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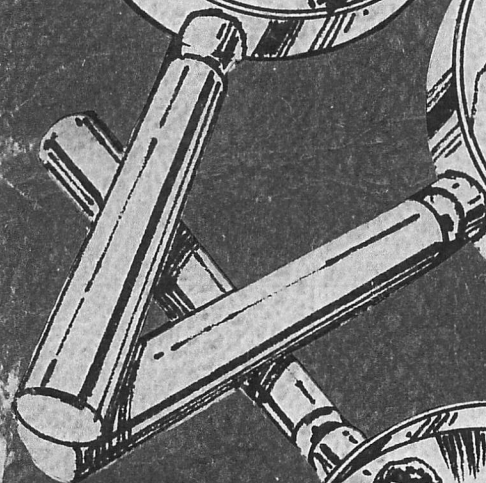
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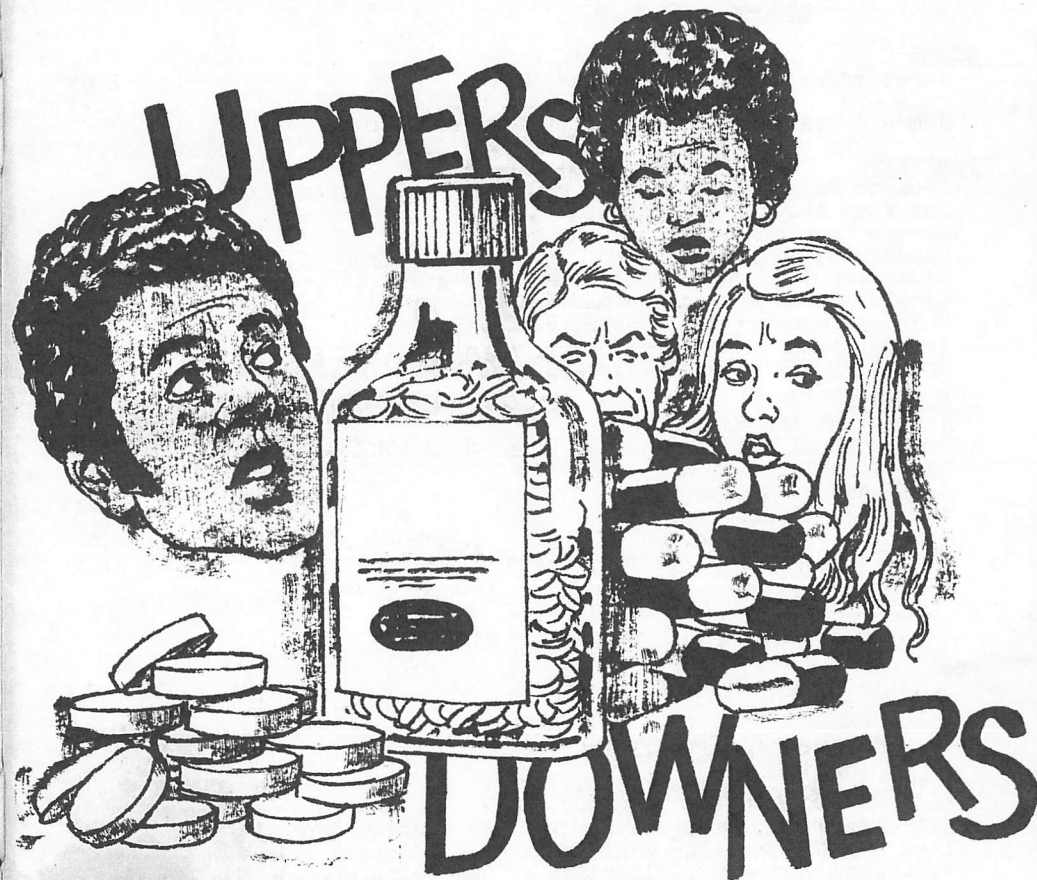
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CONTENTS

PREFACE	PAGE 1
THE FATAL ILLNESS OF MEDICINE IN AMERICA	5
THE MEDICAL-INDUSTRIAL COMPLEX	22
ONLY WE CAN CHANGE THE WAY IT IS	38



PREFACE

This pamphlet is addressed to those American men and women who have begun to wonder why it is that in this country which is so technologically advanced, so few people have any knowledge of their bodies and have therefore become so dependent on pills and drugs to keep them going from day to day. For both rich and poor, women, men, and youth, pills appear to be the answer for everything - from waking to sleeping, from birth to death. They pacify us and at the same time encourage us to evade facing the causes for our discomforts. Tranquilizers, vitamins, uppers (diet pills), downers (sleeping pills), and other drugs are thrust into our lives by television, radio, newspaper advertisements, over-the-counter advice from sales clerks, office advice from our doctors, and bedside advice from nurses in hospitals. For the slightest pain, we rush for a pill - the cure-all. Many people realize that the vast output of drugs in this country is the result of the drive by drug manufacturers for more profit. We know that individuals often die from drug overdoses,

*undoubtedly
what about benefits*

that many drugs produce allergic reactions, that some produce deformities, and that practically all prevent our bodies from developing resistance to common illnesses. Yet we persist in taking them because these drugs have become our crutch and our mainstay for stability in an unstable society.

