common man," a man of averages, one whose goals and means can be profitably summated in columns of figures and p-values. Niggling variables among ordinary people are washed away in the flood of statistical measures of central tendency.

That individuality is the norm, and should and must reign, is not among their presuppositions. The health of the herd is all that is of interest. Individual sheep can be sheared or slaughtered, if it is for the welfare of their flock.

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**Eco-Imperialism: Green Power, Black Death**, by Paul Driessen, 163 pp, softback, \$15, ISBN 0939571234, Bellevue, Wash., Free Enterprise Press, 2003.

Author Paul Driessen exposes the shocking agenda of the ideological environmental movement, an \$8 billion-per-year industry that causes the deaths of millions of the world's poorest citizens every year. It uses junk science to support the erroneous idea that corporations and businesses are rapidly depleting a finite amount of energy and mineral resources, degrading the environment, and harming "societal" health, all of which are leading to "imminent planetary disaster." It promotes several high-sounding but erroneous "principles" such as corporate social responsibility, the precautionary principle, sustainable development, environmental justice, and socially responsible investing, all of which promote increased poverty, starvation, and death, especially in poor countries.

The movement is promoted by activist groups such as Greenpeace, the Nature Conservancy, World Wildlife Fund, Natural Resources Defense Council, the Sierra Club, Zero Population Growth, Friends of the Earth, Earth Liberation Front, World Wildlife Fund, Rainforest Action Network, the Pesticide Action Network, People for the Ethical Treatment of Animals (PETA), the Union of Concerned Scientists, Amnesty International, and Physicians for Social Responsibility.

Much of the movement's support comes from the Energy Foundation, seven giant liberal foundations with assets of \$21 billion. These are the Pew Charitable Trusts, the Rockefeller Foundation, the John D. and Catherine T. MacArthur Foundation, the Packard Foundation, the Hewlett Foundation, the McKnight Foundation, and the Joyce Mertz-Gilmore Foundation.

The movement is also supported by governments, including the United States and the European Union, and by the United Nations, acting through the U.S. Agency for International Development, the World Health Organization, the World Bank, and the UN Environmental Programme (UNEP).

As Driessen notes, not one of these entities has any moral qualification or legal authority to decide what is or is not ethical or "socially responsible." Since the 1960s, the good corporate citizenship of the past, when

companies increased wealth and enriched our lives while earning a profit for their shareholders, has been transformed by the "principle" of corporate social responsibility into a "dangerous virus, a lethal weapon of mass destruction." Today, companies must serve "society" by placing social goals above business ones. To do this, they use a triple bottom-line—economic, social, and environmental—with environmental trumping the others, even where lives are at risk.

The precautionary principle holds that if anyone raises doubts about the safety of a product or a technology, it should be restricted or banned. This principle has been used to oppose biotechnology advances such as genetically modified crops, to ban pesticides such as DDT, and to promote the global warming scam.

The eco-lobby spent \$500 million to attack biotechnology between 1996 and 2001, and \$175 million on a five-year campaign against genetically modified food. Even though Americans have been eating GM corn and soybeans for years, 14 million starving people in Southern Africa recently were denied access to life-saving GM food from the U.S. Genetically modified cotton and corn have reduced the use of pesticides by 46 million tons over the past eight years, and it could reduce China's pesticide use by 80 percent. The new GM Golden Rice, rich in beta-carotene, can potentially save the lives of 2 million children and prevent blindness in another 500,000 each year.

The precautionary principle was also used to ban DDT. Since 1943, DDT has saved 500 million lives. It was largely responsible for the elimination of malaria from most of the developed world by 1965. In addition to being very effective and inexpensive, it is extremely safe. After seven months and 9,000 pages of testimony during the 1971-72 EPA hearings, the judge concluded it was not hazardous to humans or to any wildlife. Even so, EPA administrator William Ruckelshaus arbitrarily banned it in 1972.

The DDT ban has since been expanded nearly worldwide. A 1979 World Health Organization review could not find any adverse effects to humans, animals, or the environment; and in more than six decades not a single report of human harm from DDT has been confirmed. But since its banning, more than 50 million people have

died from malaria. In just the year 2000, malaria infected more than 300 million, and killed nearly 2 million, most in sub-Saharan Africa. South Africa, the continent's richest nation, banned DDT in 1996, and within four years malaria deaths rose precipitously. The reintroduction of DDT decreased the malaria incidence by 80 percent in one year.

The global warming scare is a massive fraud based on junk science. Driessen notes that it is a "monumental exercise in make-believe problems with make-believe solutions." The Kyoto Protocol on climate change has been proposed to prevent this imagined disaster from man-caused atmospheric warming.

