

8-1993

## TIPS, Volume 13, No. 2 & 3, 1993

Wolf P. Wolfensberger  
*Syracuse University*

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### Recommended Citation

Wolfensberger, Wolf P., "TIPS, Volume 13, No. 2 & 3, 1993" (1993). *Training Institute Publication Series (TIPS)*. 61.

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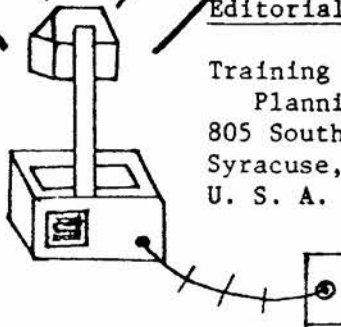
# TIPS

Editor / Publisher

Wolf Wolfensberger  
Professor  
Division of Special Education  
and Rehabilitation  
805 South Crouse Avenue  
Syracuse University  
Syracuse, New York 13244-2280

Editorial Address:

Training Institute for Human Service  
Planning, Leadership & Change Agency  
805 South Crouse Avenue  
Syracuse, New York 13244-2280  
U. S. A.



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Vol. 13, Nos. 2 & 3  
August/October, 1993

TRAINING INSTITUTE  
PUBLICATION SERIES

Syracuse, New York  
13244-2280

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The major theme of this double issue will be health and human identity. Our last issue on this topic was in 4 & 6/86. Double issues save us postage and handling, which becomes an important factor when we have a small subscription list. Also, they permit more in-depth coverage of specific issues.

### The Plagues are Back

Plagues and People (McNeill, 1976) provides an illuminating insight into the role that plagues have played in history. In all likelihood, they played a larger role than most of the other factors that historians have studied.

The book provides an interesting insight into the nature of childhood infections. New diseases develop throughout history as a result of mutations of parasitic organisms. When a new contagious parasite comes along, it will encounter a population without antibodies to it. This will mean either that an entire population dies from the infection, and the infectious agent itself dies with it, or that some people develop sufficient antibodies to survive the disease after being infected. In such cases, the infecting organism will also survive within such persons and populations, and will attack any new children of the people who have developed immunity. Typically, the organism also loses some of its virulence, because if it did not, it would kill the entire population and therefore die out itself. All this explains how new infectious diseases eventually become childhood diseases, and why children usually do not experience as high a mortality to parasitic organisms as the organism caused when it first struck a population. Thus, measles, chicken pox, and similar childhood diseases were at one time diseases that had a devastating impact on the entire age spectrum of a population, but we can now see them only as attenuated residual childhood diseases.

The symptoms of a new parasitic disease may be dramatically different from those that develop later in the population once a balance between infectiousness of, and resistance to, a parasite has developed. This means that historic accounts about a plague in the past may tell us very little about what the parasitic organism or disease was, even where very accurate descriptions of the disease have been left to us.

Diseases that require skin-to-skin contact may have increased and decreased whenever people had to huddle together for warmth, either because of extraordinary cold, poverty, scarcity of fuel or clothing, or colder climatic spells.

Very few people are aware of the last major lethal pandemic, namely, the 1918-1919 flu epidemic that was triggered by war conditions, apparently had its genesis in a US army training camp in Kansas, sickened about a billion people, and killed somewhere between 22-30 million, including almost 600,000 Americans--almost six times as many as US soldiers who died during WWI. In some US cities, 2500 people died from the flu in a single week. Much like in the days of the pest, victims sometimes died within hours of being stricken. The reason so little attention was paid to this pandemic pestilence was that the war and its aftermath drew away everyone's attention. If this epidemic had happened in peace time, it would have entered our history books in a big way. As it is, very few history books even mention it, or if they do, only in a minor way. As is true with pestilential epidemics generally (including in regard to AIDS, and particularly during its early days), authorities tried to cover up the facts, outright lied, said people should not worry, called reports of the flu German propaganda, and used detoxifying language. One health officer reported "50 fresh flu cases, all mild, 4 deaths," which of course meant an 8% mortality rate from a "mild" condition (Smithsonian, 1/89). As with the outbreak of bubonic plague on the US west coast around 1900, nobody was really in charge and had a global overview of the situation. This too is a common phenomenon during major epidemics.

Many infectious diseases, including some in the category of plagues, come to humans from animals. These include smallpox, malaria, measles, cholera, TB, and the flu. The transfer sometimes takes place by close human proximity to animals that carry the disease-causing microorganism, but amazingly, the transmission might also take place through those few instances where humans have sex with animals, which traditionally has been most likely to happen on farms. Sheep and cows have been particularly favorite sexual partners of sexually desperate men, and there have always been rumors of women having sex with large dogs. Be the latter as it may, sex between animals and humans can transmit not only venereal diseases but also other diseases, such as pneumonia. Much disease transmission takes place in animal husbandry (no pun intended here), but also through close contact with pets.

One of the iron rules in the history of disease and epidemics, and thus one of the most important things to know about plagues, is that the more a disease is out of control, the more it gets surrounded by rules, regulations and other measures that project a false image of humans having control over it (Chowder, 1992). A great deal of what goes on in the AIDS culture can be understood in these terms. Certainly, the absolutely mammoth and utterly deceptive "education" campaign is a prime example, pretending that the intellectual discipline of education can gain control over a plague that is driven by the human sexual appetite. The above rule explains why the normative response by imperial parties (especially governmental bodies and the business community) to epidemic outbreaks of plague-like diseases is cover-up and denial, usually until the opportunity for early and effective action has passed.

A major 1963 textbook on infectious diseases declared them conquered. As a result, research support for microbiology and virology at the US National Institutes of Health declined for many years. In 1969, the US Surgeon General testified to Congress that it was time to "close the book on infectious diseases". As recently as during the 1980s, there were people in science and government across the world who proclaimed that the era of microbial diseases as a threat to mankind had passed, and all sorts of diseases were declared to be eradicated for all practical purposes, even totally (Science, 21/8/92). All this was modernistic scientific hubris of the worst sort that ignored the most basic realities of disease. As early as 1952, one of the pioneers in using sulfa drugs and penicillin, Dr. Maxwell Finland, warned that these so-called wonder drugs would create new and resistant strains of bacteria (Time, 9/9/87). These warnings were

almost totally ignored, and to a large degree continue to be ignored even though they have long since been proven valid. Even in the relatively early days of antibacterial drugs, it was noted that the introduction of every new drug was followed by an increase in bacterial resistance. This was largely ignored because there were always yet newer drugs that could be substituted for the old ones that were weakening in effectiveness, and people simply pretended that this process could go on forever. Reality overtook this scientific hubris in the late 1980s when it became clear that strains were developing that were resistant to many drugs (Science, 21/8/92). Sometimes, a microbial strain becomes resistant to antibacterial drugs within a single year.

So now, old diseases are making a comeback with a vengeance, and new ones are appearing. In fact, there seem to be seven big contributors to the new plague. (a) The responsible microorganisms are becoming resistant to drugs. (b) They evolve more virulent forms. In regard to both points, drug resistance has built up not merely as a result of drug treatment of humans, but also because of indiscriminate drug use on farm animals. However, even more discriminate use would presumably have eventually led to the same result. (c) Pollution is lowering people's resistance. (d) Social, political or economic changes or upheavals create conditions that spread disease or increase susceptibility. For instance, one reason why the population even in some developed countries is at heightened risk to microorganisms is that their infrastructures are either crumbling or overwhelmed, and sewage systems often fail, particularly when there are floods. And floods are apparently becoming more frequent with the erratic weather patterns which, in turn, are the result of atmospheric pollution and other human climate-changing actions. Another example is that as a result of parents withdrawing from child care, and putting their children into congregate day care, this not only increases a circular process of infection back and forth among children, but also leads to greater antibacterial drug use which, in turn, results in greater bacterial drug resistance. (e) Decadent behavior patterns provide new opportunities for disease spread. For instance, relentless promotion of promiscuous sex by the intellectual and cultural leadership in the US is also making a devastating contribution to the problem which will not be acknowledged for some years to come, if ever. (f) Climate changes. (g) Modern modes of world travel quickly disseminate diseases and make them hard to contain. Air travelers can now reach any point on the globe within 24 hours. An outbreak of a virulent form of diphtheria in Manchester, England, was traced to a single child who had brought it by airplane from Africa.

Strangely enough, the resistance evolved by some organisms in the developed world can express itself devastatingly in the underdeveloped countries. E.g., dysentery-causing organisms that evolved toward more virulent forms in the developed world might very well take on epidemic proportions in the Third World, and kill millions there.

Measles came back big in 1989, striking 18,000 in the US, killing 41 children. Other old childhood diseases that might come back are polio, pertussis, rubella and mumps. But so might old adult diseases, plus new infectious diseases that strike all ages.

By the way, at present, virtually every microorganism class is breeding more drug-resistant or at least more virulent strains: viruses, microbes, fungi, and all sorts of other microscopic organisms and parasites, such as amoebas. We now also have learned, to our great surprise, that genetic information can be transmitted by several means other than heredity. For instance, bacteria have a way of conveying drug-resistance to each other even without having been exposed to selective evolution in consequence of direct exposure to drugs!! Sometimes, tiny mites are the intermediaries of transmission of genetic material from one organism to another.

Now, when someone comes down with what appears to be an infection, the patient may be cycled through drug after drug to find one that will work on whatever microorganism is making a patient sick. This now adds up to \$200 million

a year to US medical bills (Science, 21/8/92). But once it is determined that the organism at issue is resistant toward this or that drug, it may be too late to save the patient with other drugs that would otherwise still have been effective.

Hospitals play a major role not only in breeding new microorganism strains, but also in disseminating them. As late as the 1930s, hospitals were filled primarily with people who had diseases that between ca. 1950-1985 would have been cured rather easily with antibacterial drugs (Science, 21/8/92). Now, hospitals are prime breeding grounds for infections. In the US, two million infections are contracted in hospitals each year, costing \$5-10 billion to treat. The role of high technology in all this is underlined by the following two facts. First, in one single Pennsylvania hospital, nine patients all contracted the same illness from an electronic rectal thermometer, one of the most widely used technological devices in hospitals today. Secondly, the low technology measure of hospital personnel washing their hands more often would prevent about half of the 2 million infections a year. Yet despite this, and despite ongoing in-service hospital training on the issue, more than half the physicians and nurses in one Pennsylvania hospital failed to wash their hands in between touching different patients (CBS TV Evening News of 14 July 1992).

It is widely believed--though not widely announced--that soon, all sorts of drug-resistant strains will establish themselves firmly in hospital environments, so that hospitals will become so unsafe that for most illnesses, one will be safer at home. Science (21/8/92) announced that the "crisis is here. Already, people are dying in large numbers in the most advanced hospitals in the world." Already, hospitals here and there--including very prestigious ones--have had to close entire wards, and even intensive care wards, in order to stop the spread of some deadly bacterium.

One thing is for certain: hospitals that had almost universally begun to ignore scrupulous hygiene since the advent of antibiotics (because they put their faith in letting the antibiotics do what formerly had been done through environmental hygiene) will simply have to go back to meticulous attention to environmental cleanliness. Yet this may prove to be virtually impossible to do because of (a) the discontinuity of tradition in the hygienic disciplines, and (b) the kinds of people nowadays employed in hygiene work may simply not be willing and able to do what is needed, nor may their more sophisticated but modernistic superiors, including those in the nursing profession.

The sudden reappearance of TB in a new drug-resistant form has profoundly jolted the medical establishment and brought it back to some cold realities, namely, that disease and pestilence will always be with us. One of the most respected medical scientists in the US has predicted that a highly virulent flu epidemic is a very likely prospect sometime in the not-too-distant future. All sorts of other epidemics are also apt to break out, and money is finally being rechanneled, even though in still small amounts, toward the early detection of new outbreaks of old infectious diseases, or the appearance of new ones. A prestigious US medical committee has also recommended that the government begin to stockpile vaccines for diseases that have not been around much in North America, such as yellow fever, in case they make a comeback the way TB is doing now (Science, 23/10/92).

Frightening in the face of all this is that drug firms are not anticipating either a great number of new types of antibiotics, or radically new modes of antibacterial action from them. Accordingly, the situation is so alarming that some people have raised the possibility that we may be approaching a "post-antimicrobial era" (Science, 21/8/92).

The new plague age should be of extreme interest to human service people because (a) the most vulnerable classes, such as constitute the clients in many services, are always stricken very disproportionately, and (b) people who serve upon them are, in turn, more at risk, giving them an opportunity to practice heroic virtue.

## Tuberculosis (TB)

As early as 4/88, we reported that TB was making a most frightening comeback, and in an even more virulent form than before, against which there is hardly any drug as yet, and perhaps will not be for years. One major reason for this is AIDS: people with AIDS seem to have been the incubators for the new TB.

There are many kinds of TB, and many different names by which it has been called in history, including phthisis, scrofula, the king's evil, lupus vulgaris, Pott's disease, consumption, the wasting disease, and the white plague. Evidence of the existence of TB goes back to 4,000 BC. In Europe, it did not become an epidemic lung disease of huge proportions until the industrial revolution. Some experts believe that TB and leprosy were antagonistic to each other, and that the ascendancy of TB was paralleled by the decline of leprosy. Yet it was only in 1722 that it was strongly proposed that TB was infectious, and not until 1819 that the unitary nature of TB was established. The first actual demonstration of contagiousness had to wait until 1865--and was then ignored for several more decades. We now know that TB is passed on particularly by coughing and sneezing, but even by speaking. A single sneeze may contain over one million particles, but even one single bacillum, or a dozen or so, can be sufficient to cause infection. TB can also circulate among animals, such as snakes, deer, and from deer to cattle. Milk products from cows with TB would transmit TB if they were not well pasteurized, and people can get TB from physical contact with infected cattle or their meat, e.g., in slaughterhouses.

Heroic figures like Lord Byron (1788-1824) asserted that consumption would be one of the preferred--and as he put it, "interesting"--ways of dying. At that time, it was particularly spiritual, pure, refined and artistic people who were thought to be most likely to catch TB and die of consumption, and if one was not that way before one got the disease, then one would acquire these qualities as a result of it. Thus, the disease was outright chic for awhile. It was only in the later nineteenth century that TB became the disease of the masses of the poor and disenfranchised.

By the late 1800s, TB killed large percentages of the most devalued population, such as members of racial minorities and the urban poor, thereby both appearing to prove the validity of social Darwinism and serving a eugenic function.

Among the poor, it was widely believed that if they had TB, public health doctors were going around and giving them poisons, and while this may be dismissed as folk superstition and hearsay, we really should not be surprised at all if it did, in fact, sometimes happen, now knowing what we know.

The TB bacterium was not discovered until 1882, and the discovery was at first greeted by many with ridicule. As late as the early 20th century, medical treatments were often more deadly than the disease itself.

The first sanitarium (also called sanatorium) for TB was established in Europe in 1854 on a location of high altitude. TB sanatoria were launched in the US between 1882-1884, and by the 1930s there were 600 of them with a capacity of almost 100,000 beds. In 1892, a systematic war was launched against TB. This war became the prototype for all subsequent public health campaigns against specific diseases, imitated later by the polio, cancer and AIDS movements. The first effective treatment, the drug isonizid, was synthesized in 1912, but was allowed to sit on the shelf for 40 years, with antibiotics--discovered much later--being effectively used first in 1947.

As is so often the case in human service history, it is unknown to this day whether the sanatorium culture made any positive contribution at all to TB either on the clinical or the population level. In fact, many sanatoria refused to accept people with the most advanced TB, who were also the most contagious ones. Among the reasons these were refused was that they required too much care (much as people with AIDS do today), and their inevitable deaths were an embarrassment to the sanatoria. Often, patients were discharged shortly before death with the

advice to seek a warmer climate--which usually meant ending up at home to die.

It was not until 1943 that an antibiotic effective against TB was discovered, but only by 1952 were enough drugs discovered to deliver a near-knockout punch to TB. In little more than ten more years, almost all the TB sanatoria in the US had disappeared.

Much as TB had once been the leading cause of death in Europe and the US, worldwide it is still the leading cause of death, accounting for almost 7% of all deaths in the undeveloped world--a fact which has been almost totally ignored in the developed world. Approximately one-third of the world's population harbors a TB strain and is therefore at risk for developing the disease, not even to mention those people who are at risk of becoming infected (Science, 21/8/92). Worldwide, more than 3 million people died of TB every year as of ca. 1991. In the US, at least 10 million people are estimated to carry the TB bacterium.

As mentioned, dangerously contagious diseases are surrounded by deceptions. One of many such about TB has been that it was virtually conquered, exemplified by the fact that despite the continued high prevalence of TB in the rest of the world, the World Health Organization allowed its staff devoted to TB to dwindle down to one single professional in 1989. US federal funding for TB research fell to virtually zero between the early and late 1970s. Also, in the Western world, there has been almost 100% turnover in health workers since circa 1950, and so these have to start virtually from scratch to learn all about TB once more.

Another deception until recently had been that TB is easily treatable. In fact, the drugs that worked until recently were very dangerous for the persons taking them--which motivates even non-decadent, or competent, people to cheat on them. Also, if drugs do work, spectacular initial improvement may take place after only a few weeks, and then people quit both because they falsely think they are cured, and because of the unpleasant side effects of the drugs.

The "returning point" for TB came in 1985 when, for the first time since 1882, the incidence in the US went up again, but we are now confronted by a wide range of TB strains of varying degrees of drug resistance, with the most virulent ones being resistant to even the most powerful drugs, leaving no options along these lines for curative treatment, or even prevention. As of 1991, one-third of all TB cases tested in a New York City survey were resistant to at least one drug, in contrast to other microbial diseases for which there are often many drugs. TB that is resistant to two or more major drugs causes a mortality of 40-60%. In some NY hospitals, 30% of all new TB cases have resistance to the old drugs (SHJ, 13/8/92).