*later
you
suggested
we need
less
reliance
on
doctors*

We have the most advanced material base of any society in history and the highest standard of living in the world. Our technology enables us to produce goods to satisfy any conceivable material wants. Yet seven other societies have more doctors per capita than we do. In thirteen other countries pregnant women receive better care. Life expectancy for males in this country is shorter than in twenty-one other countries.

The American government has been able to make remote-control airplanes to bomb human beings in distant lands and to build space ships that have taken men into outer space beyond our imagination. But it has been unable to create a health system which would make us more self-reliant in caring for ourselves here on earth. Every year the government spends billions of dollars through Medicare, Medicaid, and dozens of health agencies, allegedly to serve the health needs of the population. The more money which goes into the American health

^{SOME}
system, the more dependent Americans have become on doctors and drugs, and thus the less able we have become to take care of ourselves and each other.

In order to create a new health system in this country, we must first realize that no demons created our present poor system. People did it. And only we, the people, can change it.

To change it, we must first understand how the present health system developed and why it is so full of contradictions. Then, collectively, we can struggle to change it.

To do this, we must examine not only the health system but our own outlook towards health. Only by struggling with ourselves, with each other, as well as with doctors and the growing number of health workers and health bureaucrats in organized medicine, the insurance industry, and various health agencies, can we begin to create a new health system.

In writing this pamphlet, we have observed first-hand the failures in health care which take place around us every day. We have witnessed how not only the drug industry but doctors, hospital administrators, nurses, aides, and other health workers support the present medical system because it benefits

them economically despite the helplessness and health-lessness which it creates in us, the American people. But we have also witnessed how most Americans go along with this system, refusing to take care of or learn about our own bodies, because we are depending upon the magic of pills to relieve us of the responsibility to struggle for a better way for everyone to live. *Is it only a question of pills?*

We are convinced that the time has come for all of us to struggle together to change the social practice of medicine for the well-being of all.

This pamphlet has been written as a weapon in this struggle. We urge everyone - regardless of race, sex, class or age - to read and discuss it with your co-workers, families, friends, neighbors, classmates and clubmates. It can be the beginning of a whole new outlook on yourself and on everything and everybody else in this society.

U.S.A.

February, 1975

CHAPTER I

THE FATAL ILLNESS OF MEDICINE IN AMERICA

To be in need of medical care in America today can be an experience filled with many anxieties and fears. In our daily encounters with the health care system, an assembly-line atmosphere exists. The patient is treated as a product, rushed from one specialist to another, with each specialist asking questions in his specialty, and no one taking the time to answer questions or to explain the treatment procedures. Our diseases are treated only as symptoms, occurring in one part of our body with no relationship to ourselves as whole individuals living in society. Often we feel that we are being treated like guinea pigs for some research project. Usually we are made to feel not only helpless, but too stupid to understand what is going on in our own bodies.

Routine visits to a doctor's office may end up as mental and financial nightmares. We

wait hours for office medical care, often to be told that the doctor will not be in the office at all that day. In emergency rooms we spend hours waiting for medical care. Then we are sent away with no understanding of the cause of our illness or what treatment we will receive - only a prescription and a reminder to return in a week.

Because of the way we are treated by the physician and other health workers, we often feel that to be sick must be a sin. Many of us are hesitant to seek medical care due to our previous experiences with doctors. Thus, only in an emergency and often when it is too late, do we seek medical services.

In the last twenty years the cost of medical care has increased by 330 percent. Americans are now spending some 10 percent of their income for health care, amounting to a total expenditure of nearly 75 billion dollars yearly. In major hospitals the bill for patient care has tripled in eight years. But we who have been patients in a hospital or even visited someone in a hospital during these years know that medical services have become worse.