Historically, cycles of interglacial warming between periods of mile-deep ice packs over Europe and North America have been repeating for 800,000 years in 100,000-year cycles. In the most recent one—during the Middle Ages, 900 to 1300 AD—the earth was an average of 2 degrees Fahrenheit warmer than it is today.

Implementing the Kyoto protocol would decrease average global temperature in 2050 by only 0.13 degree, but it would require the U.S. to slash its fossil fuel use by 40 percent by 2012, raising energy prices by 50 percent and eliminating millions of American jobs. While the U.S. economy would suffer, poor developing countries would face widespread starvation and death.

Having carefully documented these and many other disasters of the Eco-Imperialists, Driessen recommends ways we might correct the problem. We should confront the socialist theology of the governments in Europe, Africa, Asia, and the UN, though we would do well to begin at home. By exposing junk science, we should discredit the claims and agendas of activist groups and demand that they be subject to the same laws and ethical standards that are applied to the corporate world.

We should reduce the focus on government aid for poor countries, and support think tanks and others promoting private property, limited government, and economic growth. These include the Free Africa Foundation, South Africa's Free Market Foundation, Africa Fighting Malaria, the Congress of Racial Equality, the Competitive Enterprise Institute, the Cato Institute, the Center for the Defense of

Free Enterprise, and the International Policy Network.

Our most effective strategy is education. Today a billion people live on \$1 a day and another 3 billion on \$2 or \$3 a day. This tragic poverty can only be corrected by market economies (capitalism) based on the rule of law, both of which are dependent on property rights, safeguarded by a constitutional republic.

As von Mises notes, our primary civic duty is to learn economics. But today the teaching of economics in our schools and colleges is generally a massive fraud, with the principles of socialism promoted and those of capitalism denigrated. Driessen documents the inevitable result.

Treat yourself to a revelation. Read this excellent book and join the battle of ideas against one group of "useful idiots." It's a fight we cannot afford to lose.

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**Lipitor® Thief of Memory: Statin Drugs and the Misguided War on Cholesterol**, by Duane Graveline, 156 pp, softback, \$17.95, ISBN 0-7414-1881-9, Haverford, Pa., Infinity Publishing, 2004.

As this book is near the top of the list for Altavisa and Google searches on "Lipitor, memory," one or more of your patients may well follow a reviewer's advice, telling you to "read this book, and call me in the morning."

The author is a celebrity, a former astronaut and aerospace medical research scientist, as well as a science fiction writer and family doctor. His website is spacedoc.com.

The heart of the book is Dr. Graveline's description of an episode of transient global amnesia (TGA) that he experienced after taking Lipitor (atorvastatin) for about 6 weeks. His physicians discounted the possibility of a connection to his lipid-lowering therapy, and thus he was subjected to a rechallenge experiment a year later, at a dose of 5 mg daily, half the previous dose. Six weeks later, he had another episode of TGA, this one lasting twice as long (12 hours). During the first spell, he was unable to form anterograde memories, displaying the classic sign of asking the same question over and over again. But the second time, he also had retrograde amnesia. He was unable

to recall any part of his life after his high-school years; his career as an astronaut, physician, and writer was completely blotted out.

Dr. Graveline recovered fully; unfortunately, not everyone does.

The book contains another detailed case report, from a patient's first-hand description. Additionally, it states that flight surgeons have received anecdotal accounts of memory and cognitive difficulties. One fighter pilot described an enormous difference in his ability to multitask while taking Zocor (simvastatin).

For statin drugs to have an effect on neurologic function is highly plausible. Cholesterol is an essential component of neurons (as well as all other cells). The brain, Graveline states, relies on glial cells to manufacture cholesterol locally because the blood-brain barrier is impermeable to the cholesterol-carrying lipoproteins, HDL and LDL. The more lipophilic statin drugs (atorvastatin, lovastatin, and simvastatin) are better able to cross the blood-brain barrier and thus more likely to cause adverse neurologic effects.

While rhabdomyolysis and milder adverse effects on muscle are well-known, amnesia and other central nervous system effects barely rate mention in the package insert. Despite millions of patients now taking these drugs, an increase in the incidence of TGA has not been reported. Could the problem be as widespread as Graveline suspects? Physicians should be alert to the possibility, for as Goethe noted, "Was man weißt, man sieht" (one sees what one knows). Milder effects are probably much more common; Graveline thinks these are often passed off as "senior moments" or incipient Alzheimer's disease.

This is definitely meant to be a popular book. The science is not presented rigorously, but there are substantive references. Despite some shortcomings, the book is an antidote to direct-to-consumer advertising that glosses over adverse effects and may overstate benefits.

Graveline doesn't want his airline pilot to be taking statins. His concerns are not unfounded.

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