Because new TB strains are so resistant to drugs, much drug shotgunning has to be done. Already, treating a person for a multi-drug resistant TB strain may cost close to \$200,000 (Science, 21/8/92). One can also see that if such a patient were uncooperative in taking the drugs faithfully, vast sums of money would be wasted, plus any such failure to complete a course of antibiotic treatment accelerates the evolution of drug-resistant TB strains.

For various technical reasons, research on the TB organism is extremely difficult and slow. Also, despite its long history and much research on it prior to circa 1950, surprisingly little about it is known, in good part because most research on it stopped at about that time--even though the continuation of such research would have yielded infinitely greater health benefits than all the AIDS research to date.

In terms of the epidemiological realities, we are now at the stage in regard to TB that we were 2-3 years after AIDS was discovered. A good question is whether the medical establishment, the government, and other sectors will rush into TB with as much vigor and money as they did into AIDS. If such vigor is applied, it will almost certainly mean having to take money from HIV research; and if such vigor is not applied, many of us may die from TB.

Fortunately, one of the few bits of good news about TB is that when there is reason to believe that the bacterium may be in the air, ultraviolet lights are a relatively inexpensive means of decontaminating the air.

The New York State Office of Mental Health decided in fall 1992 to go ahead with a crash program to install, at each of its adult facilities, at least one special room for people with TB or other highly infectious conditions. The cost will be as much as \$40,000 per room. Over the longer term, up to four such rooms are planned for each of these facilities (OMH News, 10/92).

As mentioned, it was HIV-infected people who became the vector not only for the return of TB, but also for its evolution to more virulent forms. In fact, in the case of people with undetected HIV infection, the appearance of TB is often the first clue to the presence of HIV, and according to some sources, about 90% of the people resistant to multiple TB drugs are HIV-infected. In some European countries, uncontrolled influx of people from the Third World has skyrocketed the TB rate (Science, 3 July 92), with HIV not playing as clear a role as in the US.

The greatest concentration of TB is in prison because so many prisoners are HIV-positive, otherwise vulnerable, and so close together. Already by fall 1992, 15,000 NY prisoners and 6% of prison staff had TB (SHJ, 15/10/92). Amazingly, such news stirred hardly a ripple anywhere. Other than people with HIV, the homeless and prisoners, populations particularly high at risk are IV drug users--altogether, the same population groups that are at high risk of AIDS. In the US, the greatest concentration of TB geographically is in New York state, because there, the manifestations of decadence are always a few steps ahead. In some New York City shelters, about half of the inmates now have TB.

What the media are not telling is what every citizen going to a generic hospital can see these days: room after room on floor after floor having a police officer sitting in front of it. Almost always, this means that a prisoner with TB is in the room. This is becoming a major new burden on hospitals, and demand for hospital space. Entire cohorts of physicians and nurses exposed to prisoners with TB sometimes have to go on prophylactic antibiotics. Some hospitals and coroners have refused to do autopsies on people--or even entire classes such as prison inmates--from fear of catching TB thereby. TB can even be caught from being merely near autopsies.

Prison guards have, of course, also begun to catch TB, and die of it. Here is a vignette that shows once again how human management systems will chew up their workers and then spit them out when they are no longer needed. A prison guard caught TB from guarding terminally ill inmates who also died of TB. His family had to go to court to get a ruling that the guard's death from TB was indeed "in the line of duty" (SHJ, 11 Feb. 93).

As we have repeatedly emphasized, injustices and atrocities that a society inflicts on one of its devalued segments will often come back to haunt the larger society in a very costly way. The current rapid reemergence of TB is a classical example of this principle. One of the major media of the reemergence of TB is the large number of poor and homeless people who have been among its second groups of victims (after people with AIDS), but through whom the disease will end up being spread to the population at large. US "blacks" have 6 times as much TB as "whites," across the board, and still twice as much when living conditions are equivalent. Some people claim that this is due to genetic differences in susceptibility (SHJ, 15/2/90). In the long run, it may turn out that it would have been infinitely cheaper to do something about poverty than it will be to fight the new TB.

By the way, TB has long been running rampant in Somalia, aggravated both by starvation and the complete breakdown of the medical system (SHJ, 16/12/92). Accordingly, Western troops and relief workers in Somalia are at risk of catching TB, and bringing it home.

Where are things going with TB? What lies ahead, and what lies are ahead?

While much of the TB news has been in small print and/or on the back pages, the American Lung Association has declared TB "out of control," and there is a distinct possibility that TB could turn out to become the equivalent of the medieval Black Death, strike at the majority of the population, and become one of the nails in the coffin of modernism and civilization.



We feel nearly certain that TB has already broken out of the high-risk population into the general population, and that we will very soon be told about it--well after the fact. Developments in this direction would almost certainly also add tremendous fuel to the "euthanasia" movement.

One thing seems certain, and it is that enforcement of virtually 100% compliance with drug treatment is one of the prerequisites to success. Even one single person who goes about infectious can become the source of innumerable transmissions. Entire mini-epidemics of TB have been traced back to single individuals.

One of the many problems with TB control is that when a case is found, all people who have had relatively close contact with the person have to be tested. For instance, if one person in a school has TB, much or all of the school and its personnel should be tested. But it is easy to see where in many instances, not everybody exposed will be found, or if found, will cooperate, and so the germ spreads. After the big summer '92 hurricane in Florida, people were forced to stay in large crowded evacuation centers, and when TB was discovered in one of them, 500 evacuees, 200 Red Cross volunteers, and 100 students who had contact with these people were called in for testing (SHJ, 9 Aug. 92).

Another problem is that the regimen prescribed for TB is so rigorous that many people will not adhere to it. Not knowing whether it will work, people have to take a dozen pills daily for up to a year, and bear with the side effects. Thus, the TB threat calls for drastic control measures, but for PC reasons, these have not been taken, one of several reasons being that these measures would have to impose major interdictions upon homosexual lifestyles and HIV-positive people. For the sake of affording them license, the entire population is put at risk.

Unfortunately, it is precisely the most high-risk classes that are least likely to cooperate with treatment, and finish their course of medication. Many people in the lower and lowest social strata who have TB will not cooperate with health regimens. In fact, among the homeless, about 90% violate the treatment regimen. Also, people with TB in New York are the least likely to finish their course of medication--once again, an index of New York decadence.

However, it is our forecast that once the general population and the valued classes learn that they are at significant risk, that is when the necessary controls will be instituted. In the meantime, the authorities have invented an intermediate control method called "directly observed therapy" under which people will be paid to make sure they actually see recalcitrant patients--mostly of the lower classes--take their medicine.

### Salmonella

We first warned of the new, more virulent, salmonella in the 2/87 and 6&8/87 issues of TIPS, before most people had heard about it. It is particularly likely to come via foods of animal origins. We also mentioned the mindless feeding of antibiotics to livestock that is largely responsible for the proliferation of new vicious strains of salmonella. There have been outbreaks everywhere, though not necessarily reported, or widely reported. Restaurants, institutions, and mass food handling (as at public events) are particularly vulnerable. Most vulnerable are the usual at-risk groups: children, the aged, the sick, people with HIV, etc. In Syracuse, a record was set of over 1000 people getting salmonella poisoning from one single fast-food restaurant in 1993.

A bacterium similar to salmonella proliferated in a certain kind of cheese made in Switzerland and killed a number of people, requiring the destruction of a huge batch of that cheese that had in part already gone to other countries.

Salmonella comes in about 2000 strains, which makes it difficult to treat. Cholera and typhus (typhoid fever) are variations of salmonella. Animals that are not too discriminating as to what and whom they eat, such as snakes, can also get salmonella. The once common typhoid fever has always had a very high mortality rate without treatment, and can also be transmitted through the water. Already, a

a large proportion of typhoid infections of children in the Third World are very drug resistant.

### Cholera

Cholera is one of the oldest documented plagues, and can be thought of as a vastly more virulent form of salmonella. We first reported in 6&8/87 that it was making a worldwide comeback. It is spread by feces and water, and infests animals like sea life and shellfish that then should not be eaten. In Argentina, it was found in powdered milk in 3/93. Unfortunately, cholera now comes in a more powerful strain than in the olden days that is very resistant to drug treatment. There have been major outbreaks in India, Bangladesh, Southeast Asia, Central America, and almost all countries of South America.

The current cholera epidemic in South America was first spotted in 1/91 in Peru, and spread from there like wild fire along 1200 miles of coastline, and a bit more slowly inland. Peru had many hundreds of thousands of cases. Infested shellfish beds have been found off the coast of the southern US (e.g., Alabama). Passengers on a plane from Argentina to Los Angeles got it from the airline food.

Cholera causes a diarrhea that is hard to contain, and quickly causes dehydration. It is one of the potentially fastest killers known, since it can kill people within two hours after the first symptoms (Discover, 2/92). The poor are usually much harder hit than the affluent who can practice better hygiene.

True to imperial form, the governments in Central America have been trying to downplay the fact that the cholera epidemic has been spreading rapidly, especially among their own poor people (CM, 10 Oct. 91).

### Miscellaneous Other Contagious or Infectious Diseases

By the way, one catches an infection, not a contagion, and not all infectious diseases are contagious.

\*It has not been widely publicized that the pest itself has made a sporadic reappearance in China. Of course, it is also not widely known that the greatest single reservoir of pest carriers exists in the US, namely, in an animal population in the west. It spread there almost 100 years ago as a result of a small pest epidemic in San Francisco which was as much denied by the authorities as the early outbreak of AIDS was, so that defensive measures were taken too late. One day, under distressed social or environmental conditions, we may see another massive pest outbreak, and quite possibly in the US itself.

\*One of the many diseases that has become resistant to existing antibiotics is leprosy which is caused by a bacterium, and which once was relatively easily cured by a certain antibiotic. Now, a person has to take three different antibacterial drugs simultaneously in order to get at the organism, which has dramatically increased the cost of combatting leprosy. This is one of the reasons why the battle against leprosy is not doing well in poorer countries.

\*By 1955, scientists had declared that malaria could finally be banished even from the poorest countries because of a combination of "wonder drug" quinines and "wonder pesticides," such as DDT. In 1957, the World Health Organization launched a campaign aimed at eradicating malaria from the earth. After tremendous early successes, both the malaria parasite, and the mosquitoes carrying it, evolved toward such high levels of resistance to the drugs and the pesticides that by 1986, malaria not only had regained its killing power but endangered even more human lives than it ever had before (Science Digest, 7/86).

\*Virtually all venereal diseases are becoming more drug-resistant. At one time, syphilis was very prevalent, and so was congenital syphilis which the unborn

caught from their infected mothers. Congenital syphilis cruelly ravages a baby, and if it survives, it usually bears visible stigmata such as we can see on many old paintings, particularly after ca. 1500. These stigmata include a sunken nose bridge between the eyes, therefore the appearance of a stub-nose, and widely spaced teeth with the cutting edges of the front teeth being notched (Hutchinson's teeth). In addition, they often have other handicaps, including mental retardation. Many health care workers have not seen a case of congenital syphilis, but almost 50% of all the new cases in the US in 1984 occurred in the state of Texas, and most of these in babies of women who had either no prenatal care or had it too late. Of all these, 60% were dead at birth or within three weeks, and the rest continued to have high early mortality rates (AP, in SHJ, 23/10/85).

\*It is not too well-known that about 18,000 US health care workers contract hepatitis B every year, and 10% of these become long-term carriers, and may even have to give up their occupation. About 300 die each year from this disease or its complications.

\*In the medical underground, one speaks of a "gay bowel syndrome." This refers to a wide range of bacterial, viral and other parasitic intestinal infections that almost half of homosexual men have. One of the things a person has to do who has one of these infections is to practice meticulous toilet hygiene. Failure to do so by people handling food in public eateries has probably contributed to a number of recent mini-epidemics in the population, including of hepatitis (AIDS Update, 12/88).

\*Twenty-five to 50% of the world's population have at one time or another been infected by the toxoplasma organism, a single-cell animal that lives as a parasite in many larger animals, but most of all in cats, and mostly so if they eat birds or mice, but in most cases without adverse consequences. However, in people with low immunity, toxoplasma infections range from serious to deadly. Thus, this is the most common opportunistic infection of people with AIDS (Health Letter, 5/88).

\*Lyme disease, that is now spreading rapidly over the US and is severely restricting the enjoyment of the outdoors, is actually an old disease with a new spread.

\*Streptococcal bacteria that cause--among other things--rheumatic fever have evolved more strongly. Rheumatic fever has hardly been seen by younger physicians, though at one time it was one of the leading killers of children. Now it is coming back with a vengeance. In some parts of the world, 70% of children carry a strain of the strep bacterium that is resistant to all the usual antibiotics used against it (Science, 21/8/92). One new strep strain can kill very quickly. One type of strep throat infection leads to scarlet fever, which is highly contagious and making a comeback. Staph organisms are also becoming resistant.

\*Since 1975, the proportion of children who get ear infections has exploded, and nobody knows why. One hypothesis is the steep increase in day care, where children keep infecting each other. As of 1988, 18% of babies below the age of one in the US were in day care (SHJ, 1/1/93). We believe that the increased virulence of bacterial strains in response to decades of antibiotics should also be considered.

\*An article in Science (23/5/86) reported a study which traced the composition of the influenza A virus over a 53-year period, and found that of the 890 gene segment bases, 149 had undergone an evolutionary change--some of them

more than once, for a total of 186 changes, or 1.7 changes per year. Some flu strains had even more changes. This rate of change was calculated to be about a million times faster than that of mammalian germ line genes. Obviously, while vaccines have tried to change almost as quickly as the pathogen, they will always lag at least somewhat behind. The vaccines for rabies, yellow fever and polio were developed about 100, 50 and 50 years ago respectively, and are still valid because their pathogens have not appreciably changed. Why the flu virus is so much on the run is not clear.

\*The class of bacterium known as E. coli is everywhere--mostly in our bowels, from where it pollutes running and ground water. It has increasingly also been found in raw meat. Soon, medium rare steaks will be as much a thing of the past as raw or lightly cooked eggs (due to salmonella). There have been savage outbreaks of a new strain of E. coli across the US, often in connection with fast food places, hamburger-eating, etc., with several deaths (e.g., Time, 8 Feb. 93).

The gradual breakdown of infrastructure, and hence public sanitation, in the US is also resulting in coliform bacteria increasing in water bodies previously used for swimming, so that beaches have to be closed.

\*Another older disease made a comeback: valley fever, caused by fungus spores that are swept up from the soil by the wind and inhaled. California had its worst outbreak of it ever since 1991, and it is even now sweeping eastward with the wind. It is often mistaken for a cold or flu, but can cause meningitis, and is a menace to the elderly and people with asthma. Symptoms can include not only respiratory ones and labored breath, but also skin rashes and achy joints. Severely struck people may need treatment for years, and may have life-long flare-ups (Time, 1 Feb. 93).

\*Dengue hemorrhagic fever has made a comeback in Asia and South America, and may soon spread to the US.

\*Shigellosis used to be a scourge in institutions--especially for the mentally retarded--into the 1980s. This is an intestinal disease that causes much diarrhea, and is difficult to control once it breaks out. In 1988, hundreds of airline passengers (!) got it from plane food.

\*At the very moment when all sorts of new organisms are evolving and causing new or old diseases, the US army scrapped its research program on Korean hemorrhagic fever (or Hantaan, or hantavirus, disease) that had killed about 400 US soldiers in Korea in the 1950s. The army intended to develop a vaccine against the disease but Congress criticized the research as arcane, and the army caved in. It now appears that the flu-like deadly epidemic (the "four corners disease" because it occurred where four states join) that started on an Indian reservation in the US Southwest in Spring 1993 (and killed more than 20 people) is caused by a member of the same virus family (Science, 11 June 93), and is spread by rodents. People can drop dead within hours after being stricken. An interesting but not atypical element here is that many Navajos and their leaders went into denial and noncooperation with health authorities, some blaming government conspiracies and electric power plants. After all, some of their leaders are to their flock what state and federal authorities are to the Indians: the empire.

\*In the former Soviet Union, there have been outbreaks of bubonic plague, cholera, and diphtheria because of the collapse of civilization there.

\*Relatively new microbial diseases include toxic shock syndrome and Legionnaires' disease. In addition, many strange epidemics have been occurring elsewhere in the world, but attracted little attention in developed countries. How many of us have heard of the ebola virus epidemic in Africa that has killed

50% of the people stricken with it, and an even larger percentage of the doctors and nurses who treated the patients?

\*The same symptoms or disease states can be caused by very different organisms. Pneumonia and dysentery are examples, and are becoming more common, and more difficult to treat.

\*A more complete list of microbes, the diseases they cause, and the drugs that they are resistant to, is found in Science, 21/8/92.

\*A form of scrapie, "mad cow disease," has broken out from sheep to other animals, and it is not yet known whether infected animals are safe to eat.

#### Health Finance

\*15% of the US health bill is said to be spent on conditions resulting from excessive intake of alcohol (Science, 3/4/87).

\*For every penny of tax levied on a pack of cigarettes, the US government takes in \$290 million (Time, 31/10/88).

\*While spending about \$800 billion on health care annually, or about \$3000 per person on the average, about 40 million people in the US have no medical insurance, many others have very little of it, and health indices are lagging behind those of many other Western nations. No wonder 90% of Americans have been dissatisfied with the American health system--again, more than in many other nations. The bulk of medical research work in the US is done by young graduate students and "post-doctoral" trainees. One of them said in 1992, "It's a pretty bizarre situation when the people doing most of the medical research in this country can't afford health insurance" (Science, 18/9/92).

US medical expenditures have been increasing at twice the rate of inflation for some years. However, it was hilarious to be told that health care was in danger of "draining resources from defense" (Time, 31/10/88). Contrary to widespread stereotyped thinking, the US spends a larger percentage of the gross national product (up from 5.9% in 1965 to about 11% now) on health care than some of the leading Western nations, including those that are perceived as having totally "socialized" medicine, such as Sweden (about 10%). This also means that in most cases, more is spent in the US on a per capita basis. Most industrialized nations spend about 3.5%. Yet regardless of what health indices one looks at, there is very little evidence that US health is any better, and it compares unfavorably to some of the other countries (Time, 31/10/88). In fact, the medical system has a remarkably small impact on health in the US, affecting only 10% of the indices of health (NEJHS, No. 2, 1987). In terms of global impact on national health, the US gets only about 25% of benefit per dollar spent in comparison to 21 other developed nations. Thus, even though the US per capita health expenditure is more than double the mean average of the other 21, key morbidity indices are much higher. Therefore, any clamor by special interest groups that more money should be spent to improve health is just plain deceptive. In fact, one could argue for spending less money on health, but spending it in dramatically different ways (Health Letter, 5/88).