In city hospital corridors many patients are forced to wait on cots. In these hospitals

there is a high death rate, almost twice that of voluntary hospitals. In voluntary hospitals, where we are paying hundreds of dollars a day for care, we are usually told that our doctors are unavailable when we ask for them. Many doctors have unlisted home telephone numbers. So we lie in a hospital bed watching television, wondering what is going on in our bodies, and unable to get any answers from the nurses whose main function appears to be the administration of an assortment of drugs to each patient several times a day.

Throughout this great country there are only 340,000 allopathic (M.D.) and osteopathic (D.O.) physicians who are responsible for directing the health care for 200,000,000 Americans. In a wealthy suburb like Beverly Hills, California, there is one doctor for every 225 persons, while a few miles away in the black community of Watts, there is only one doctor for every 2,700 persons.

These figures alone reveal what a dilemma we, Americans, face. Even though the cost of educating our doctors is borne by all of us, we have nothing to say about where doctors should practice or how they should practice medicine. Many communities in this country are without any type of medical care. Many

people in large cities and in rural areas must travel long distances to find some kind of medical care.

We are not adequately informed about illnesses even if a terminal illness exists. The doctor usually has a superior attitude, preventing rapport between him and the patient. Most doctors have no interest in helping us understand medical knowledge. As patients, we know little about our body and our bodily functions, even though we live in a country which stresses education. To ask questions is forbidden in most doctor's offices and hospitals. Doctors neither explain nor inform us of test results on the premise that only medically-trained personnel are privileged to medical knowledge about our bodies. Even our temperatures and blood pressures are often kept secret. Medical terms are used to create a type of mystique which overwhelms us and which we feel unable to penetrate. This mystique is increased by prescriptions scribbled illegibly and in a code which only the doctor and the pharmacist can decipher.

~~Most of us do not know what medicine we are taking.~~ Many danger signals of various diseases are unknown to us because no one has taken the time to make this knowledge available to us. Most doctors are more interested

in treating symptoms than in explaining to us how we can get better and stay well. Often we are told that we are taking valuable time from sick people if we insist on preventive medical care.

More and more specialists are being turned out by medical schools to treat a small number of people daily at exorbitant fees, while there is a growing shortage of family doctors or general practitioners. These family doctors can rarely provide adequate health care for all of us. This is not only because of overwork but also because, having been accredited for life, most doctors do not feel the need to keep up with developments in medicine. So they become increasingly dependent upon the drug-pushing salesmen from the huge pharmaceutical houses to educate them about drug products. Despite the obvious shortage of general practitioners, even family care doctors are now being trained as specialists. This means that they must spend more time in medical training, further increasing the shortage of doctors available to the public. As a result of over-specialization and too many specialists, it is extremely difficult to obtain routine health care, while the growing number of specialists are tempted to perform

unnecessary medical procedures in order to keep busy and keep the money coming in.

Meanwhile, we, the patients, sit idly by, complaining about the situation, but making no effort to determine how it came about and what we can do about it.

How is it possible that such a backward health system could exist in a country as advanced as the United States, where the great majority of the population has received a high school education and where so much money is spent on health care every year? To find the answer to this question, we must go back into the history of medicine in this country.

The practice of medicine in the United States today is not the same as it was in the 18th and 19th centuries. At one time doctors were willing to make house calls and were much more available to large numbers of people, at least in the country and in small towns.

The doctor of the horse and buggy era, with his* little black bag, was not the highly-trained physician whom we know today. In the early days, the doctor was often self-

* In describing the way things are, we refer to the doctor as "he" because males do, in fact, dominate the medical profession today.

taught or might have served an apprenticeship with an older doctor. Sometimes he was just the local barber who had some knowledge of the body already and then expanded on this knowledge by his own studies and practice. Many frontier and country doctors had learned about herbs from the Indians and blacks from Africa.

These early doctors responded to the needs of the people in the communities where they lived. Most people considered the doctor a member of the family who was usually present both for births and deaths. This doctor was able to care for non-complicated illnesses, such as sore throats, chickenpox, and for fractures, cuts, sprains, and uncomplicated childbirth. [The community affectionately

referred to him as "Doc," as we have seen vividly portrayed on television in "Gunsmoke."]

He was a family friend and a family advisor.

People often died from serious illnesses or in epidemics, but for the most part

Americans in the country and small towns

(enjoyed better health in those days) than today's city-dwellers because the way of life was healthier.

Meanwhile, poor people in the big cities had very little medical care since only the rich received early diagnosis and any type of

reasonable treatment. The poor went to hospitals when they were nearly dead. Most health institutions were known as "pest-houses."

Childbirth fever was the fear of all pregnant women who delivered their children in hospitals. Blacks had practically no health care. There were few black doctors and no access to hospitals for blacks until after the Civil War.