\*In New York State, malpractice insurance for obstetricians now costs so much that depending on the locale, it may add as much as \$818 to the cost of each delivery (AP in SHJ, 8 June 93).

\*Applying PC criteria to insurance has made New York State shoot itself in the foot. It was the first state to require small group health insurers to take all applicants, and not to vary premiums on the basis of age, sex, or health

status. Several insurance companies promptly abandoned the state and canceled the insurance policies of 50,000 people (AP in SHJ, 1 April 93).

\*One way in which firms are trying to get out of their health insurance obligations to their employees is by terminating their insurance plans for all employees, and taking out a new plan, often one called "self-insurance" which means that the firm has no health insurance carrier at all but pays health benefits out of a pool of deposited money. Under the new plan, employees can lose all sorts of health benefits that they thought they would have for life, or at least as long as they were employed (e.g., Newsweek, 23/11/92).

\*US hospitals have begun to penalize physicians who incur costs that are either above the average, or not fully reimbursable by insurance or the US government. This process has begun to be called "economic credentialing." Apparently, hospitals are gaining the upper hand over physicians, for better or worse, and physicians are beginning to feel terrorized, sometimes refraining from doing what ought to be done for clinical reasons. In fact, hospitals are going so far as to imply that a physician who is getting sued a lot must be guilty of malpractice when that may not be the reason at all (Newsweek, 23/12/91).

\*According to a 7 January 1990 article in the Toronto Star (source item submitted by Beth French), Canadians have much better overall health than Americans. For instance, they suffer less heart disease, enjoy a longer average life span, and have a much lower infant mortality rate. Their health care is paid for by the government, government must give approval for hospitals to buy major equipment, and it sets the costs that physicians can charge for services. While Canadian physicians complain about this, even they admit that Canada's health care problems are fewer than those of the United States.

Interestingly, the American Medical Association has engaged in a scare campaign to prevent the adoption in the US of a Canadian-type system by claiming that Canada lags far behind the US in the use of new medical technologies, and that Canadians routinely cross the border to the US in order to obtain health care, even though these charges are untrue, and are even admitted by the AMA to be an exaggeration. The fact is that one of the big problems of US medicine is its over-use of high-tech equipment, with the result that not only are the costs tremendously high, but this equipment is also applied to people whether they need it or not, merely because it exists and is handy.

\*The health care insurance premiums that General Motors pays for its employees increase the price of each GM vehicle by \$900! (Time, 7 Sept. 92).

\*In 1990, one physician out of six in the US had net incomes (after deduction for all expenses) of \$250,000 or more (Health Letter, 6/92). In 1987, the average US thoracic surgeon earned \$350,000 from Medicare billings alone--seven times the Medicare earnings of family physicians (Time, 31/10/88)--and that was years ago!

\*US Senator Edward Kennedy addressed the American Medical Association in 3/93, and saluted it as "a leader in the fight for affordable health insurance," to which these most ardent foes of affordable health insurance erupted into frenetic applause (SHJ, 31/3/93).

\*In the US medical funding system, if a patient comes with complaints of chest pains, an internist who does a searching 20-minute examination will get about 20% less pay from Medicare than for administering an 8-minute electrocardiogram. This is concordant with a general pattern that rewards both the more high-tech and more invasive medical procedures on the average of double the rate over what one might call medical service based on cognitive skills. This naturally sets up a disincentive, by punishing physicians for spending time with

their patients, and rewarding them for performing or ordering unnecessary diagnostic tests and unwanted surgery (Science, 7 October 88).

\*According to a survey, 68% of Americans would prefer health and safety policies that save 100 lives now rather than investing into measures that would save 200 lives 25 years later. Further, 38% would even prefer the 100 lives saved now over 4000 lives saved in 25 years (Hasting Center Report, 11&12/92; source item from Karen Barker). Modernistic here-and-now-ism must surely play a role in these attitudes.

\*In Florida, about 40% of all practicing physicians referred patients to facilities in which they had a financial interest (Atlantic Monthly; source item from Joe Osburn).

\*A classic example of conflict of interest is what happened to the American Association for Retired People (AARP), which anyone can join at age 55 and up. It got into a partnership with Prudential Life Insurance under which it would promote Prudential health insurance policies to its members, and receive in return \$100 million from the insurance firm. This huge subsidy enabled it to keep membership fees to a token amount, which probably did not even cover the costs of the periodicals received by its members. When it came time in the early 1990s to call for a rational and economic national health plan, the AARP was a captive of its huge source of income, and could not bring itself to call for radical and rational health care reform because that was contrary to the interests of the health insurance business.

\*The Atlantic Monthly (3/92; source item from Joe Osburn) ran an article that in essence claimed that in medicine, professionalism is being replaced by entrepreneurialism. It also used--perhaps coined--the phrase "the medical-industrial complex."

\*In 1992, US News & World Report had called health care fraud "white collar wilding."

\*A friend of the TIPS editor has been handicapped since childhood, and lives much of her day out of a wheelchair. She has had the same physician for 30 years; and since the advent of Medicaid, she has been covered by that provision. When her physician decided to drop her, and she recruited another physician, she requested that her medical records be transferred. Her physician of 30 years thereupon announced that she had never been his patient, and that he had no record on her.

\*In the medical tradition of Europe that was shaped by Greek and Arab medicine, physicians were trained to read the signs that death was imminent and the patient's condition resistant to their art. At that point, the physician was to return his fee and surrender the death room to those caring for the dying person.

\*The 11th century St. William Firmatus was trained as a physician but forsook this occupation when he discovered in himself a leaning toward avarice.

#### Iatrogenesis & Nosocomial Diseases

Two related concepts are "iatrogenic disorders" and "nosocomial diseases." The term "iatrogenic" means "caused by a physician," and is most commonly used in connection with diseases or deaths accidentally caused by physicians. When physician error, or some systematic but not necessarily erroneous procedures, make things worse, then one may speak of iatrogenic morbidity. This is a term that has

recently been used for the Medicare practices that discharge patients from medical or hospital care prematurely because of Medicare funding limitations.

Amazingly, millions of patients pick up an infection in the hospital that they did not have when they got there. Such infections are called nosocomial, from the old Latin word for hospital. One of the major sources of such infections is any kind of tubing, be it for any sort of drainage or infusion by alimentary canal or bloodstream. Also, physicians sometimes do not wash their hands enough. A not inconsiderable 20,000, or 1%, of patients a year die as a result, and these are mostly elderly and other vulnerable people already weakened by other conditions.

\*Since 1970, Caesarean section deliveries in the US have climbed steadily from about 5% to almost 25%, and have become the most common hospital-based operation. While this is the highest rate in the world, worldwide there appears to be a direct relationship between technological development and standards of living on the one hand, and the percentage of Caesarean deliveries on the other. Some people are afraid that if the trend continues unchecked, Caesarean deliveries could climb to 40% by the year 2000. Already, there are hospitals where such deliveries exceed 40%. The biggest contributors to this development appear to be defensive legal practice and financial motives on the part of the medical profession and hospitals (Health Letter, 11/87, 3/89). We should be aware that this is not only a very violent way of bringing a baby into the world, but that it has its own logic in a violent society in which there is a systematic assault on reproduction, where a large proportion of babies are killed before they are born, where the same medical system that births babies also kills babies before or during their birth, and where parents and society abuse children after they are born. Also, Caesareans contribute to about 25,000 serious maternal infections requiring more than a million additional hospital days at perhaps \$2 billion a year. Only lately may there have been some let-up in unnecessary Caesareans.

\*A study found that Caesarean births in the US were 3 times higher in locales with a high rate of medical malpractice suits as compared to locales with low such rates. This suggests that physicians will do Caesareans in order to avoid being sued (Time, 1 Feb. 93). We say, sue them for doing unneeded Caesareans! And, for the first time, a woman in the US has sued a physician for performing a Caesarean against her wishes, and was the first one to be awarded hefty damages (SHJ, 16/6/93).

\*Using refined statistical techniques, a study showed that maternal deaths are dramatically higher for Caesarean over natural deliveries, and for abortions versus carrying babies to term (PLN, 9 & 10/86).

\*We have reported before on the fact that women who have just given birth sometimes experience breast discomfort which, in almost all cases, quickly goes away if left alone. Yet over 700,000 US women each year are prescribed hormones after delivery to diminish the discomfort, though the drugs have potentially dangerous side effects (Health Letter, 1/89).

\*Very slow learners. Most readers will remember that pregnant women who took thalidomide as a sedative or sleeping pill had tens of thousands of children who were congenitally deformed. The manufacturer (Merrell Dow) never admitted its guilt, though it had to shell out vast sums for damages. It is hard to believe that the same company promoted another drug, Bendectin, as an anti-nausea drug which was taken by an estimated 30 million women worldwide and promoted even after there were indications that it too contributed to congenital malformations. The firm has had to make at least 700 settlements for damages, even though the data are still being controverted. Some of the same ingredients were also contained in other drugs that continued to be sold, which underlines the importance of pregnant



women abstaining from all but the absolutely most essential kinds of drugs (Interim, 9/87).

\*For about 100 years, vasectomy has been heavily promoted for men as being a perfectly safe method of sterilizing them. Now evidence is beginning to accumulate that men who have had vasectomies are at much higher risk of all sorts of diseases about 20 years later, including various kinds of cancers. These findings have not been widely promoted because people with an anti-population growth and anti-reproduction ideology are afraid that such information, especially if further validated, would undermine their campaigns and "solutions." Also, the data themselves are being controverted.

\*In about 15% of Americans who are diagnosed to have dementia (commonly diagnosed and misdiagnosed as "Alzheimer's disease"), the dementia is the result of acute diseases or the drugs that people are taking--and is reversible (AARP, 10/87).

\*Well-intentioned human service measures often have unforeseen and unintended negative consequences. Once the mortality rates of heart surgeons in New York State began to be counted and publicly listed, some heart surgeons began to turn away risky cases from fear of jeopardizing their "ratings" (SHJ, 9 Mar. 93).

\*Yet another medical scandal in France involved the treatment of children with congenital dwarfism with human growth hormones which apparently had in some mysterious ways become contaminated with the agent that causes Creutzfeldt-Jakob disease, which is one of many diseases where nervous system degeneration leads to all kinds of awful problems and eventually amentia and death. Health officials who began to detect the problem in the mid-1980s failed to sound the alarm, while in the US, this particular growth factor was banned when the evidence began to emerge (Science, 4 Dec. 92).

\*As should be apparent from the documentation of TIPS items over the years, the TIPS editor reads a wide array of sources, either relevant to Training Institute workshops, TIPS issues, or other interest areas. Only by accident did he read in 6/93 that liver lesions are a relatively common result in women who take birth control pills (Syracuse Post-Standard, 27/2/93). This is certainly a well-kept secret.

\*A former president of the Royal College of Physicians and Surgeons was quoted--with approval--by the editor of the British Medical Journal as stating that only about 15% of medical interventions have a solid scientific basis, the rest consisting at least in part of fads and conventions (Smith, 1993).

\*There is a fairly consistent pattern in the natural history of medical treatment innovations, with seven common stages (cited in Brown & Funk, 1986).

1. Innovations enter into awareness by way of "promising reports."
2. Scattered support for the new methods develop.
3. There is public acceptance and third-party endorsement; and professionals, organizations, or commercial bodies press for endorsement by governmental authorities, for research funding, and/or for third-party reimbursement of new clinical treatments. Surprisingly, it is often only at this stage that large-scale efficacy research takes place.
4. The innovation has become the standard operating procedure so that its effectiveness or desirability can hardly be questioned anymore.
5. Finally, adequately controlled research has taken place which shows the innovation to be either ineffective, no more effective than traditional treatments or outright harmful.

6. In response comes "professional denunciation" of the critics by elements of the establishment. Leaders try to use their prestige and influence to beat down the research evidence, and those who have produced it.

7. Finally, "erosion and discreditation" of the method take place. Often, this happens because a scandal occurs, other methods prove superior, or the research evidence is actually accepted for what it is.

\*Some people are charging that modern medicine focuses on ailments, rather than on the patient and whatever suffering the patient may experience. One result is that the suffering that treatments entail is not adequately taken into account, and therefore treatments often create more or different pains, sufferings, anxieties, and most certainly disruptions in the patient's life. All of us who have been put through diagnostic tests prescribed primarily for the sake of the practice of defensive medicine, or in order to bring about an aesthetic closure to an intellectual medical diagnostic process, can certainly relate to this.

\*In the mid-1700s, a leading Japanese physician, Genpaku, said "If you are entrusted with a patient, you must look on him exactly as you would your sick wife or child, and must treat him with deep thought and utmost kindness. Whether your patients are very poor and mean, or very rich and of high rank, you should give them exactly the same medical treatment and should never distinguish between them" (Science, 23/10/92, p. 580).

#### Miscellaneous Medical Practices

\*A 1988 book (Payer, Medicine and Culture) found great differences in medical approaches in various countries. Americans view the body as a machine, and disease as an enemy to be conquered rather than as a deviation of bodily functioning to be brought back into harmony and normalcy. Accordingly, American medicine takes recourse to higher-technology options when lower-technology ones might do. For instance, in other countries, one might first use natural drugs or even just give the body time to rally, while American medicine is apt to take recourse early to high doses of higher-tech drugs, possibly in combination. Where such drugs might in fact be used in other countries, American medicine already takes recourse to surgery; and where others might also take recourse to surgery, American medicine is apt to make the surgery more radical.

Time (31/7/89) ran a cover story on the growing malaise of American medicine, and of doctor-patient relationships. The public has been socialized by too much hype to expect miracles to be routine, for which medicine itself must bear much of the blame. In fact, Time said that "the medical community trumpets triumphs with abandon," and hospitals spent more than \$1.3 billion in 1988 on "marketing" and advertising. The public's faith in physicians has declined dramatically, it does not believe that physicians communicate adequately with their patients, but does believe that they make too much money; and growing litigiousness is almost crippling medical practice. All these things have not improved since 1989, and medical malpractice claim settlements, \$4.2 billion in 1987, are now probably much, much higher.

\*People who are candidates for hemodialysis are apparently rarely told that as part of the procedure, they will probably pick up a certain trace amount of aluminum in their bodies, and that this damages their brain and can result in what is called aluminum-induced dementia. The less mentality people have before they go on dialysis, the more they are apt to be damaged (Health Gazette, 6&7/93).

\*Many diseases are just plain incurable, defeating the classical conception of the medical model and the role of medicine, physicians and hospitals. There is some evidence that the less a physician believes that a serious condition can be cured, the more tests and procedures s/he will apply in order to convey the

message that a serious effort is being made (Discover, 7/85).

\*Here is how you learn that there is something seriously wrong with you: you have a mysterious ailment, go to the doctor or the emergency clinic, and hear one of the people on the scene say, "I wish the professor was here; he really loves these kinds of cases."

\*People often complain that their physician does not listen to them, and this then breeds resentment towards, and distrust of, the doctor by patients--and of course makes patients more likely to sue. In turn, physicians commonly claim that they do not have time to listen to patients and their complaints. But according to the CBS Evening News (23 Feb. 92), it would only add an average of one additional minute to the time a doctor spends with each patient for the doctor to let the patient tell a bit of his/her history, what is wrong, how he/she feels, etc. Instead, the opposite seems to be happening. Many years of imperial prerogative, coupled with taking on too many patients, have socialized physicians to have an extremely short fuse with patients and their families who do not readily comply with their opinions and structures. Thus, it takes very little questioning of a physician by a patient or family member for the physician to rapidly escalate to testiness, then hostility, and then a breakdown in communication and relationship. We have seen instances of physicians having temper tantrums at even very minimal and reasonable questioning, some then threatening to withdraw from the case, and some actually withdrawing. Often, this is followed by this physician bad-mouthing the patient or the family to fellow physicians, so that it is very difficult for the patient or family to gain reentry into a constructive relationship with another physician in the same locale.

\*The CBS investigative news program "60 Minutes" carried a heartbreaking episode on 10 May 92 about US physicians being disabled by red tape, either from governmental sources or insurers. Paperwork now requires roughly half their time, and many physicians feel totally "immobilized," as one of them put it. An observation was made that their "spirits are broken by the regulations," and that they are faced with the challenge of how to take care of patients "despite the system." One physician confessed that when he realized he was beginning to resent an older patient because of the paperwork that she would mean to him, he quit, and more physicians are quitting for similar reasons.

Strangely enough, one remedy is virtually never mentioned, and that is for physicians to go back and do what they used to do in the olden days, namely, get their income from a few patients and serve the rest for little or nothing. This way, a physician could serve a lot of the poorer patients without having to deal with either the government or insurers. However, in order to do this, physicians would have to be content with a lower income, and perhaps would have to become radicalized in regard to their perception of societal and governmental collapse.

\*Throughout their medical education, and their years as interns and residents, young physicians are showered with an endless variety of gifts and perks by the drug and medical supply companies. These include basic reference books, any kind of small medical examination equipment (such as stethoscopes, reflex hammers, etc.), desk and office accessories of every conceivable kind, free lunches which increase in sumptuousness from first year medical school through the succeeding years, and which end up with the drug companies actually paying young physicians several hundred dollars to come to them and hear a brief spiel about the latest drug or medical equipment. Tickets to valued sports events are also often given away. Amazingly, the medical profession has no code of ethics about these practices. For an amusing account of her experiences along these lines, see Rosenthal, E. (October, 1988). Vital signs: Madison Avenue medicine. Discover, 34-36.