Towards the end of the 19th century it became clear that this absence of health care for the poor city dwellers was becoming a serious social problem. The population was shifting from the countryside to the city, from agriculture to industry. Immigrants were pouring in from Europe to meet the needs of industry. Many people lived in squalor which bred social diseases among the poor, such as tuberculosis, hepatitis and syphilis. Congestion and inadequately-heated dwellings added to the health problems.

So massive were these new health problems created by urbanization and industrialization that it was unrealistic to think only in terms of treating each individual problem. The supply of labor was being threatened by the spread of these diseases. Because these diseases could be so easily spread, the rich

were also threatened. Therefore, under pressure chiefly from social reformers and humanitarians, the new diseases were treated first and foremost as social diseases which had to be reduced by preventive measures. Public health departments were created, supported by public funds. Water purification and rat control projects were organized to reduce the danger of plague. Massive programs for vaccination were introduced. Programs for early detection of tuberculosis and sanitariums to provide rest, good food, and healthy conditions were organized for those with this dreaded disease known as the "Great White Plague."

It is important to note that not doctors but social reformers and humanitarians, dedicated to eliminating the social evils of the industrial revolution, played the leading role in pressuring city officials to implement this social or preventive attitude towards diseases. Nevertheless, because the practice of medicine had not yet developed into an elite and lucrative profession, doctors in that period were not hostile to this social approach to disease which was beginning to take root in our society at the turn of the century, and which was beginning

to make clear in practice the inseparable connection between good health and fresh air, pure water and a balanced diet.

Meanwhile, along with the rapid developments taking place in industry, science and technology, changes were also beginning to take place in the field of medicine. Medical schools began to spring up all over the country to train doctors for the growing demand. Most of these institutions were set up for the purpose of giving more rigorous training to medical students and imparting to them a more systematic knowledge of anatomy and physiology. Others were set up by quacks seeking to make a quick dollar.

In order to keep these quacks from operating as well as to take advantage of rapidly expanding scientific knowledge, the Carnegie Foundation, (established by Andrew Carnegie, the steel magnate) and the American Medical Association sponsored a study of basic curriculum and teaching methods for medical training. The immediate effect of implementing this study, published in 1910 and known as the Flexner Report, was to restrict the practice of medicine to highly-trained individuals whose skills and knowledge had been acquired through rigorous training and

indoctrination within those few medical schools approved by the American Medical Association. Only one road for the training of doctors was left open - the road leading through elite institutions like Harvard, Johns Hopkins and the University of Chicago. Only such institutions could afford the expensive equipment and laboratories for the kind of scientific research recommended in the report, and only the sons of the rich could afford to attend them.

Equally disastrous, medical instruction in these schools was based on the recently-discovered theory of the germ origin of disease, supported chiefly by laboratory research on animals which had been made possible by advances in technology. Medical practice based on this theory did not view the patient as a human being developing and living in a particular environment. Instead it focused on the disease at an isolated location in the body which could be treated in and of itself. Based on this philosophy, the social approach to illness, which had sparked the massive public health programs of the late 19th century, was excluded from the medical curriculum. Excluded also were all other systems of therapy based on fundamentally

different concepts of the human body and the human being, especially those based upon helping the body to keep healthy and to heal itself.

Whatever had been of value in the traditional medicine absorbed from the Indians and from blacks, and practiced by the country doctor was abandoned. Also excluded was osteopathy* which had been founded by A.T. Still in 1874 and which is based on the theory that most ailments result from structural derangement of the body; and homeopathy which is based on the principle that disorders can be corrected by small doses of drugs producing effects similar to the disorder.

All theories of the causes of illness which place responsibility upon society to tackle the social conditions, or on the patient for greater self-reliance, or on the natural forces within the body to restore equilibrium, were discarded. Only the germ theory of illness was accredited, because it

* After World War II under the pressure of the need for more family doctors, osteopathic physicians were accredited. General practitioners nowadays in the inner city are likely to be osteopaths, but they are just as likely as the M.D. to over-prescribe drugs to their patients because they have the same elitist attitude to patients as the M.D.

is the theory best suited to a medical system based on the bourgeois outlook that all knowledge and power should be concentrated in an elite, while the masses of people are regarded as less than human. They are only bodies, no different from animal bodies, which can be examined under a microscope in a laboratory, incapable of developing knowledge about or caring for themselves.

The standardization of medical education along the lines recommended in the Flexner Report was a turning point in American medicine. Not only was a limit placed on those who could become doctors, but those doctors produced by the new, narrow approach to the human body and to human beings began to think of their patients only in the narrowest terms, isolated from their environment and from each other. Their illnesses were now viewed chiefly as invasions of the body by demon-like germs which must be driven out by the magic bullet of drugs, injected or prescribed by the highly-trained medicine man.