\*A study found that in handwritten medical records, about 16% of the words

were illegible, and in 12% of the records, this accounted for more than 5% loss of overall comprehension (Science 86, June).

\*In our urban slums, when one sees a well-dressed able-bodied Caucasian woman in her 30s or 40s carrying something like a briefcase briskly walking somewhere, one can be almost sure that this will be a social worker or (public health) nurse. Our slums are crawling with them--but only in the daytime, because hardly any of them live where they work, as the founders of the US social work movement used to. It is also somewhat amusing to consider that the one thing the public health nurse is most apt to do when visiting a poor family is to take somebody's blood pressure. If you are a dog, you bark; if you are a pig, you root; so what do you do when you are a (public health) nurse and you are in the slums? Of course, what makes this so ironic is that when circumstances have conspired for generations to put you and keep you in the slums, you have all sorts of reasons to have all kinds of health problems, including possibly abnormal blood pressure. What are needed are things that might contribute to the abolishment of the slums rather than what one might call end-point clinical busyboding.

\*Now that the shrink world has invented a human affliction called "dual diagnosis" and "dually diagnosed" people, medicine has "discovered" the "dually infected" (Science, 1 Nov. 85). This refers to a condition where mosquitoes acquire two virus infections at the same time.

#### Hospital Medicine

\*In the 19th century, Johns Hopkins Hospital in Baltimore built octagonal wards based on certain air movement principles. Because these wards were phenomenologically perceived as round, they lent their names to the so-called hospital "rounds" or "grand rounds." Dr. William Osler (1849-1919), then one of America's foremost physicians, would come on these wards accompanied by a retinue of learners and students, and he would go "around" from bed to bed, teaching to his listeners as he examined and treated the patients. Sadly enough, what are called rounds or grand rounds in the medical culture today do not necessarily involve bedtime visits anymore. Often, rounds consist of patient staffings in which the patient is never even seen, and sometimes even only of lectures that have little or nothing to do with a specific patient.

\*Vogel, M. (1985). The invention of the modern hospital: Boston 1870-1930. Chicago: University of Chicago Press. This is a history of the Boston hospital scene, from the early 1800s through ca. 1930, but focusing especially on the 60 years between 1870-1930. By examining and integrating a vast amount of material, Vogel was able to reconstruct what amounts to the evolution of our modern type of hospital, using the Boston scene as an exemplar.

In 1821, there were only three hospitals as we now know them in the US. By 1873, there were only 120, but by 1920, this had grown to over 6000. Initially, hospitals were used exclusively by the poor because they did not have adequate home conditions with sufficient space, comforts, cleanliness, and people around during the day to serve upon them. This is one reason why the use of private boarding homes to accommodate sick people, with the boarding home personnel serving them, continued as a common practice in the US into the early 1900s.

Physicians who served in the early hospitals earned their livelihood from the wealthy in their private practices, and served the poor in the hospitals without fees. Similarly, physicians often installed a second office at their own expense in a poor area of their city in order to treat patients there free of charge. Yet hospital and other free services were considered to be very prestigious, and an important step in one's career ladder.

During the 1880s, physicians went so far in their subsidy of the treatment of the poor in the hospitals where they served that they even furnished all the

necessary medical instruments, and payed for the special diets and nursing care of their poor patients.

Again and again, the medical profession reasserted the importance of not receiving fees for hospital services, and physicians who occasionally accepted such fees were reprimanded, even as late as the 1920s. One reason for this was that it was thought that if physicians accepted fees, hospitals would be viewed as places which benefited primarily their medical staff, and that was considered scandalous.

One way in which the Massachusetts General Hospital subsidized its free service to the poor was by operating the McLean Asylum for the mostly wealthy insane. Apparently this was not merely done through a system of fees, but by involving the families of the affluent in a way that attracted their interest to the corporation itself so that they would support it on an ongoing basis, and as a personal or family charity.

The 1880s can be considered the decisive decade for the transition to a modern materialized medicine, despite the fact that various measures and ideologies had gradually led up to it for a long time. The previous patterns changed in good part because of the increasing scientification of medicine and the demands for asepsis. Antisepsis was invented in the 1860s, and evolved into asepsis within 20 years, so that aseptic environments started becoming standard in the early 1890s.

The scientification of medicine was intimately related to the abandonment of free hospital and medical services to the poor because, just as it still does today, it dramatically increased costs so that the existing charity income pattern was no longer sufficient.

The transition was accomplished by often first installing special separate units for the affluent into hospitals so that they would come to these. Some of these units might consist of separate "pavilions" appointed in the culturally normative (and thus sometimes palatial) style of the upper classes, one each for an affluent patient, with accommodations for members of his/her household and servants. The units for the affluent had "cookery, service, and table furnishings...as good as if not better than those provided by the best hotels" and were, in fact, modeled on these.

Affluent women only began to use hospitals for childbirth around 1920. Vogel said this had much to do with the medicalization of pregnancy and childbirth as an unnatural event that therefore had to be removed from its natural setting in the home, and into the increasingly unnatural setting of the hospital. After ca. 1920, the practice became almost universal as hospitals began to move to the center of medical practice.

Vestiges of the old charity system remained in the form of a certain number of free beds within a hospital that overall was no longer a charitable institution.

Our current system of third-party financing originated in that first era of hospital commercialization, and for the same reasons: charity being insufficient to support the new system and patients, and the poor being unable to pay enough to afford a hospital episode, forms of prepayment arose which we today would call insurance.

A modern sequel to the events of the early 1920s occurred in the US hospital system ca. 1970, when church denominations chose to disaffiliate their hospitals in order to become or remain eligible for federal subsidies, without which they thought they were not longer able to function.

Into the late 1800s, hospitals were often interpreted as having primarily a spiritual role, helping people to use their sickness to find spiritual healing. The entire Christian community was invited to participate in this healing process by visiting patients, and encouraging them "by word or counsel." The "visits and attentions of the kind and cultivated" were encouraged at any time of the day to bring to the patients the "influence of order, purity and kindness."

However, this attitude was not universal. In other facilities, an extremely restrictive discipline policy was enforced in order to maintain control over the sick members of the lower classes and their families. At Massachusetts General Hospital around 1900, patients were prohibited from receiving any article from the outside without the superintendent's consent. A great wall was placed around the hospital in order to keep the patients in and the public out. Similar enclosures, sometimes by means of iron grille fences, can still be seen in many of the older hospitals in Europe.

Also, a time-keeping mania broke out at the Massachusetts General Hospital around 1900, which exemplified the efforts of the ruling classes to control the poor. An electric timekeeping mechanism was installed, with the master in the superintendent's office, connected to "electro-magnetic watch clocks" in the main hall and the wards, so as to assure "uniformity of time" in the different parts of the institution. Thereby, the superintendent could also ascertain when a watchman would pass through a specific part of the facility. This clockwork mechanism paralleled the rules adopted for internal governance.

As early as 1870, phony arguments were sometimes used as to why sick children and adults should be treated in the same hospital. It was argued that child patients got attention from the critically ill adults, and that the ill adults were cheered and inspired by the stoicism of the sick children, much as we continue to hear similar arguments as to why different devalued groups should be juxtaposed to each other.

In a 1907 research study at the Massachusetts General Hospital, it was found that 51 Jewish patients had been diagnosed as suffering from "hebraic debility." How could physicians of that day so commonly perceive and diagnose a disease of which we have never heard, and which apparently does not exist? It turned out that the physicians could not understand their Jewish patients who had either inadequate command of English, or used an English that was an unintelligibly literal translation of their German or Yiddish mother tongues. Thus, medicine created one of the many pseudosyndromes that have come and gone across the human service scene, and continue to do so nowadays.

\*During one short (approximately week-long) heat wave in the northeastern US in July 1993, two separate hospitals in Pittsburgh, PA had electric power failures, which meant, among other things, that the hospitals' air-conditioning did not work. Sick people are apt to be uncomfortable anyway, and even more so when they are hot and sweaty and can get no relief. But modern hospitals are no longer designed and built so as to allow cross-ventilation and cooling breezes when the windows are open. Instead, they are designed and built on the assumption that (a) one should squeeze as much revenue-production as possible out of every space (which means they tend to be crowded), and that (b) there will always be air-conditioning. Thus, the poor patients suffered dreadfully in the heat. This is yet another example of modern hospital medicine opting for high-tech "solutions," and acting as if high-tech will always be available and functional.

\*A striking example of what can happen when medical technology exceeds the ability of society to support it is the John F. Kennedy Memorial Hospital in Monrovia, Liberia. It was built and launched with \$16.8 million from the US in the late 1960s, and its operation was financially supported for another ten years by the US. Shortly thereafter, all the formal social systems in the country began to deteriorate, and soon the hospital became an infamous dying place. Even though it still received \$7.3 million in 1989, vermin had taken over the place, the hospital was no longer able to provide food or bed sheets to its patients, and flashlights had replaced the operating room lights. The bodies in the morgue were decomposing because no one had the knowledge or resources to fix the refrigeration. JFK came to mean "just for killing," and even though there were hardly any other hospitals in the country, only about half the beds in early 1990

were filled because people would rather die elsewhere than suffer there (New York Times, 11 Feb. 90).

\*We have reported before on the practice of private hospitals dumping patients who are poor, uninsured, have unpleasant medical conditions, or are seen as likely to sue, onto public hospitals that have to take everybody. In 1986, Congress passed a law that prohibited private hospitals that want to participate in the Medicare program from such dumping. Between 1986 and 1992, 268 hospitals got caught violating the law. Most of them merely got reprimanded, a few others got fined, and only seven got terminated from Medicare (Health Letter, 6/93). Hospitals in the state of Texas were the worst offenders by far.

\*In 1988, over 760,000 Medicare beneficiaries died within a month of entering an acute care hospital. Health Letter (5/90) estimates that at the very, very least, 5% of these deaths, or 38,000, could have been prevented. Preventable deaths appear to occur particularly in certain high-risk hospitals, and 32 hospitals out of 5469 had particularly high death rates, some of them 19 times above the average. As of 1990, patient risk factors were added into the equation in comparing hospital performance.

\*A study of a UCLA hospital emergency service found that the average waiting period for patients was more than 6 hours. During a 2-week period of study, 8.2% of patients left after waiting about 6 hours, and interestingly it was discovered that these were not people in less urgent need, but apparently people who simply could not stand the waiting any longer, quite commonly because they were too sick for further waiting. In fact, 11% of those who left ended up hospitalized within the next week (JAMA, 28/8/91; reviewed in Health Letter, 12/91).

\*An 83-year old man was visiting a friend at St. Joseph's Hospital in Syracuse when he suffered a heart attack at the very front steps of the hospital. About 30 physicians and nurses rushed out to his help, but here comes the incredible part of it: the hospital had a rule that no one who had suffered an injury could be brought into the hospital from the surrounding neighborhood except by ambulance. This rule was probably meant to prevent neighbors from using the emergency service casually. Therefore, an ambulance was speedily summoned to take the man from the front entrance to the back entrance where the emergency service was, but by the time the ambulance arrived, the ambulance service of Syracuse (which functions under a centralized allocation program) was on a "diversion" program that dictated that the man be taken to another hospital five miles away--upon which he died. His wife sued for damages, but a judge threw the case out without letting it go to the jury or even requiring the hospital to furnish a defense. Who says that insanity is not normative in the US, and that all the clever complex solutions to the disfunctionalities resulting from earlier complexities are not making things worse (SHJ, 23/6/93)?

\*A friend of ours brought his son to the emergency room of a Syracuse hospital in early 1990 because of a sudden high fever. The person doing the intake asked a number of questions about the little boy, and eventually inquired, "and when did your son have his last period?". The father was totally discombobulated by the question and could not even think of saying something like, "men don't menstruate," or "my son is still hardly out of baby age." The long confused pause brought the woman back to her senses, and she explained that she had been working overtime to the point of exhaustion and confusion. (Vignette supplied by Chris Welter.)

\*That the VA Hospital in Syracuse was rated the 4th worst in the nation might not be particularly remarkable, since after all, some hospital has to be 4th worst, but what was remarkable was that hospital administrators said that "the bad

review had nothing to do with poor patient care" (SHJ, 9 Oct. 88).

\*US hospitals that have unfilled capacity have begun to "buy" the private practices of physicians, and thereby also their patients. Apparently, the way this works is that the physician now de facto works for the hospital, and funnels patients to it instead of to other hospitals, and that possibly even instead of out-patient treatment (Health Letter, 9/87).

\*We are encountering a peculiar schizophrenia in neonatal medicine. On the one hand, we see mammoth sums spent on neonatal intensive care but not on prenatal care to mothers at risk, where one would get 20 times as much benefit. On the other hand, we are being told (e.g., La Presse, Montreal, 21/1/88) that intensive care for very underweight babies takes a lot of money away from the care of other newborn babies (source item from Bruce Uditsky). In one study, it was concluded that prenatal care would save the US health care system between \$14,000-30,000 per low-weight birth (Newsweek, 16/5/88).

\*For better or worse, 80% of Americans now die in hospitals (Life, 12/86).

### Personal Health

\*A recent book, The Paleolithic Prescription, says that human beings have been hunters and gatherers for 100,000 generations, and that it was during that era that most of the genetic make-up of the human was put together. This was followed by only 500 generations of agriculture, a mere ten of industrialization, and only one of computerization. Our bodies are adapted for a way of life that no longer exists, and this crazifies the human being. The book calls this mismatch the "discordance hypothesis" (Smithsonian, 10/88).

\*In recent years, a new field has made its appearance, namely, psychoneuroimmunology. At first we thought that this was a joke, but it turns out that it is very much for real and deals with how mental phenomena and psychosocial stresses affect bodily immunity, hence physical illness. Sounds to us like a more high-falutin' successor to old-fashioned psychosomatic concepts.

\*Until the advent of high-tech contraception, women typically had babies early in their adulthood, and it was announced after endless research with all sorts of populations that the best age to have one's first baby was not too early in one's teens, but also not too late in one's 20s, and that the risk for reproductive casualties went up dramatically around age 30. We have noted before that whenever society has decided to do something, its scientists and intellectuals will "prove" that it is good and right. This now seems to be happening. Now that it has become politically correct for women to postpone childbearing until the end of their childbearing capacity while they are pursuing careers, medical science has rushed to prove "scientifically" that older women are just as fit to bear children, and to bear healthy children, as younger ones, contrary to what we have been told for generations previously. The new PC science announcement is that the best age to have a first baby is between 25-34, and that infant mortality is even lowest between 30-34.

\*It is believed that the hormonal effects of aborting a pregnancy increase a woman's risk of breast cancer, and that early in the 21st century, there may be an additional 40,000-50,000 cases of breast cancer in the US due to abortions that have already taken place (LA, 8/93).

\*A great many health afflictions that place a huge financial burden on society are really no more than the wages of good old-fashioned immorality and vice. For instance, one might only consider the health impacts of tobacco



consumption and excessive alcohol consumption. These not only cause direct health impairment, but also indirect ones as via heart disease. Similarly, obesity is usually the result of the vice of gluttony, and has vast health consequences. Sexually transmitted diseases are epidemic, AIDS being by no means the most prevalent one.

\*Evidence is accumulating that even very small amounts of alcohol drunk by a pregnant woman have a high likelihood of injuring the unborn baby, even late during pregnancy (Healthwise, 11/86). In fact, more and more, it has become apparent that there is simply no such thing as a safe drug for a pregnant woman to take at any point during pregnancy. One single drink can do damage to an unborn child at least under certain circumstances. Nor is it safe for mothers to drink any alcohol while they are breast-feeding. Thus, maternal drinking is beginning to emerge as one of the major causes of congenital impairment in the newborn. However, the deleterious effects will often be totally invisible, and the child may simply not thrive as well or become as bright as might have been the case otherwise.

\*We have commented before on the fact that women were fast catching up with men on lung cancer, apparently because more of them have been smoking. According to a late 1986 report, almost twice as many college women as college men now smoke, apparently because the tobacco industry has been linking images of glamour and success to female smoking in its ad campaign. Specifically, the ads have tried to associate smoking with being liberated, and with staying thin. The tobacco industry has denied everything (Chicago Tribune, 9 December 86; source item from John Morris). So women are not only falling for the advertisements that link smoking with liberation and success, but recent data also indicate that once they start smoking, they are less likely to quit, one possible reason being that they may be afraid of gaining weight (UPI, in SHJ, 29/11/86).

\*Victorian women were warned that smoking would make them sterile, grow moustaches, and contract TB (Time, 18/4/88). Now it turns out that these things had considerable truth to them--except that they also apply to males.

\*In some parts of Australia, more teenage girls than boys have taken up smoking, and lung cancer among females is dramatically on the rise (source clipping from Michael Rungie). In certain parts of the world, American tobacco firms are gearing their advertisements to children too young to read, and thus hook them onto tobacco very early. In rural Alaska, 17% of 5-year old girls were found to use smokeless tobacco, usually as snuff, and many of them had been using it for more than a year, meaning that they started when they were about three. Oddly enough, fewer boys (10%) used smokeless tobacco, but in doses triple that of the girls. By age 11, over 30% of the children were users. In Arkansas, 21% of kindergarten children had used smokeless tobacco, with similar rates in many other rural parts of the US (Health Letter, 5/87).

\*Tobacco firms have insinuated that people who advocate banning tobacco advertising are enemies of freedom of speech or even outright Communists (Health Letter, 2/88).

\*The Irish have a reputation as a drunkard nation, but in the 1830s and 1840s, one single Capuchin priest convinced half the Irish population to take a pledge of total abstinence. Even today, Ireland boasts a higher percentage of total abstainers than almost any comparable Western nation.

\*One of the most comprehensive studies of older adults in the US, based on 20 years of data, revealed once again that participation in formal social networks is an even more important predictor of longevity than even one's health. The

researchers attributed this to social expectations: when people count on one, then one activates or maintains one's resources and activism (Modern Maturity, 1&2/90).

\*When people enroll in exercise programs, they generally expect to gain in fitness, proper weight, etc.; but in Australian exercise programs for the elderly, gains are interpreted in terms of "suppleness" (1989 clipping from Michael Rungie).