As the years passed, elitism became more deeply rooted in the medical profession. Not only was admission to medical schools limited to those who came from affluent families, but even those few of humble social origin, who by

some stroke of good luck gain admission to medical school, become indoctrinated with an elitist outlook to their patients as "cases," i.e., as dehumanized objects of scientific analysis. In medical school, students learn the practice of medicine as a "science." Then, during their internships, usually in city hospitals where poor people come for emergency treatment, the student doctors see their patients in isolation from other people and from their social environment. So the tendency of the student doctor to see human beings as diseases and not as total persons is constantly reinforced.

As medical practice became a passport to privilege, doctors became more and more distant from people as human beings and more and more divorced from social responsibility to any community. More and more they began to think of medicine as a career for themselves as individuals. The more the patient was viewed only in terms of separate parts - a diseased heart or lung or liver - the more doctors began to think in terms of specializing in the knowledge and treatment of specialized parts of the body. People as individual human beings living in communities, capable of caring for themselves and each

other, were ignored. As more and more training was required to become a specialist, doctors began to feel that the only adequate reward for their prolonged study was more money and higher status. Hence more and more doctors began to flock to affluent neighborhoods, abandoning any idea of service to the poor. As the monetary and social rewards of being a specialist became obvious, medical students began to choose careers as specialists, leaving fewer and fewer general practitioners for the general population. Faced with the choice of serving the many or serving the few, more and more doctors decided to serve the few. In other words, they chose the elitist or the bourgeois road.

Poor people, black people, and women - in other words, the majority of the population - have been the ones who have suffered most from the elitism inherent in the present medical system. Those who were better-off or better-educated were able to command some respect from their doctors. Often their doctors were friends of the family.

In 1973 infant mortality among blacks was almost twice that of whites. Poor children of all ethnic groups develop at a slower rate than those who are not poor. Chronic and

infectious diseases occur much more often among those who earn the least money.

Rich or poor, women have not been treated as equals, either in the doctor's office or in the medical profession generally.

In the first place, women have been kept out of medicine because the more elite the profession became, the more natural it has seemed, within a male-dominated society, that only men were capable of such elevated work. So midwives were more and more excluded from participation in the process of childbirth and only male doctors were regarded as capable of delivering a child. Then pregnancy itself, as well as all the natural stages by which a woman's body develops, menstruation and menopause, began to be seen as diseases which only the highly-trained obstetrician and gynecologist could treat. In the doctor's office, women are talked down to like children. Already regarded by a sexist society as brainless bodies, in the doctor's office they are treated like mental incompetents, incapable of knowing about or caring for their own bodies.

The resulting underdevelopment of women has meant that they are at the mercy of the many doctors who recommend surgery as the

first solution despite the consequences to the individual. For example, hysterectomies are still the second most common surgery performed today, even though surveys have shown that one out of three hysterectomies performed today is unnecessary. In 95 percent of these operations, the woman involved simply took the word of the doctor, without asking questions as to the practicality of less drastic procedures.

The whole society has suffered because of the underdevelopment of women inherent in the present system. Women are the ones most responsible for the health care of their families, including not only their daily feeding but their whole approach to their bodily functions. Therefore, as long as the women in a family believe that pills are the first resort in the case of discomfort, as long as they do not have a preventive approach to illness, their children will grow up with the same approach.

Thus, what began as a progressive measure - to eliminate quack medicine and to establish the practice of medicine on a sound scientific basis - has created a situation where a chosen few are enjoying the monetary and social benefits of the practice of medicine, while the rest of us are at their mercy.

CHAPTER II

THE MEDICAL-INDUSTRIAL COMPLEX

During the 1920s and 1930s, the fundamental weaknesses inherent in a medical system based upon the growing knowledge and power of an elite and the growing passivity, dehumanization and ignorance of the majority, were not apparent because most people lacked the money for health care and did not yet feel that they had a human right to such care. However, in the last thirty years, the progressive struggles of the various oppressed sections of the American population for health care have brought to the surface the internal and intolerable contradictions of a health care system based upon this bourgeois outlook.

After World War II, with the growth of the bargaining power of the unions and the rising expectations of the American people generally, the average worker began to feel that he was just as entitled to health care

as anybody else in this society. What he conceived health care to be was what he had perceived during World War II.

During the emergency conditions of World War II it had been necessary for the armed forces to produce medics rapidly in order to perform on the battlefields. Also, during World War II Americans became conscious of the miracles which could be achieved by penicillin and other antibiotics, cortisone, and blood pressure medications. Since all kinds of wonder drugs and equipment had been used in army hospitals and on the battlefield with such excellent results during the war, people became convinced that these scientific discoveries could lead us into a perfect health system.

Convinced that better health could be achieved through greater access to doctors, drugs and hospitals, workers began to demand that Blue Cross insurance be provided by the company. This became a key bargaining point in union negotiations and was won by most of the big unions. Then the aged, now living longer than ever, began to insist on improved health care for themselves. At the same time, as a result of the pressure by blacks and the rebellions of the 1960s, medical coverage for

the poor was further expanded. The result of all these struggles is that today approximately 70 percent of the American population is covered by Blue Cross, Medicare (for the aged) or Medicaid (for the poor).

However, instead of this extended medical coverage resulting in improved health for the great majority of the people, it has only resulted in our greater healthless-ness and helplessness. This is because the various sections of the working people have each struggled only for more medical care for themselves without questioning the bourgeois concepts upon which the American medical system is based. The masses of the people have been only interested in getting more of what the system produces. So what we have gotten is more power concentrated in the hands of doctors and their allies, and more powerlessness in the people. This relationship of growing inequality is precisely what every institution in a capitalistic society is constantly producing and reproducing in ever more extreme forms.

The great majority of Americans accept the system's premise that health comes from treatment by highly-trained physicians of the symptoms of individual illness. The result is

that while more of us now have access to doctors and hospitals than ever before, we are not any healthier or more knowledgeable about our bodies than we were thirty years ago. But we are all more dependent upon doctors and drugs than we have ever been.

Moreover, in the process of struggling to obtain medical care for ourselves as individuals on the basis of the system's assumptions, we have created a monster - the Medical-Industrial complex - whose survival and expansion depends not on our increased health and well-being but on our increasing illness and need for hospitalization. This Medical-Industrial complex consists not only of doctors but also of the drug industry, hospital staffs and all those working in the many agencies which have been set up to administer the many programs created to appease the popular demand for institutionalized health care.

The drug industry is one of the fastest-growing and most profitable industries in the United States.

In the past medications had been manufactured but on a limited basis, usually with caution. Many of our drugs used to be herbs, such as sassafras, cloves and others found in local pharmacies. Drugs like insulin, aspirin

and vaccines used to account for most of the drug industry's sales. However, in the last twenty-five years, the drug companies have realized that with the emerging social forces in our society all demanding health care for themselves and with the population convinced that pills can perform miracles, they can reap substantial profits by the discovery, mass production and marketing of wonder drugs - whether they work or not.

So the production and marketing of more and more miracle drugs have become the main business of the pharmaceutical houses. Greedy for profits, they have often put these drugs on the market without adequate testing or simple precautions. For example, a few years ago, when the poliomyelitis vaccine was produced, some people contracted the disease from the vaccine because the drug industry was so anxious to reap the monetary rewards from its sale that it rushed the vaccine on to the market.

With advanced technology, medications are easily produced and more cheaply produced. But the price of drugs continues to rise. The drug companies insist that the rising price of drugs is necessary because of the high costs of research. But they spend four

times more on promotion of their products than on research.

The drug industry carries on a multi-million dollar campaign in the media to convince the doctors and us that pills will change our lives from sorrow to happiness. Today commercials are everywhere encouraging the population to pop a pill and thus escape from the troubles of daily life. These advertisements are geared to children as well as adults.

Drugs are produced in such abundance that they are sold openly on our streets. This has made the pharmaceutical companies one of the largest manufacturers for street pushers. Phenobarbital, sleeping pills, pep pills, narcotics, morphine and methadone circulate freely through our society.

Many physicians, already drug-and-profit-oriented, have come to depend upon the drug industry for their education as to which pills are good for which illness. Drug salesmen become the ones who familiarize doctors with what is available in the way of drugs. Often these salesmen are the products of a two week quickie training course and see no difference between their job selling drugs and a job selling liquor or cosmetics.

Beginning with an elitist outlook and under pressure from a growing patient load, more and more doctors now find it easier to give a pill or an injection instead of listening to the patient. The drug industry gives away plenty of free samples to health workers, especially doctors, in order to encourage doctors to prescribe these medications. Made more affluent by more patients from whom they have become more distant with these new developments, more and more doctors have become businessmen, spending much of their time taking care of their investments and using their medical practice only as a means to acquire more capital for more investment.