\*In a single weekend, seven teenagers in a Florida locale became quadriplegic in different diving accidents. There is now a campaign on to persuade people to jump in water (feet first) the first time instead of diving, because so often they dive into water that is not deep enough. This way, they may end up merely octoplegic.

### Food & Diet

\*Obviously, something profound and perverse having to do with food is happening in our civilization. One of the signs of our times is that at least in the more affluent Western societies, a major cluster of physical and mental abnormalities involve eating and food. On the physical side, we see either shamefully large proportions of people who are gluttonous and overeat, in most cases ending up overweight. Almost a third of the population is overweight. On the other hand, we see people who are obsessed with skinniness as a body beauty ideal. Both groups spend an enormous amount of time, effort and money to keep from eating more. Poor chewing of food is on the increase, and more people apparently are learning to wolf down their food unchewed. Accordingly, food inhalation has become the sixth leading cause of accidental death in the US (source item from Doug Mouncey). At the same time, we are destroying family farming which is a major source of food.

Two mental disorders that revolve around food and that can lead to life-endangering health problems are anorexia nervosa (self-starvation) and bulimia (alternate gluttonous eating and vomiting). Until ca. 1960, anorexia nervosa was a relatively rare disorder, and then became increasingly prevalent. Only ca. 1980 was it joined by bulimia, a related disorder that previously had been entirely unknown or unrecognized (CP, 9/86). Both disorders occur almost exclusively in women, and primarily in young ones at that. Bulimia may now be as high as 15% in college-aged women. The alternating bouts of gorging oneself with food and then going to vomit it forth again are life-endangering in a number of ways. The esophagus may be damaged from stomach acids, and the bouts of gorging and starvation may throw the body chemistry so out of whack that life-endangering and long-lasting secondary diseases may occur. One must conclude that such eating disorders, and particularly bulimia, are cultural phenomena that are products of our times. We would say that they are almost exclusively apt to be found in people whom we would characterize as "externalistic," i.e., people who lack inner identity and strength, and who take their cues from the social environment as to who they should be and what they should do. These people are profoundly influenced by their peer cultures and by the media, with their phony role models of skinny, or at best muscular, women.

It is fascinating to contemplate that these disorders have arisen after vast advances have been made in the nutritional sciences, and at a time when our society enjoys a surfeit of food while, at the same time, it severely punishes the farmers who have been so spectacularly successful in producing food in such abundance. Thus, the systematic destruction of the family farm is a societal-level form of insanity that is intertwined with the individual clinical insanities revolving around food intake. The body-building craze is also closely intertwined with food insanities, insofar as it is either meant to combat what is perceived to be excessive food intake, or is often accompanied by an exaltation of skinniness as an ideal.

Even as new mental disorders are appearing, old ones are vanishing. Classical hysteria, once common especially in women, has become a rarity, together with fainting/swooning, apparently replaced by anorexia nervosa and bulimia. This is understandable, since in our opinion, externalism is an underlying dynamic in both, capable of taking an infinity of cultural forms. But it is a bit more mysterious why the catatonic form of schizophrenia has declined so dramatically in recent years. Perhaps the values of modernism, with their emphasis on individualism and non-inhibition, have favored more expressive and violent forms of schizophrenia rather than the inhibitory and repressive one of catatonia.

\*Every three to four years, the US National Center for Health Statistics compiles health and nutrition examination surveys. The latest such survey suggests strongly that obesity has increased dramatically among American children, but even more among Negro children. Obesity is highly and inversely related to social class, being found in about 30% of women of the lowest classes, but only 5% of those of the upper ones. One of the highest correlates of obesity is lowered activity, and in turn this is highly correlated with a high rate of television watching. Thus, a leading hypothesis is that TV watching itself is a major cause of obesity, especially since children eat more while they are watching TV, they eat more of the foods advertised on TV, and TV conveys to them the message that no matter what they eat, they will be thin since nearly everyone shown on TV, including its food commercials, is thin. Obese children have an extremely high likelihood of becoming obese adults. In turn, fat persons tend to have fat children, so that a distinct likelihood is that as long as we are an affluent society, obesity will continue to increase. One of the worst things obese people can do is to go on periodic diets, which is called yo-yo dieting, since this conditions the body to become ever more resistive to future diets. In just the short span of 1983-92, the percentage of Americans who were overweight went up yet again from 58 to 66, and at the same time, there has been a significant decline in the number of Americans who consider obesity to be unattractive. Children too are getting more obese very quickly, and especially teen girls. We suspect that these increases are very disproportionately found in the lower social classes that are increasingly shifting from home cooking to fast foods (Science, 4/4/86; SHJ, 9 Aug. 92; Newsweek, 17/5/93).

\*Pica is a habit, usually associated with children, of eating nonedible items. We are most likely to have heard about it in connection with children of the poor putting things in their mouths that had once been painted with paint containing lead, and suffering lead poisoning as a result. However, many adults, perhaps millions of them in the US alone, have uncontrollable cravings for all sorts of peculiar substances, such as clay (i.e., earth or "dirt"), chalk, laundry starch, plaster, tin foil, paper, and on and on. Eating ice cubes is particularly common among middle class women who may chew up to five gallons of ice a day, often ruining their teeth in the process. In some population groups, 50% may eat starch. It is a notorious habit, especially among poor Negro women who hand the habit on to their daughters. One starch company is quite aware of the fact that its product is bought primarily for consumption rather than as a laundry additive. It is chunky and crunchy, and some people eat up to two pounds a day. Some people crave their own hair and eat it by the handful until it has to be surgically removed from their stomachs. Some such substances meet a dietary need, such as certain clays. In the South, entire communities eat out of specific clay pits, and even ship clay "CARE packages" to relatives and friends elsewhere. Experts are not sure whether sometimes, the craving and its resulting satisfaction leads to a deficiency, or whether it was the deficiency that led to the craving in the first place, but many of these substances, including starch, prevent other minerals or vitamins from being absorbed by the body (Scripps Howard News Service, in West Virginia Living, 22/4/86).

\*A Congressional panel claimed that 65 million Americans spend \$33 billion annually on diets or diet paraphernalia that are fraudulent at best or dangerous at worst--while at the same time, Americans are becoming more obese (USN&WR, 9 April 90).

\*The fast food industry has resisted efforts to require that ingredient labels be displayed on fast foods, because it would "create undue anxiety for all restaurant patrons" (Common Cause, 9&10/86).

\*Even as the larger US culture is becoming pathologically overfed, 25% of elderly Americans are malnourished, as are about 40% of nursing home patients, and half of all hospital patients over 65 (New York Times, 27/4/93; in IAETF Update, 7&8/93). When malnourished elderly people get sick, or sick elderly people get malnourished, they are twice as likely to develop costly complications and to have longer and more expensive hospital stays (AP in SHJ, 26/4/93).

\*Diet supplements, such as Ensure, are gaining popularity as high-energy milkshakes in sports circles. If a sports person drinks it, it is a wholesome high-energy food, but if a debilitated hospital patient takes it, it is prescribed medical treatment and can be withheld until the person starves to death (IAETF, 11/89).

\*It is a documented fact that research on diet and behavioral control to treat heart patients has been almost impossible to get funded, while high-tech and invasive research on heart disease has been one of the glamour children of medical research. One reason is that drug companies control so much about medical training, medical practice, and even medical journals and scientific meetings, and pharmaceutical firms have hardly anything to gain from dietary and behavioral regimens (Time, 4 Nov. 91).

#### Cosmetic Medicine

\*Breast implants fall into two broad groups: so-called "augmentation" (1.5 million in the US), and post-surgical reconstruction (805,000 in the US in recent years). 130,000 women in the US every year for many years have had silicon breast implants, but were not told that in animals, the silicon causes cancers in over 23%. An estimated 8% of women who had breast implants or related procedures appear to have suffered complications, with about one-third of these having to undergo yet more surgery to have the implants removed (Health Letter, 1/92). Only after decades of breast implants on zillions of women was the US Food and Drug Administration advised by an expert panel to do clinical trials! (AP in SHJ, 21/2/92). Dow Corning, a major manufacturer of implants, knew since 1970 that there were problems and covered them up (e.g., Newsweek, 30/12/91). Now here is something the feminists should go to war on in a big way. Breast implants have been a bonanza for about two decades for certain kinds of physicians, particularly plastic surgeons, and for conscience-less companies such as Dow Corning, but now it is the lawyers' turn as implant-related lawsuits are burgeoning.

\*In 1990, 49,000 people in the US had face-lifts, and 20,000 had stomach lifts. More than 90% in each case were women, with younger women concentrating on stomach lifts and older ones on face-lifts (Newsweek, 7 Dec. 92).

\*One possibility that has been raised by studies is that mothers with breast implants may have children with immunological disorders (AP in SHJ, 5/5/93).

#### Life Science Research

\*As late as into the 1700s, alchemists believed there was such a thing as a

universal healing and rejuvenation substance, and that with its aid, an artificial human being (a homunculus) could be created in a laboratory bottle. This material they named the philosopher's stone (in other languages, the stone of the wise ones), though they thought that the substance might also be a powder or a liquid. They also thought that if this matter could be discovered, it could be used to convert any material into gold. Such a scene was staged in the greatest German play by the greatest German poet, Goethe's "Faust." In one scene (part II, second act), Faust's apprentice Wagner is in a laboratory and announces that he is going to make a human. Mephistopheles mocks him, and asks which pair of lovers he had locked up in his furnace to beget the new life. Wagner replied that the way humans used to be begotten is now old hat, and that henceforth, humans will have a higher origin.

\*The arrogance of contemporary science, particularly those branches that deal with the ultimate secrets of nature and of biological life, is such that American scientists were willing to conduct experiments abroad with recombinant genetic material when they were not permitted to do so in the US. They saw themselves as being "forced" to do this by the more cautious regulations that tried to prevent the introduction of harmful new strains into the environment (Science, 28/11/86).

\*What kind of a snow job the scientific PR establishment has accomplished is clear from the fact that while 66% of Americans have at least an understanding in principle of genetic engineering, only 19% are aware of any potential dangers associated with it. No wonder they overwhelmingly approve of it, though in a very schizophrenic fashion; namely, a significant majority believe that gene manipulation is morally wrong in the abstract, but an equal number approve of it in order to save lives or heal diseases. This certainly reflects how profoundly utilitarianism has infiltrated people's ethical thinking. Further, the general public still thinks that the benefits of scientific advances outweigh the risks, and the more education they have had, the more they think so. When asked whose information they trusted the most, university scientists ranked at the top, federal agencies at the bottom. Paradoxically, it has been university scientists who have called for removal of all restraints on science, while the government has tried to maintain at least some such restraints (Hastings Center Report, 8/87; source item from Gunnar Dybwad).

#27

PERVERSION ALERT -- The mapping of the human genome (the complete set of genetic instructions for making a human being) that is currently in progress is, on the

one hand, apt to promote an increase in the number of abortions as more genetic impairments will become identifiable and predictable; and on the other hand, it is apt to create a commercial market in high-grade embryos that are not only free from most genetic flaws, but perhaps even endowed with all sorts of genetic predispositions valued by potential parents, such as height, athletic prowess, nordic or mediterranean types, or whatever.

\*A favorite feminist saying is that "women need men like fish need bicycles." The saying may come to fruition if the technology of cloning the human can really be made to work--which is far from certain. Since females provide the egg, the cell nucleus to be inserted into it, and the womb to incubate the egg, it would then be possible to reproduce entirely through the female line with no contribution from males, in which case we can probably see self-perpetuating feminist communities where every offspring is made in both the physical and socio-mental image of that community and its mother.

\*Pigs at heart? Medical scientists are planning to enlarge a special breed of pigs whose hearts can be implanted into humans, dramatically diminishing the

"need" for human heart donors (Guardian, 6 Dec. 88; source item from Ruth Abrahams).

\*During the 1980s, nearly a third of all the patent requests from US medical research facilities involved human tissue (Harper's, 10/90).

\*Organ users say that brains are just about the least likely organs to be donated, and that brains from yuppies who died suddenly are in most urgent demand because they are from privileged young adults, while most other brains that come to researchers are pretty used up (SHJ, 8 July 93).

\*The US government spends research money on various medical conditions. Conceivably, there could be any number of rational bases for research allocations, but instead, the process is irrational, capricious and political. One way to look at this is to divide the research budget spent on a particular medical condition by the number of people who have the condition. So computed, there are \$10,000 for research on muscular dystrophy for every person who has the condition, versus \$130 for every person who has heart disease (Science, 30/5/86).

The reason the US spends more money (both research and other) on AIDS than on heart disease, which of course is vastly more prevalent than AIDS, is twofold: people interested in heart disease have not formed an activism group, nor is heart disease tied to a particular ideology or lifestyle that would draw people with heart disease together ideologically.

\*Prior to recent advances in genetics, biologists classified organisms according to their morphology, i.e., their physical shape and appearance. However, more recently, they have begun to look at the similarity in their genetic material, and have discovered that some that are genetically very different may be relatively close in classification schemes based on morphology. The argument as to which classification is more valid has gradually been swinging toward genetic similarity. After all, strains that have evolved in very different fashions could easily end up with similar morphology merely because they have evolved certain functional capacities that required a similarity in physical makeup.

\*An article in Science (11 Sept. 87) tried to establish a universal law of response generalization. It was one of the most obscure psychological publications the TIPS editor (a psychologist by training) had ever read, exemplified by the following paragraph. "For a given set of  $n$  stimuli, an appropriate generalization experiment yields, for every ordered pair of these stimuli, an empirical estimate of the probability  $P_{ij}$  that a response learned to stimulus  $i$  is made to stimulus  $j$ . The multidimensional scaling method is usually applied to an  $n \times n$  symmetric matrix of generalization measures,  $g_{ij}$ , obtained from such probabilities through a normalization such as  $g_{ij} = [(P_{ij} \cdot P_{ji}) / (P_{ii} \cdot P_{jj})]^{1/2}$ , where  $P_{ii}$  and  $P_{jj}$  are the probabilities that stimuli  $i$  and  $j$  each evoke their originally associated responses."

\*It is amazing how hard-nosed scientific journals will throw all scientific criteria to the wind when they publish material pertaining to the human mind. For instance, when reporting on depression or electroconvulsive treatment, all the usual reference points to the philosophy of science, the use of scientific language, and the rules of evidence are abandoned, and the most insane current crazes will be presented as hard scientific truth. A good example is the May 86 issue of Science 86.

\*On just what a fragile basis so many presumed scientific facts rest is illustrated by recent reports on what a normal human body temperature is. Ever since 1868, it had been taught that it was 98.6°F, but according to new evidence, this may be a significant underestimate, with normal human values early in the

morning being 98.9°F, and at other times, 99.9°F, with individual differences of a nonpathological nature falling mostly between 96.0°F and 100.8°F. Maybe a hundred years ago, people were colder than they are today (BRMM, 11/92).

#### Other Health-Related News

\*1989 was the year in which as many Americans (7 million) worked in health services as in federal and state government. Since health services have been growing faster than government, they have by now overtaken government (SHA, 16/2/92).

\*US citizens were asked whom they would trust to administer the health care system. Out on top came consumer organizations (ca. 48%) and the federal government (ca. 38%). Then far down and close together between ca. 19% and 10% came state government, the business community, insurance companies and--last of all--the medical community! (Modern Maturity, 6&7/93).

\*Ignatieff claims (New Republic, 12/88) that health has become one of the idols of our developed society. Public polls have found that Americans list health as a higher good than love, work, or money; health books have displaced philosophy books as sources of edification; and old-fashioned American self-help ideals are now realized through technologies such as biofeedback, self-help groups, and self-mastery regimens based on diet and exercise aimed at attaining or maintaining good health. Indeed, we have seen such statistics as that married people live longer presented as if marriage would require a justification in (or as) a health cult.

Ignatieff also says that the soul that had been banished by progressive thinking is making a come-back via a mystical interpretation of the body's immune system and the chemical language of communication between brain and body. In the Middle Ages people were asked to perform spiritual exercises, and now they are told to perform mental exercises to deal with their emotions and regulate their health, and reinforce the body's natural defense system (source item from Carolyn Bardwell Wheeler).

\*Among Americans, 60% fully expect a cure for "Alzheimer's," 61% for AIDS, and 72% not only expect a cure for cancer, but expect it soon (IAETF Update, 11&12/91).

\*Americans are peculiarly schizophrenic in their attitude toward modern medicine. On the one hand, they look to it for salvation, and on the other hand, close to 2% of all health care spending as of ca. 1992, a total of 425 million visits a year, and \$27 billion, goes to so-called "alternative medicine," including spiritual and folk healers, chiropractors, etc. This includes everything from the more low-tech, valid, but less usual strategies to magic and quackery. They are particularly apt to go there when traditional medicine fails them (Time, 4 Nov. 91; NEJM, 28/1/93). However, this is still only about 4% of the total spent on health care.

\*President Nixon declared "war on cancer," and predicted a dramatic reduction in cancer by the year 2000. Roughly 20 years later, death rates from cancer were as high or higher than at the time war against it had been declared (Science, 20/12/91). Lung cancer, now so common, was not even recognized as a disease until 1923, and was very rare into the 1930s (Smithsonian, 7/89). Translating the increased cancer rates into plain English, it is widely believed that environmental pollution accounts for at least some of the high cancer rate, though this is vigorously denied by imperial medicine (Science, 20/12/91).

\*It has come to our attention that there is a medical advice column written

by a Doctor Gott. Gott is German for god; therefore, the column is like medical advice coming from Dr. God. What a most remarkable coincidence (Source item from Joe Osburn).

\*Screwy things go on in medicine. Unborn babies are killed wholesale, and yet California surgeons removed a 23-week unborn baby from his mother's womb, successfully operated on his blocked urinary tract, and returned the baby to the uterus whence it was delivered alive and well, again by Caesarean, nine weeks later (source item from John Morris). We get the sense that this was done more for the glorification of high-technology than for saving unborn babies. To do the latter would be so much easier than what these surgeons did.

\*The native people in Alaska (called Eskimos or Inuit) are mostly very poor, and among the lowliest in society. They tend to try to continue to live by hunting and fishing--which is how they have lived for thousands of years--though modern society makes it harder and harder for them to do so, in part through government policies which disincentive their traditional ways of life. For instance, such policies have encouraged the Indians to live in villages, which has produced a major sewage and water crisis. Despite the fact that all sorts of entertainment and transportation technology is widely available--cable television and automobiles--the most basic technology of clean water and adequate sanitation are not made available to the Indians. These are, however, made readily available to the white people in town, most of them imported from other areas of the country as teachers, and all of it at government expense. The government has not only provided them indoor toilets, but even heated pipes to pump in running water. In the meantime, the Indian villagers are subject to outbreak after outbreak of disease, because their buildings are not so supplied. The Indians never used to have a problem along these lines, because they lived in small nomadic groups, and sewage accumulation was never a problem. This underlines once again how technology, combined with post-primary production economics dynamics, creates dependency and need, and how valued people are so much better off than devalued ones (New York Times, 28 November 1992).

\*Each year, diarrhea kills more people than AIDS or cancer. Particularly in the Third World, it causes more than a quarter of all infant deaths (Discover, 2/92).

\*There is no evidence that in the millions of man-hours that it took to build the Union Pacific Railroad any work days were lost due to low back pain. But in recent years, 150,000 people in the US have applied for Social Security benefits claiming to have back pains even where medical examinations could find no reason why they should have them (CP, 12/88).

\*Machines dispensing soft drinks are top-heavy, and it does not take much to topple them over. When the machine falls, it falls with the force of 1000 pounds. Hundreds of people have gotten injured, and a number of them killed, because they have either tried to trick the machine into giving them a free soft drink by wobbling it, or have attempted to punish the machine because it swallowed their money. All have been young men, and an amazing proportion of them in the military (Science, 6 Jan. 89).

\*Now here is an excellent example of stupid research. Research evidence is mounting that while a diet that is low in cholesterol lowers one's risk from coronary heart disease, it increases one's likelihood of dying a violent death. Apparently, killers go around society and can somehow tell who has low cholesterol, and then kill these people in preference to others (APA Monitor, 4/93).



\*The question has now been raised whether there are, indeed, as claimed during the social Darwinism era, medical and mental conditions that get worse with each affected generation. The question has come up most pointedly in connection with certain types of muscular dystrophy, but whether this is for real or a craze is yet to become fully clear. In myotonic dystrophy, mental retardation can be one of the results (Discover, 12/92).

\*Yes, Virginia, there really is such a thing as a Gesundheit Institute in Arlington, Virginia, where a group of people have provided free medical care to over 15,000 persons. The bad news is that the director is a clown.

\*In 6/93, we first ran across the phrase "secretion sharing activities," used in connection with the transmission of disease (SHJ, 1 June 93). This certainly beats the phrase that arose out of the AIDS epidemic, "body fluids exchange."

#### Miscellaneous Public Health News

\*In the early 1900s, the health departments of medium-sized cities in New York State were under the Commissioner of Public Safety--together with the police and fire departments.

\*The Wallenberg Files, published out of Washington, DC, has concluded (5/88) that "what lurks behind the facade of the (US) Food and Drug Administration is almost total chaos. The FDA provides no safety standards. They do not provide for safety checks for 98% of all medical devices on the market. They do not know at any one time whether critical life-saving medical devices are failing or causing serious injury or death unless the manufacturer tells them so. The manufacturers, themselves, do not agree on what must be reported, and, frequently, would not know of many device failures." Furthermore, the FDA stands in gross violation of federal law about what it should be doing. The FDA is supposed to regulate all medical devices, and these include a great many devices having to do with life supports, yet any number of systematic failures of these support devices have remained unaddressed by the FDA. When, because of failures of the motors or the alarm mechanism, a ventilator for children was recalled--and recalls are rare in this business--virtually nobody was notified of the recall, including the parents of the children who were using the machine.

In the 1930s, 100 people died because a new antibiotic had been made with an untested chemical solvent that turned out to be toxic. This incident resulted in the passing of the US federal law requiring the testing of all new drugs for safety before they were sold. In recent years, between 4,000-5,000 new medical devices were marketed every year, and yet fewer than 2% of these had been scrutinized for safety. Among devices in the most critical categories, only about one in six had been scrutinized. Accordingly, scrutiny takes the form of what one might call "recall after failure," and the number of such failure recalls has gone up dramatically, by about 400%, between 1980-86.

\*In 1988, one-third of the health inspectors of New York City's health department were arrested on charges of extorting about 300 restaurants that they had been inspecting (AP, in SHJ, 4 April 88). Unless bribed, the inspectors would not only report health violations, but even claim health violations where none existed (SHJ, 25/3/88).

\*Supposedly, the highest cancer mortality is found in Lima, Ohio, and the lowest in Rapid City, South Dakota. Further, citizens of Lima have the lowest selenium level in their blood, and those of Rapid City the highest. Selenium is a trace element in the soil, and therefore presumably in the water and the plants one consumes. So far, no one has claimed that lack of selenium causes cancer, but some believe that its presence wards it off, in part perhaps by counteracting the

potential toxic effects of the heavy metals. In at least some communities, selenium is added to the public water supply, much like fluorine.

\*When Western doctors go to Africa, they are confronted by diseases they have never seen, and sometimes not even heard of. However, African physicians hardly ever run across diseases prominent in the developed world, such as heart diseases. Many African internists have never even treated a heart attack in 20 years of practice; and in Kenya, heart disease is so rare that heart medicines will often not even be stocked in the pharmacies of the national health service (Discover, 8/89).

\*The child-proofing of medication containers has also made them elder-resistant. In one veterans' hospital, 25% of elderly patients could not open the common "push and turn" type of container. In another survey, 79% of elderly people had problems removing safety caps. One-quarter of elderly patients said that they had skipped medications on occasion because of the difficulty they had opening the container. At the same time, child-proofing is important because in 1985, there were more than 60,000 instances of children ingesting somebody else's medication that came to the attention of the American Association of Poison Control Centers; of these, 17% are believed to have involved the medications of the child's grandparents (Health Letter, 5/90).

\*Six vitamin A capsules a month would prevent blindness in about one quarter million children in the world each year (Winnipeg Free Press, 18/1/93; source item from Zana Lutfiyya).

### Environmental Health

Issues of environmental health are somewhat arbitrarily differentiated from some covered under other headings. Here, we will treat what we have put under environmental health in two stages. First, we will cover human abuse of the environment, i.e., the damage that humans do to nature; and then we will cover how nature kicks back, and how a damaged and polluted environment inflicts health damage on humans.

#### Abuse of the Environment

First, there is pollution of atmosphere and stratosphere. From frequent flying, we know that even in remote places, the earth is covered by an unnatural haze, but in 6/93 we read the first official admission of this, and a humdinger it was. It said that in fact the earth has been covered by a distinct haze from industrial pollution since the late 1970s, and apparently the only reason we are being told now is that some of this haze is diminishing because of reduced industrial production in Europe and the Soviet Union (SHJ, 7 June 93). This is a common pattern: we are often only told that a problem existed after the imperial authorities feel confident enough to say that the problem is diminishing.

It has now been determined that methane in the atmosphere has been increasing by about 1% per year, and has doubled during the last 35 years. Carbon monoxide has similarly increased, while hydroxyl radicals have been reduced through reaction by about 25%. All of this is increasingly believed to contribute toward a "greenhouse" effect, with global warming and unforeseeable consequences (Science, 3 January 86).

Ozone destruction alone could have unimaginable global consequences. We are too overwhelmed to spell these out. Here is one small example: because of the ozone hole, the lichens in Lappland are no longer growing, and in response, the reindeer are dying out, which in turn is destroying the basic livelihood of the Lapps--but scarcely a word of this has been mentioned in the media (source information from Hanno Wolfensberger).

Ozone depletion has been worse over the South Pole, and in Southern Chile, massive and diverse impacts have been reported on plants, wildlife and livestock, but scientists say they are exaggerated (SHJ, 16/2/93). At least the public there is aware and scared, which is much less the case elsewhere.

On the other hand, Australian studies have reported that wheat, sorghum, and peas are harmed by increased ultraviolet radiation that occurs when the ozone layer thins out--and wheat is Australia's most important crop. At the same time, the very scientist who made the discovery opined that all this was "not a thing to get tremendously alarmed about." Consider the following: the same scientists who say that a ca. 20% loss of wheat crop is nothing to be alarmed about would have announced the discovery of a means to increase wheat production by 20% a "breakthrough."

Science (23/4/93) mentioned quite casually that in 1991, an environmental "catastrophe seems to have been averted" when Mt. Pinatubo erupted in the Philippines and (a) was not worse than it was in depleting the earth's ozone layer, and (b) that no other major ozone-depletion event took place that year, such as another similar eruption. In other words, the earth is now teetering at the edge of catastrophe where any number of events that it could have "weathered" previously will now deplete the ozone to such an extent that unimaginable, and potentially very long-term environmental catastrophes will result.

After decades of space shots, it was only in 1993 that we learned that every space shot releases ozone-depleting chloro-fluoro carbons in the atmosphere (SHJ, 6 May 93). The amounts may be smaller than those that come from air conditioners and refrigerators, but it does get shot straight and high up.

A lot of people are still denying that ozone is depleting, or that it matters if it does deplete.

In 8/93, there was a newspaper headline, "Threat to Earth's Ozone Layer Eases" (Syracuse Herald Journal, 26/8/93). One would think that this meant that the threat was declining, but no, it referred to the rate of ozone depletion slowing, i.e., things getting worse at a slower rate!

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Nuclear waste is polluting land, oceans, and air.

A 1985 book, entitled Control of the Atom, reviews the history of nuclear power in the US. It concludes that all the major issues, such as accident risks, waste disposal, etc., were defined 30 years earlier at the outset of commercial development, and yet still had not been resolved.

At least some elements of the US government have admitted that the government's production of nuclear weapons has produced environmental contamination so severe that there is no way to clean it up, and that even the extent of the problem is unknown. One proposal is to abandon certain locales and sites, and in order to make this palatable, these might be called "national sacrifice zones." Cleaning up whatever might be cleanable might cost more than \$200 billion, and still leave an unsolved and unsolvable mess. Apparently, some parts of the government are lying and cheating vis-à-vis others. For instance, the US Department of Energy, euphemistically in charge of nuclear bombs, has been trying to fool the FBI about how much it is polluting (NCR, 30/6/89).

By the way, the US Department of Energy which has been dumping radioactive and toxic wastes into the ground for 40 years is not able to say where many of its dump sites are. This is a dramatic example of the rapid loss of memory in modern culture (Science, 13/3/87).

Just to clean up the gross forms of pollution that were willfully inflicted, and kept secret even from the rest of the government, by the US nuclear weapons industry between the late 1940s and the late 1980s is estimated to cost \$130 billion, and has been called "a crisis of the highest order" by the Energy and Commerce Committee of the US House of Representatives that was supposed to oversee

this industry, but partially failed to do so, and partially was fooled by it. Amazingly, the physical plants that did all the damage were actually owned by the federal government but operated by private corporations. Among the many malfeasances that were uncovered were such things as employees on drugs, radiation alarms being turned off because they sometimes went off at inconvenient occasions, and in one of the major nuclear weapons plants, the only firefighting equipment on hand was a garden hose at the same time as a sprinkler system had been shut down lest it might get computers and records wet (Time, 3 July 89). In the past, a "crisis of the highest order" might have made 4-inch newspaper headlines, but today, such crises occur so often that they are relegated to small spaces with small headlines somewhere in the back of newspapers and periodicals. As more and more horror stories are unfolding as to governmental incapacity and unwillingness to control nuclear waste, and its efforts of many decades to cover up the contamination that has taken place, some critics are saying that nuclear weapons have de facto already been used in war--the wars of various governments against largely their own civilian populations, because it is they whose health is, and will be, detrimentally affected by continued nuclear weapons production. It is indeed ironic that in the US, which has led the nuclear race mostly out of enmity of the Russians, it is the American population that is getting zapped.

The US space shuttle that exploded shortly after take-off was preceded by a space shuttle in 1/86 that carried 47.6 pounds of what is believed to be the most toxic substance on earth: plutonium. It is believed that less than a millionth of a gram can cause lung cancer when inhaled. If one pound of plutonium were uniformly distributed across the globe, it could hypothetically cause lung cancer in every human being. A few people pleaded desperately with the government not to subject mankind to such risks, but their pleas went unheeded. It is thus only by the sheerest of luck that the shuttle that exploded did not also carry plutonium, or that no shuttle that has carried plutonium has crashed yet, though many space shots since have failed. The reason imperial structures insist on taking plutonium into space is that it is the only fuel now known that would permit manned flight beyond the orbit of Mars (CC, 7&8/86).

Such large parts of the former Soviet Union are so contaminated with radioactivity from nuclear test explosions, atomic power plants, and accidents that radioactivity is even showing up in snake venom which previously had been sold to the West for medicinal uses. Recently, shipments have had to be impounded because of their high radioactivity (SHJ, 8 Feb. 93).

Large parts of Eastern Germany are also profoundly polluted. In that small area alone, there were an astonishing total of 450,000 uranium workers (uranium was a major source of raw materials for the Soviet nuclear arms program), a large percentage of whom either died from radiation exposure and dust, or who are now sick. There are charges that even now, as these facts are coming to light, the all-German government is dragging its feet on studying the situation because the findings might undermine its own nuclear energy policy. The medical records of these workers are expected to prove one of the most useful data bases on the effects of radiation (Science, 22/1/93).

The Soviets--both by design and accident--sank several nuclear subs (and icebreaker reactors) in the Atlantic and Arctic seas, where they are ticking time bombs that could pollute a good portion of the world's fish supply--among other things.

Not only are there 15 more nuclear reactors of the Chernobyl-type in the former Soviet Union--all of them unsafe--but a new 16th one is scheduled to be initiated in 1994 (SHJ, 14/7/93).

There was a nuclear waste explosion in Russia as recently as Spring 93, and the existence of a nuclear debris cloud from it was promptly--and falsely--denied by Russian officials.

By the way, the cost of the Chernobyl nuclear disaster may eventually run as high as \$358 billion. In contrast to the US savings-and-loan scandal that may cost \$600 billion, this is not all just paper or a transfer of wealth, but

includes long-term loss of some of the world's richest farmlands (Time, 9 April 90).

It is amazing how little coverage American news media have given to our own little Chernobyls. A nuclear weapons plant near Cincinnati admitted to having released more than half a million pounds of radioactive dust into the air since 1952, and independent estimates are that the quantity might even have been six times as high. As a result, the local Catholic archdiocese permanently closed a summer camp that it had operated for 66 years two miles from the plant, and a nearby Girl Scout camp was also permanently closed (CM, 18/5/89).

People whom one might call imperial environmentalists are saying that if one wants to save the world, one must give up opposition to nuclear power plants (e.g., SHJ, 18/3/89).

The US Food and Drug Administration has approved the first large-scale use of irradiation for food, which is being interpreted by some people as a secret assault by the nuclear industry upon consumers (Sojourners, 1/86). The food irradiation industry will try everything it can not to have to label radiated food as such. The issue is actually not so much whether radiated food is bad, but that if food radiation becomes permissible, there will be nuclear material everywhere, and even yet more out of control than it is already.

Here is a striking example of breakdown in governmental functioning. The state of New York has a huge budget for finding and designing sites for a radioactive waste dump in the state, and at the same time has been giving vast sums of money to local communities to fund opposition against locating such dumps within their particular boundaries (SHJ, 7 Mar. 93). What a wonderful way of creating employment.

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There is vast pollution of land, air, and water from chemical wastes and agricultural chemicals.

In late 1982, the US federal government permitted an increase in the safety levels of many toxic substances, in some instances 100 times higher than previously. Proponents of higher levels appear to completely ignore the fact that most people are exposed to combinations of these and other toxic substances, and that these now occur virtually ubiquitously in our environment, including in our foods. It is almost impossible to find food that has not been exposed to all sorts of poisons, insecticides, preservatives, dyes, etc.--not even foods in health stores that make claims to the contrary. There is a reasonable likelihood that there will be a vast increase in cancer and probably other illnesses, though mostly 10-30 years from now.

The recent rate of accidental toxic spills during rail transport has been three a day in the US, and has been on the increase. But most people are not aware that many toxic substances are not classified as hazardous. A railroad tanker car wreck in California that destroyed an entire ecosystem by spilling 20,000 gallons of a liquid herbicide brought to light the fact that the herbicide was not classified as hazardous, and that is why no special precautions had been taken in its transport. Yet it may take 10 years for the Sacramento River to recover (Time, 29/7/91).

Some apparently stupid scientists are trying to develop crop and tree species that are much more resistant to herbicides, but because herbicide tolerance genes are likely to be exchanged between those plants that one wants to be more resistant and those that one wants to kill with herbicides, it will only mean in the long run that more powerful herbicides will have to be used eventually, which would add yet more poison to the environment and the ground water (Science, 30/3/90).

In many locales, recycling campaigns are a gigantic fraud. Employers have begun to require all workers to sort their discards into different kinds of garbage bins (at Syracuse University, we have four different bins in our office), but in some locales, all this work is undone when the different bins are then dumped into the same dumpster, and then perhaps taken to an incinerator.

Furthermore, the government indirectly subsidizes the consumption of raw material but does not subsidize recycling. For instance, the production of paper is indirectly subsidized by allowing logging on public lands. Depletion tax allowances for petroleum subsidizes the production of plastics, with no such subsidy for recycling (Time, 14/9/92).

One would think that a US community would be very glad to get so-called superfund money for cleaning up a toxic site, but the fact is that many communities dread this because businesses do not want to move to a community with the awful reputation that goes with being a superfund location (Smithsonian, 11/92).