As a result of this collusion between the drug industry and doctors, we now have a drug-dependent society with our young people accepting pill-taking as the key to well-being. Raised in households where the medicine chest is full of pills, our youth take drugs orally and intravenously, sometimes resulting in death.

Why do we continue to allow the drug industry to get away not only with skyrocketing prices but with its increasingly degenerative role in creating a drug-dependent and even drug-addicted society?

First of all, we do so because we have not questioned or challenged the elitist, drug-oriented approach of the American medical system which has been steadily entrenching itself since the eve of World War I.

Secondly, because a large section of the population - the aged who are on Medicare and the poor, who are on Medicaid, as well as many who are on Blue Cross - feel that these drugs are "free." In other words, we feel that they are being paid for by somebody else; the government, or the company, or "society." We do not stop to ask who is paying the cost for what we get "free" or to wonder whether what we are getting "free" may also be addicting. We do not stop to think about other people who have to pay the inflated prices for prescriptions out of their own pockets.

Thirdly, because in the process of struggling for expanded medical care for the great majority of the population, without questioning the premises on which the medical system is founded, we have created a huge bureaucracy which now has a tremendous stake in the continued expansion of the system as it is. We now have an increasing number of health career workers who work in hospitals and med-



ical laboratories, as well as growing numbers of people in the various health agencies such as Blue Cross, the Health, Education and Welfare department of the Federal government, and local social service agencies. The job of all these "third party" agencies is to see to it not only that the great majority of Americans can go to the hospital without fear of bankruptcy, but also that doctors get their fees, pharmacists their money for drugs, and hospitals their patients.

As these "third party" agencies have expanded along with the growing health programs to meet the demands of various interest groups, their administrators and employees have also become careerists whose main aim is to expand their agencies and to win larger budgets so that they can advance themselves. Like the Welfare worker whose job depends on an increasing number of Welfare clients, these "third parties" depend for their jobs on a constantly-expanding patient population.

The scandalous situation in American hospitals today is a glaring example of the way in which these "third parties" and health careerists operate together to keep a bankrupt system going and growing.

During the Depression of the 30s and the World War II years, there was an acute bed shortage because few hospitals had been built or modernized for many years. After World War II hospital groups across the country took advantage of the Federal Hill-Burton Act (passed in 1946) which provided grants for hospital construction and modernization. Initially the administrators of the Hill-Burton Act focused on the kind of planning which would bring about coordination between hospitals and interrelationships between community health facilities and services. They also developed a licensing program to elevate the institutional quality of community-based facilities.

The Hill-Burton Act was so successful in achieving its purpose that many regions in the country constructed a surplus of beds. For example, Detroit has a surplus of 1,300 beds, and other regions of the country are also overbedded. This is partly because too many beds were constructed in the first place to take advantage of the easily available funds, and also because medical advances in the past three decades have acted to decrease our need for hospital beds. Antibiotics,

improved surgical techniques, and safer anesthetics make the hospital stay much shorter. Also many patients can now be treated on an out-patient basis.

Despite the growing scandal of overbedding, health career people and "third party" agencies support continued hospital building because they now have a vested interest in hospital expansion. The more hospitals are built with more elaborate equipment, the more jobs there are for nurses, aides and laboratory technicians, and therefore the more chances for advancement for hospital administrators. The fancier and larger hospitals become, the more power and prestige and funds accrue to "third party" agencies like Blue Cross. If hospital costs soar as a result, all they have to do is raise their rates.

As a result of all these factors, patients today in hospitals receive less medical care and poorer quality treatment at higher prices than ever. Many hospitals have evolved into country clubs and motels which have beautiful grounds and decorations but cannot deliver health care to the patient. To keep surplus hospital beds occupied, we are kept in the hospital longer, and unnecessary treatments are performed. Often there is an overuse of

drugs to keep us, the patients, sleepy or tranquilized in order to justify a long hospital stay. Many of these hospitals have become so research-conscious for the sake of prestige (which can lead to more funding) that they allow the drugs and medical technology industries to test their products on us, the patients, often without our approval.

Surplus beds drain the community financially. Each new bed costs almost \$100,000 to construct. When the new bed is empty, the cost of maintaining it must be added to the bills of all patients. Hospital administrators and doctors are pressured to fill these beds. With hospital expansion comes staff and other medical personnel expansion, increasing the patients' bills still more and contributing to overall inflation.

Hospitals are supposed to be non-profit institutions. But large sums of money are made and paid out by hospitals. Many hospitals invest in other projects to make even more money. The public receives no benefits from these profits. Hospital administrators and their business-oriented boards are constantly lobbying for more funds to build unnecessary beds to enhance their own reputations or to provide business for local contracting firms. Waste is rampant because

most health institutions operate on cost-plus, which means that the more you spend the more you can charge the patient or society through the "third party" agencies.