The oceans are so polluted that even in some of the more remote areas thereof, one can find large quantities of plastic floating about. It is estimated that even in the middle of the Pacific Ocean, one can find 50,000 particles of human garbage and discard per square kilometer of surface (Newsweek, 27/7/87). In just one square mile of Atlantic ocean east of Central America, 8-10,000 plastic pellets were found bobbing on the surface. About 150,000 tons of plastic fishing gear is lost or discarded on the high seas every year. Incalculable numbers of sea animals get entangled in these plastics and drown, thereby inflicting great harm on the very fishing industries that do so much of the discarding in the first place. In the Bering straits alone, 50,000 seals have died annually in discarded netting (Time, 2/6/86).

The chemical firm that produced the Love Canal disaster in Niagara, NY was owned by Occidental Petroleum, which in turn has been unrepentantly responsible for a number of other grave environmental pollutions. Occidental Petroleum has now exported its polluting habits to Russia. There, in Odessa, it was contracted to build an ammonia factory. It has since come to light that several million liters of poisonous substances were discharged into the river from which the city took its drinking water, so that for several days it was left without consumable water.

Several different periodicals in late 1988 carried major articles on the unconscionable practice of the First World trying to dump its hazardous waste onto countries of the Third World. One ship got loaded with incinerator ash in Philadelphia in 9/86, and then, unable to find a port that would accept the waste, sailed over a period of two years to the Bahamas, five other Caribbean islands, Senegal in Africa, and Yugoslavia. Ash from burned garbage was also shipped from Philadelphia through a Norwegian waste handler to Panama where it was planned to pave roads with it. After Greenpeace protested, Panama refused to accept the waste. And when a load of its garbage was dumped on an island off Guinea, West Africa, and the trees began to die around the dumpsite, the garbage was sent back to Philadelphia. Another ship departed from Italy in 2/87, and dumped its waste in Venezuela, where another ship had to pick it up and dump it in Syria, where it was picked up by a third ship and returned to Italy 14 months later. Nigeria will even scoop up the earth around one of the Italian dumpsites and ship it back to Italy as well. In contrast to these stories of unsuccessful attempts at dumping, vast amounts of garbage are successfully being dumped in all sorts of Third World countries. A virtual armada of toxic waste ships is on the move. Often, the refuse is falsely interpreted with euphemisms such as "raw material for bricks." Russia is also dumping, and has dumped radioactive wastes in Africa, going so far as to even hide it under the runways of air fields that it has built there. At least one country, Nigeria, may now put to death people who are instrumental in secretly accepting and dumping waste from other countries. Other countries are so poor that they sadly and quietly accept the deadly wastes because of the money they get in the short run (Greenpeace, 11&12/88; Environmental Action, 11&12/88; Newsweek, 7 Nov. 88).

In instances where the US (and probably other nations as well) succeeds in exporting its waste to Third World countries, in some of these places the garbage gets dumped, while in others it gets recycled. The people who do the recycling job are exposed to very toxic substances because one never knows beforehand what

will be found in the garbage (Greenpeace, Spring 1993). One of the places to which the US has exported garbage is symbolic, being about as far away as it can be: Indonesia.

Under the Clinton administration, the US government has continued to approve dumping of waste and toxic materials on American Indian reservation lands (SHJ, 5/5/93).

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Asbestos is dangerous when inhaled or ingested. The US Environmental Protection Agency said that 20% of the 3.6 million public and commercial buildings in the US contain asbestos, and that in 75% of cases, it is the kind that crumbles easily, releasing potentially dangerous fibers into the air. It also said that people should not worry about it because it would take many years and \$51 billion to clean the buildings up, and that in the meantime, a lot of "evaluation" could be done (Time, 14/3/88; EA, 5&6/88).

In 1979, New York City began a program to remove asbestos from school buildings. By 1993, \$7 million had been spent, 714(!) of its 1069 schools were still tainted with asbestos, and the clean-up was termed a "shocking failure," a "comedy of errors with tragic consequences" (AP, in SHJ, 7 Aug. 93), and school opening in fall 1993 was greatly delayed because of asbestos in the buildings.

A play sand for children's sandboxes has been found to contain about 2% asbestos and is therefore unsafe (Child Health Alert, 10/86). The stone industry and the government tried to "stonewall" any action (Health Letter, 8/88). We see marvelous zillion dollar lawsuits ahead about 30 years from now when the children who played in this kind of sand get their lung cancers. The damage awards will be hundreds-fold or more what it would cost to buy out the whole company and its entire line of products.

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Both because of the extent of bacterial pollution, the increasing vitality of microorganisms, and the declining capacity of drinking water treatment plants to cope, the quality of drinking water has been declining in many locales and even entire countries, such as the US. At the same time, there has been much cover-up of this fact by imperial authorities. E.g., in 94% of cases, public water utilities have failed to notify consumers of dangerous levels of water contamination (Health Gazette, 1/89). Even yet less-known is the fact that the danger is twofold: both from toxins (chemicals) and from microorganisms.

It has now even been determined that people can become sick from drinking water supplies that meet all government standards for purity. In fact, there have been instances where almost entire communities have come down sick from contamination of drinking water that passed all official standards (Health Gazette, 7/89).

Bacterial drinking water crises in major cities that did hit the news included one in 4/93 in Milwaukee that sickened thousands, and came from intestines of slaughtered cattle. The organism involved can cause not only intestinal problems but also pneumonia, is life-threatening to people with weak immune systems, and there is no drug against it.

A 7/93 outbreak hit New York City, caused by E. Coli (usually from feces) that survived a triple-the-usual dose of chlorine.

Most outbreaks in smaller communities (such as one near Syracuse) that hit the news there are extremely unlikely to be reported on a larger scale.

In parts of Germany, aged people, babies and the sick can no longer drink tap water.

Some people assume that they can switch to groundwater, but most of it that is tapped is now polluted by chemicals.

Some people also naively assume that they can purify their drinking water by boiling it. This only destroys the living organisms in it but does not do very much against most of the chemical poisons in it.

Science (20/6/86 & 1 Aug. 86), painted a most lugubrious picture of US groundwater pollution. The more time goes by, the more of the groundwater is

found to be polluted, and the more pollutants are discovered in the water. Groundwater is the main water source for 1/3 of the US's 100 largest cities, and for 95% of the country's rural households. Agricultural pesticides and herbicides have begun to play an ever larger role in this pollution. Also, a really bizarre situation is that farmers put more fertilizer on than the crops are able to take up, in a futile attempt to stay ahead of the price squeeze on their products.

The amount of gasoline that leaks from defective underground storage tanks into the soil and thence often into the groundwater is unbelievable. Even as long ago as 1983, 29% of underground drinking water supplies already had to be taken out of commission because they were polluted (EA, Fall 86). Environmental Action (Fall 86) reported that as many as 1/3 of US underground gasoline tanks are leaking. Unfortunately, leaking underground storage tanks are commonly referred to as LUST. Also, there are about 3-5 million underground gasoline tanks in the US, 100,000 are estimated to be leaking right now, and 350,000 are expected to leak during the next five years (SHJ, 22/6/86). It takes only trace amounts of gasoline to pollute vast amounts of underground water, but current leakage is about 11 million gallons--often into groundwater or even the piped water supply. Two of the ingredients of gasoline are known to cause cancer, and it only takes one gallon of gasoline to badly pollute the water for 50,000 people. In some parts of the country, gasoline leaks are the most common causes of groundwater pollution (AP, in SHJ, 30/11/83). One 1986 estimate in the Canadian province of New Brunswick was that 20% of such tanks leaked, at an average rate of about 2.2 liters per hour, which means that every day, 30,000 liters leak out. A single liter of gasoline can make a million liters of groundwater unuseable for 30 or more years. But there are some areas, New Brunswick included, that rely almost totally on groundwater.

The groundwaters of Hawaii were once thought to be safe from contamination, but a 1989 report announced that wells and water treatment plants in all but two of the Hawaiian Islands are contaminated with toxic chemicals, in some instances exceeding state and federal standards. The culprits are mostly agricultural chemicals, solvents that have simply been thrown out, and gas additives. Many more contaminants have simply not yet been tested for. It will be several hundred years before the groundwater will cleanse itself of the carcinogens in it now, assuming that no further contamination were to take place, which is doubtful. A similar situation exists over much of the developed world.

Overall, the groundwater situation may become so bad that farming practices will have to be drastically changed--strangely enough, not only for the benefit of the water but also to that of the farmers.

#### Miscellaneous Impacts on the Environment

A number of environmental impacts fall into the miscellaneous or mixed category.

Federal lands in the US are widely contaminated by nuclear materials, hazardous waste, petroleum waste, and unexploded ordnance (AP, in SHA, 11 July 93).

The same thing that is happening with human pathogens is happening to plant pathogens. For instance, one by one, for every major variety of tree, there seems to appear some pest which threatens to exterminate all its members. The empire responds to this on a piecemeal basis, trying to combat one pest at a time, not relating any to the others, and not noting or admitting that the underlying cause is the pollution of the environment which reduces the capacity of all sorts of life forms to thrive, and to ward off parasites, insects, chemical toxins, etc.

In 1987, the US had its worst grasshopper outbreak in 50 years. In summer 1993, Germany was overrun by caterpillars that ate up vast stretches of forests plus some agricultural crops. On top of that, the poisonous hair of the critters put many people into allergies, shock, and medical care. Trees "rained" so many of the crawlies on walkways that in some locales, people quit walking.



We have been told that in Australia, more land is being destroyed for productive uses per inhabitant than in any other country in the world.

Low tire pressure results in poorer gas mileage. The US National Highway Traffic Safety Administration had ruled that new cars should have a dashboard gauge warning drivers of low tire pressure. Because this would have added \$50 to the cost of a car, the administration in 1983 overturned the standard which, it is believed, would have saved at least \$300 in better gas mileage in the life of a car and thus also have conserved irreplaceable petroleum. When we speak about people of this age waging warfare against nature, even little things like this are relevant examples.

Some people have called the US federal superfund act that deals with cleaning up of waste sites a "public works act of the 1980s for lawyers" (Time, 12 March 90). There were 20,000 attorneys specializing in environmental law in the US in 1990, but as a result of the number of environmental offenses and an explosion in the passage of environmental laws, they are not able to keep up with all the business. One lawyer said that this was the "largest explosion of legal work" that he knew of.

Some people will pay as much as \$30,000 to have a tree put into their yards--but often, these are the very same people who participate with gusto in the destruction of the environment (Newsweek, 20/7/87).

All over the world, natural systems are collapsing. Between 1985-89, food production per capita fell in 94 countries. In parts of the US and elsewhere, crop yields per acre have been declining because of the build-up of salt and chemicals in the soil that helped expand yield in previous years, and because of air pollution. Catches in waterlife have also been declining, in some cases precipitously. The soil in the fertile Canadian wheat belt has lost half (!) its organic material and is eroding badly (Newsweek, 1 June 92).

Canadian environmentalist Farley Mowat says that modern man is an arrogant cement-head to believe that "he can take without paying," and that our world is dying around us. For saying these things, he was tagged as "politically suspect" and prohibited from entering the US to give a presentation (Newsweek, 30/9/85).

An editorial cartoon (1987 Buffalo News, reprinted NCR, 8 May 87) depicts "The Reading of the Will." Four adults are being read their parents' will by a lawyer. The will goes as follows.

"Dear kids,

We, the generation in power since World War II, seem to have used up pretty much everything ourselves. We kind of drained all the resources out of our manufacturing industries, so there's not much left there. The beautiful old buildings that were built to last for centuries, we tore down and replaced with characterless but inexpensive structures, and you can have them. Except everything we built had a lifespan about the same as ours, so, like the interstate highway system we built, they're all falling apart now and you'll have to deal with that. We used up as much of our natural resources as we could, without providing for renewable ones, so you're probably only good until about a week from Thursday. We did build a generous Social Security and pension system, but that was just for us. In fact, the only really durable thing we built was toxic dumps. You can have those. So think of your inheritance as a challenge. The challenge of starting from scratch. You can begin as soon as--oh, one last thing--as soon as you pay off the two trillion dollar debt we left you. Your parents."

Ask not how environmental pollution affects you; ask how you affect environmental pollution.

#### Nature Kicks Back: The Damage an Abused Environment Inflicts on Human Health & Well-Being

Human-caused climate changes, farmland rendered unuseable, destruction of forests, inundation of vast amounts of low-lying land (e.g., Bangladesh is drowning), elsewhere a lowering of precipitation and a desertification of marginal

and semi-arid lands, etc., will cause famines, unspeakably painful relocations of populations, crushing costs, and all the political repercussions that come from things such as these, and they are usually not good, but generally in the order of unrest, strife, warfare, etc.

\*A very instructive thing has happened in the former Soviet Union. It appears increasingly that one of the major reasons why it collapsed was because of widespread environmental degradation--but this is not likely to be widely acknowledged in the Western press because it would draw attention to the fact that the same thing is happening in the West as well. In turn, the collapse of the social fabric, infrastructure, food distribution, and rising poverty (hence crowding) is contributing to increases in all sorts of diseases.

Also, in some parts of the former Soviet Union, radioactive waste is actually increasing in radioactivity as it decays to more radioactive elements which, unfortunately, are also longer lasting. This increase might continue for as many as 70 years, and create vast uninhabitable areas (SHJ, 7 Dec. 92).

\*The US National Research Council accepted the scientific consensus that the increase in atmospheric carbon dioxide will bring about a dramatic warming of the earth's climate. But being an imperial institution, it has been trying to reassure the world that everything was under control and nothing serious could really happen. It called for "a calm assessment," and for "research, monitoring, vigilance, and an open mind," saying the situation was "reason for caution, not panic." Rather than doing anything preventive about the impending calamities, it recommended "adjustments to climate change" (Science, 4 Nov. 83). The truth is that the predictions imply a flooding of most of the major seaports of the world, and of vast coastal lands, a desertification of marginally arid lands, famine, and thus cataclysmic social upheavals and costs, of the type that typically bring war.

But Time (3 Oct. 83) gave us a preview of what is apt to happen in many coastal cities around the world as a result of our own environmental vandalism. Bangkok, a port city of 5.5 million people, is sinking away into the sea at a phenomenal rate of 4 to 12 inches a year. Locks have been installed on the Thames River to keep London from being similarly flooded, and while the technological people express great optimism, those who read the signs of the times have grounds to be skeptical.

\*Water above ground, fire below. There are estimated to be over 500 underground fires in the United States feeding on coal or waste and spewing forth fumes. The most spectacular one is in Centralia, Pennsylvania, which has been burning for decades. One of several reasons why this fire has not been contained is that the citizens of Centralia themselves opposed such efforts, pretending that the problem would go away on its own. In this respect, they have certainly been a mirror-image of our society at large which has innumerable fires burning below its surface, with people refusing to face the truth and making serious efforts to do something about it.

\*An estimated 70,000 chemicals currently in commercial use have never been tested for their toxicity to the human nervous system (Science, 12 Mar. 93).

\*During the 1950s, there was an almost total cover-up by the scientific community and the government of the ecocidal effects of pesticides and the way they were being used. An example of this was one locale where all animals (livestock, pets, wild animals, not to mention the bugs) died--yet a government man reported that the pesticides had had "no effect" on anything but the bugs. The American Medical Association viciously attacked Rachel Carson's thoroughly documented exposé, Silent Spring (The American Experience on PBS TV, 8 Feb. 93).

The TIPS author was there! During the early 1950s, he was working in one of the more prominent pesticide and weed-killing factories in the US, and whenever a

farmer called in and claimed that one of his livestock animals got sick or died, and that this was shortly after some agricultural chemical had been applied nearby, there was much ridicule within the company. Even company scientists who conscientiously went to inspect the incident in the field came back convinced that other factors were to blame. Of course, one result of all this was that personnel in the factory, on all levels, took virtually no precautions against getting poisoned themselves, and virtually ate and drank the stuff. We are not aware of any systematic follow-up of their subsequent health history.

It is estimated that as many as 300,000 US farm workers may suffer pesticide poisoning annually. It seems that the greatest offenses are being permitted in California (Plough, 1&2/88). During the 1980s, 310 million pounds of toxic agricultural chemicals might be put on the crops in fields of California alone in a given year. Farm workers were and are commonly not informed that the plants or crops that they are required to handle have been sprayed with toxic substances.

A carbamate compound called Temik is one of the most toxic of all pesticides, yet it was once ballyhooed as a clean, narrowly targeted and almost miraculous pest killer. It gained popularity all over the world, but this popularity appears to have contributed to an unmanageable abundance thereof, and it was eventually and increasingly found in groundwater all over the US. As is typical with other environmental poisons, nothing much gets done until extensive damage has occurred. Despite the history of the other pesticides, virtually everybody pretended until about 1977 that Temik would not contaminate the groundwater, or that it might not matter even if it did (Science, 27/9/85 & 22/11/85).

In 5/87, the US National Academy of Sciences issued a report on pesticides in the food chain, which included such tidbits as that every third fruit or vegetable we eat has been sprayed with chemicals that may cause cancer (CC, Fall 87).

Every year in the US, 67,000 human pesticide poisonings occur, not to mention immediate accidental deaths and many thousands of cancers caused long-term by pesticides. Altogether, it is estimated that the total environmental impact of using pesticides costs the US more than \$8 billion per year. About 35% of all food sampled by the US Food and Drug Administration has measurable levels of pesticide residues, and 1% is above the legal tolerance level, though this does not result in the removal of such foods from the market. Many countries have managed to make dramatic reductions in pesticides without significant sacrifices. For instance, Indonesia has succeeded in not only reducing pesticides by 65% but at the same time increasing its rice yields by 12% (Science, 4/2/93).

Here is a typical imperial announcement. The US National Academy of Science revealed that the US government had failed all these years to take into account the greater vulnerability of infants and children to pesticides in food, and as a result, they will be at a much higher risk of eventually developing cancer. At the same time, the academy encouraged families to have their children eat many fruits and vegetables, reassuring them that "washing and peeling...will go a long way toward reducing risk." "It seems internally inconsistent, I know" said the dean of the Graduate School of Public Health of the University of Pittsburgh (AP, in SHJ, 28/6/93).

As recently as 26/2/93, the senior deputy editor (and former chief editor) of Science poo-hooed the pesticide scare!! And in the 23/7/93 issue of Science, the same blindminded person railed about "toxic terrors" being "phantom risks." Another editorial by the senior editor of Science himself (1 Nov. 91) railed about alarms about pesticides having been "consistently wrong."

\*Medicine tends to treat diseases quite particularistically. Thus, any number of people with any number of ills are not being told that one of the big health problems of modernism is the drop in population immunity because of all sorts of things, particularly environmental pollution. We see the same problems among our trees, where the end problem may be a parasite infestation, but one that would not have happened had a tree or tree type not first been weakened by environmental degradation. In other words, a public health problem is dealt with

as a large number of unconnected clinical cases. This problem is clearly evidenced in regard to air quality, though in respect to many other health situations as well.

The prevalence of asthma is skyrocketing across the world, e.g., 60% in ten years in the US, 140% in 25 years in Australia, etc. We suspect that even these figures are deceptively low. Indoor air pollution is one possible cause, but generalized pollution everywhere is another (Discover, 8/93). Yet asthma is responded to as a clinical issue, case-by-case.

Death Valley? Santa Clara County in California has more federally designated hazardous waste sites than any other US county: 29. Companies in so-called Silicon Valley are the culprits, and one of the results are birth injuries in children. It is noteworthy that in southern California, the air is officially designated as "unhealthy to breathe" for 232 days out of 365 (Newsweek, 31/7/89). All this is another example of an idol betraying its worshippers--the end result of all idolatries.

There is now speculation that acid rain may be the third-largest cause of lung disease. Children in particular seem to be the most seriously affected (EA, Spring 87).

In the early 1900s, Mexico City was recommended as a spa for people with respiratory problems. Today, it is health-endangering there to engage in sports outside in the free air. An hour's walk through the inner city of Mexico does as much damage as smoking two packs of cigarettes. In restaurants, guests wipe the dust containing heavy metals from their lips between servings. As a result of all this, 150,000 children die every year in Mexico City, plus close to 100,000 adults above the age of 40. Recently, swarms of migrating birds that unwisely flew over Mexico City dropped dead out of the sky. There is no end in sight to what is going on (AW, 18/6/88).

Even in the cleanest parts of the world, pollution has dramatically reduced air quality. Imagine the latest insanity which is to cremate the dead, and have the mourners scatter the ashes from an airplane while a minister says whatever words appear to be inappropriate for such an occasion over the PA system (SHA, 7 September 86). Certainly a double whammy of revenge by the dead: first the energy-destroying pollution-creating cremation, and then having the ashes stuffed up the noses of the living, while also burning up irreplaceable fossil fuels which yet further pollute the air.

More and more instances are accumulating of buildings making sick those who have to work or live in them. In the vast majority of instances, these are buildings that were foolishly and arrogantly designed so that one cannot open any windows, and where the materials or furnishings give off toxic vapors.

\*Pollutants reduce immunity, which accounts for health problems in humans, animals and plants. A massive drop in population immunity has been occurring in Russia in consequence of the Chernobyl nuclear disaster. According to some reports, parts of Poland have become ecological disaster areas due to Poland's long history of indifference to the environment. There are areas in which half of all pregnancies are pathological, and infant mortality is three times that of nearby Sweden (AW, Fall '89)--and that in areas that formerly were among the richest in Europe.

As recently as 31/5/91, a report in Science denied that Chernobyl had a major impact on health.

In parts of what used to be Czechoslovakia, mining, petrochemical industries, and agrochemicals have also devastated the land, and in some areas, children have 3 times as much lead in their blood as is considered neurotoxic in the US. Average sulfur dioxide levels (which forms sulfuric acid in the body) in some areas can be 8 times the average reading for Los Angeles, and the record for any single day was one set in Prague at almost 300 times that of Los Angeles. Of course the unborn and children are the most vulnerable (Discover, 3/93).

Along stretches of the US-Mexican border, babies with anencephaly and other

congenital defects are being born at the rate of five times the US average, and this is believed to be due to environmental pollution by industries (mostly US ones that have moved south of the border) that are located very close to the border on the Mexican side (Newsweek, 8 June 92).

Water pollution on certain lakes in Peru has become so bad that 50% of the Indian babies die, and a large proportion of the surviving children are retarded (The Age, 15/7/89).

While at high altitudes we are losing ozone, at ground level it has been increasing and forms a major ingredient of deadly smogs. Ozone is a hazard even at the federally allowed level of 0.12 ppm, and especially for people who inhale deeply.

Cancer rates in children are rising rapidly in general, most likely because of environmental pollution (SHJ, 16/3/92).

A respected epidemiologist in Britain has come to the conclusion that a father's exposure to low-level radiation may increase his children's risk of leukemia. If this is a valid finding, it would require a considerable lowering of threshold standards for permissible levels and amounts of radiation exposure in various occupations (Science, 6 April 90).

Relevant to all the above is a 1986 book, entitled The Poisoned Womb, that documents the extensive hazards of human reproduction in a polluted world.

\*Lead has historically played a large role in poisoning people, as we covered several times.

The science journal for nonscientists, Discover, carried an article on lead poisoning in 12/87. Lead continues to get so widely dispersed that we are now at the point where even the very dust carries a significant lead load. People today have about 500 times as much lead in their bodies as prehistoric people. A toxic substance thusly dispersed is impossible to remove, and yet there is no end in sight to the further dispersal of lead in the environment. Lead may thus have a more devastating impact on mankind in the long run than any number of other potential disasters to which usually more attention is paid. Lead levels have been particularly high among minority groups and the poor, and among younger children. Official lead tolerance standards are a fraud. In fact, the laboratories in which lead levels are assessed are themselves often heavily contaminated by lead. One interpretation of lead poisoning which we consider misleading is that lead causes the poor in the cities to commit crimes and riot.

Lead is found in the paint of 75% of pre-1980 housing in the US.

In 1991, the US government announced that the health effects of lead were far greater on children than had generally been recognized, and that even middle-class children are at risk. It is now estimated that about 16% of US children have enough lead in their blood to cause mental and behavioral problems (SHJ, 3 Aug. 91).

Some people think that lead may have played a significant role in lowering US SAT scores, i.e., in dumbing down a whole generation of youth. The recent flattening out of the SAT slide is seen by some people as the first visible benefits of removing lead from gasoline over recent years.

In Europe, lead-contaminated cattle feed has killed cattle and rendered milk from many farms unuseable.

\*The effects of all sorts of electromagnetic radiation are still unclear. One debate is whether long-term exposure to video display terminals is harmful to one's health, presumably because of radiation leaks. Particularly pregnant women have reported a great deal of difficulty with their pregnancies if they work with such equipment. In some offices, virtually all the newborns of these women have been impaired.

With the advent of cellular telephones, it had been proposed that every person would be issued their own phone number at birth. Now it has become apparent that cellular phones emit electromagnetic radiation right into the brain

when they are held near the ear, and there is a possibility that this causes brain tumors and other health hazards. Separating the antenna from the headpiece seems a good preventive strategy.

Every once in a while, we reiterate (since people these days forget everything) that when a society has decided to do or be something that is bad, learned people within it will rise up and scientifically and intellectually prove that the thing works, is good, is consistent with logic and science, etc. Now that we are polluting our environment with radiation, a good example are scientists who come along and say that low doses of ionizing radiation are not only not harmful, but outright beneficial (e.g., Science, 11 Aug. 89).

\*Newsweek, (24/5/93) did a major story on food no longer being safe in the US, but it only covered the bacteria that may be found not only in meat, eggs, etc., but of all places in fruit (like apples and cantaloupes) and vegetables (like asparagus). It said that the chances are now higher that one will get infected by food than poisoned by the toxins in it.

Hogs have been routinely raised on antibiotics, and it now turns out that one of the major hog antibiotics causes cancer in hogs, and may do so in people who eat pork. Of course, the producers of the antibiotic deny everything, which virtually all of them do all of the time until it is way past far too late (EA, 5&6/88).

\*Mysteriously and alarmingly, during the last 50 years, there has been a very large but also very mysterious dramatic decline in the reproductive potential of the male sexual ejaculate. Volume has dropped 20%, and sperm count 40%. The greatest suspects at present are environmental toxins (Discover, 2/93).

\*For external use only. President Roosevelt used to spend a great deal of time taking the waters at Warm Springs, GA. In 1985, a new pool of warm water started bubbling out of the ground, and workers quickly enclosed it for the benefit of visitors. In late 1987, it was discovered that the pool came from a leaky sewer pipe--and that was the reason it was so warm (source clipping from Elizabeth Carmichael).

\*Once one of the world's most teeming fishing grounds, the Grand Banks off Newfoundland, have become a fishlife desert, and the Canadian fishing industry in the Maritime provinces has collapsed, with economic and social consequences not yet foreseeable (SHJ, 9 July 93). One sad consequence will be that need for human services will explode, and everybody will either become a human service worker or a human service client.

\*Over several decades, there has been a decline in almost all the health indices of US children. Perhaps better known is that there has also been a decline in the scholastic aptitude test (SAT) scores, which bottomed out only recently, and have shown only feeble signs of rebounding. One low-level theory to account for problems such as these has been that during the era of intense nuclear testing, particularly in the US, the radioactive iodine 131 fallout caused thyroid damage in newborns that stunted an entire generation. The effects, if any, are believed to have been greater in the far West of the US, closest to the test sites, accounting for peculiar regional differences in SAT scores (Phi Delta Kappa). In theory, this could account for part of the decline in the SAT scores in young people who are now in their late teens, but the TIPS editor believes that the hedonism of our society could easily also account for the decline in test scores (source item supplied by David Wetherow).

\*As early as the mid-1930s, there was mounting evidence that exposure to asbestos was a threat to human health. However, the asbestos industry systematically suppressed asbestos studies and hid information from not only the

public but also from its employees, not telling them how dangerous it was to work with asbestos. As early as 1963, they even cut workers off from their own health records. Now, it is estimated that 8,000 people per year will continue to die from asbestos-related cancer for the next 30 years, for a total of 140,000 (Greenpeace, 9&10/1989).

\*All sorts of seafood that either frequents shorelines or is caught there is now polluted. For instance, all sorts of shellfish are now found to contain domoic acid which causes diarrhea and disorientation in people who eat it, and can leave its victims with permanent short-term memory impairment. Domoic acid has been found in clams, mussels, and crabs, both on the east and the west coasts of the American continent (Science, 5 Mar. 93).

We were struck by the fact that the memories of the people of modernism are not only being junked by cultural factors and communication practices, but also by the chemical and biological pollutants of modernism.

\*For 11 years (1981-1992), hundreds of tons of salmon eggs from New York State fish hatcheries had not only been illegally sold by crooked hatchery officials to be resold as caviar, but on top of that, the eggs were contaminated by PCBs and pesticides. The "caviar" may still be on the shelves or be served in restaurants (SHJ, 2 Sept. 93).

\*To sum up the response of imperial science to environmental trends: "You will soon all die from environmental degradation, but don't take it seriously and don't be alarmed. Before you die, we will be able to get in a few research studies that will finally reveal how bad things had been getting."

#### Resources

\*We have discovered a very small remnant of about a dozen copies of the following item: Kugel, R., & Wolfensberger, W. (Eds.). (1969). Changing patterns in residential services for the mentally retarded. Washington, DC: President's Committee on Mental Retardation. This book was the seminal written document at the base of the normalization and community services movement in mental retardation in North America, and in some other countries as well. In his 1987 text on the history of mental retardation, Scheerenberger called Changing Patterns the most successful work of a quarter century during the reform era. The reason this book had such an impact, even in Scandinavia itself, is that, also unbeknownst to most people today, it contained the first published description, of any length in any language, of the normalization principle, which is why portions of it got translated not only into German, but even into Danish and Swedish, because not even in these languages did there exist an adequate sketch of normalization.

These may be the last available copies of this classic, once widely called "the blue book." Because this book is now so rare, and we have so few, we are outright reluctant to sell them, and have therefore priced them into the connoisseur range, also to make sure only people will end up with them who appreciate them. They can be had for US \$50 a copy from the TI, and if ordered by mail, plus \$7.50 postage and handling within North America, or plus \$10 if ordered from elsewhere.

\*Wolfensberger, W. (1983). Normalization-based guidance, education, and supports for families of handicapped people. Toronto: National Institute on Mental Retardation; and Atlanta: Georgia Advocacy Office.

This is one of the apparently least known, and most underutilized, normalization-related publications. It contains very down-to-earth, practical information and advice for people who work with families who have a handicapped member, for people whose affiliation with such families is informal, and for

families themselves. The monograph is 35 pages long, and is divided into six parts:

1. Ideologies and Rationales in the Guidance and Education of Families With Handicapped Members
2. Different Models of How Guidance/Education Should be Rendered to Families of Handicapped People
3. Problems or Shortcomings in Research and Literature on Families of Handicapped People
4. A Normalization-Based Perspective on the Dynamics That May Affect Families of Handicapped People
5. Some Normalization-Derived Guidelines for the Provision of Guidance and Support to Families of Handicapped People
6. The Responsibilities of a Parent of a Handicapped Child

Families themselves will probably find parts 5 and 6 most immediately relevant. Part 6 contains a section on the five most common mistakes that parents make in rearing handicapped children, and what to do about them. This part can be of decisive importance to such families.

While the monograph was written mostly with parents and their handicapped children in mind, its content is at least partially relevant to families who have an impaired member who is adult or aged, such as the adult children of demented parents.

The monograph is available for \$13.25 (US funds), plus postage and handling, from: Person-to-Person/Citizen Advocacy Office, 650 James Street, Syracuse, NY 13203.

\*In an earlier issue of TIPS, we reported on the initiation of an international journal on SRV. We now have further information. The first issue is planned for either late 1993 or early 1994. The journal is called SRV/VRS: The International Social Role Valorization Journal. It will be in both French and English, and will have peer-reviewed articles, position papers, book reviews, and short SRV items and news. It will be issued twice a year. Annual subscription rates are: \$32 US subscribers; \$34 Canadian subscribers; \$34 other subscribers. There is a substantial savings for subscribing for two or more years. For more information, or to subscribe, contact: Raymond Lemay, Editor SRV/VRS, 2882 Tressa Court, Gloucester, Ontario, Canada K1T 2H1.

#### Events

\*Enclosed with this issue of TIPS is a schedule of upcoming training events that will be conducted by the Training Institute through mid-1994. We encourage you to attend, and to encourage others to attend these events. Make as many copies of the schedule and registration form as you like to send to others; or write to the Training Institute and request a supply. Note especially that the Sanctity of Life workshop on February 8-10, 1994 in western Massachusetts is the only one on this topic on our current schedule, and we do not know when another one might be offered, so it is very important for people interested in this issue to make every effort to attend the February 1994 event.

Also enclosed with this issue of TIPS is an updated flyer and schedule of the May 1994 SRV Conference, and flyers on the related pre-conference events. People may want to attend these events as well, especially those who have to travel some distance to attend the Conference.

\*While the above-mentioned May 10-13, 1994 World Conference in Ottawa is entitled "25 Years of Normalization, SRV and Social Integration: A Retrospective and Prospective View," only three weeks later there will be an international conference in Iceland entitled "Beyond Normalization--Putting Awareness into Action--One Society for All."



Human Service News

\*Throw dem bums out! In the US, hospital administrators earn utterly unconscionable salaries. The top such earner in the state of New York gets more than \$800,000 a year. Even in the ordinary and small city of Syracuse, the administrator of one of its five hospitals (and a very ordinary hospital at that) got \$190,000 in 1992 (SHJ, 28/4/93).

\*As of 1992, there were an estimated 40,000 residential programs for the mentally retarded in the US, accommodating about 300,000 residents. A US congressional investigation found instance after instance of rape, beatings, killings, mismanaged medications, theft of resident property, neglect, etc., but also concluded that state regulators have very little knowledge about what goes on in many of these places (AP in SHJ, 29/3/93).

Both the public and the private sectors of the US are flooding the poor parts of the world with condoms, intrauterine devices, contraceptive/abortifacient pills, and Norplant, often in lieu of all sorts of other kinds of assistance. Women may bring their children to health centers that are too poor to have antiseptics or gauze on hand--but the shelves are filled with birth control supplies (SHJ, 24/5/93).

\*From 1907-1959, a small island a few miles off Brisbane, Australia, served as a leprosarium for the Australian state of Queensland (Weekend Australian, 29/5/93; source item from Peter Millier). In the early 1990s, measures were initiated to make the island a historic site.

\*In 1993, the Canadian province of Manitoba enacted a "Vulnerable Persons Living With a Mental Disability Act" that provides for the appointment of a "vulnerable persons' commissioner" with responsibility to designate "substitute decision-makers," which is a new PC term for guardian.

\*It is a grotesque paradox that the firm that produces 70% of all the penicillin in the United States, Bristol-Meyers, is one of the biggest environmental polluters in New York State, having dumped 2.5 million pounds of toxic chemicals into local waterways and sewers in 1991. To the degree that clean-up has to be conducted by public authorities, this also involves a transfer of taxpayers' money to private entrepreneurs who are doing quite well financially (Syracuse Herald Journal, 24/6/93).

\*Just between 1970-1990, the number of psychologists in the US has increased from 30,000 to 192,000, and this does not even include social workers, marriage and family counselors, or psychiatrists (BRM, 5/93). The problem with this is the same as with lawyering: the more there are, the more things they will want to do that are mental, the more things they will invent to do, and the less other things will get done but the more money will be spent.

\*Four risk factors are strongly associated with becoming alcoholic: being male (triple the female rate of heavy drinking becoming alcoholic), conduct disorder in childhood, a history of intoxication before age 15, and involvement in drugs other than alcohol (CP, 7/93).

\*Wanna see mine? The TIPS editor knows a great deal about mental retardation, but sometimes falls astonished at what he had failed to learn. To wit, that (retarded) males with Klinefelter syndrome (and hence small genitals) have sometimes been castrated so that false ("prosthetic") silicone testes could be inserted into their scrotum "for cosmetic reasons" (MR, 6/93).