Is it any wonder that with this orientation to medical care in terms of economic benefits to those administering the care, the concern for patients has declined inside the hospital? Most hospital personnel have no sense of responsibility to the needs of the community. They are only interested in "getting theirs." Many physicians act as if they are responsible to no one. We, the patients, may stay in a hospital for days without seeing a doctor. Some hospitals are unclean. Many doctors are summoned to the patient only in a crisis.

Hospitals have taken on the role of a manufacturing plant with the industrialization of human care the means to acquire more ultra-expensive technology, as well as more prestige for the ultra-specialist who is wooed by the hospital administrator because he adds prestige to the hospital. Medical care for the average patient has taken a back seat. Hospitals function around the convenience of the doctors. Patients are forgotten, unless they have a rare disease or have undergone a spectacular operation which can be exploited

to attract more money for the hospital.

Anyone of us who has been in the hospital in the last few years has seen nurses sitting around and refusing to respond to the calls of the sick. The workers in hospitals no longer seem to care about us. From the administrators to the kitchen helper, their main interest is in more pay for themselves, even if it means an increase in bed costs for us, the patients.

So what began as a move to provide more medical care for more people has ended in a nightmare. We are beginning to fear for our lives in hospitals as people did in the 19th century when hospitals were called "pest houses."

Yet there has been no serious popular effort to challenge the hospitalization system in the United States. We complain individually, but in general we accept the situation. One reason for this is that only 10 percent of hospital income today comes directly out of the pockets of individuals. Fifty percent comes from the government and forty percent comes from the various health insurance plans.

So many of us go to the hospital in order to get a rest or because we feel that we are being ignored by our families or friends, and hospitalization is one way to get attention.

Many workers ask their family doctors to put them into the hospital. Their doctors often comply because the more patients the doctor has in the hospital, the greater his income. Often workers who have been put on disciplinary layoff go into the hospital immediately in order not to lose any income. This is what they consider a cheap way to ride out the period when they are off from work.

Because most people on Blue Cross, Medicare or Medicaid have the illusion that hospitalization is "free" or being paid for by somebody else, we boast or joke about our huge hospital bills. We do not stop to count the financial drain of the hospital system on our society. Nor do we ask ourselves whether we may be using "hospitalization," like drugs, as a crutch to avoid confronting the very real social problems of frustration and boredom which have achieved the dimensions of a plague in modern American society.

CHAPTER III

ONLY WE CAN CHANGE THE WAY IT IS

Most Americans want better medical care but they want someone else to provide it for them. Most of us share the outlook of the system: that health care should be the monopoly of physicians, and patients should have nothing to say about it. We have the same attitude towards other professionals: teaching should be for teachers, law for lawyers, engineering for engineers. We place all these people on a pedestal without realizing how we are demeaning our own selves by so doing. Then we wonder why these people treat us with contempt. By accepting their monopoly of professional skills, we also give ourselves an excuse for not getting involved in our own health care or that of other people.

The medical system, like every other institution in capitalist America, has made most of us see ourselves only as passive recipients and consumers, and not as prime

movers and self-determiners to resolve the contradictions in our relations with doctors, nurses and other providers of health care. Nevertheless, the growing crisis in our relations with all these people is forcing us to ask ourselves some fundamental questions. The long waits in the doctor's office, the soaring costs of hospitalization, side by side with the decline in services, the drug dependency now rampant in all sections of our society - why do these get worse with every year?

Up to now we have thought that the more money put into health care, and the more people with access to the health care system, the more healthy we would become. Now we can see that the more demands we put on the system as it is, and the more concessions the system grants us, the less health care we receive and the more we help the system to operate and to expand against our own best interests.

It should therefore not be too difficult for us now to understand that the medical system in this country was never set up to take care of the health needs of the great majority of the population or to deal with the human needs of the human being. It was

set up by an elite to train a chosen few to treat the symptoms of sick people.

Therefore the American medical system cannot possibly cope with the health needs of hundreds of millions of Americans.

A medical system which is based upon increasing the powerlessness and meaninglessness of the patient cannot possibly cure disorders which in most cases are themselves the result of our frustration from growing powerlessness and meaninglessness in our lives.

Like the social reformers and humanitarians of the late 19th and early 20th centuries, we recognized that tuberculosis and plague were social diseases, we must now recognize that most of the diseases which are reaching epidemic proportions in the United States today are social in origin. Our ill-health in most cases is not due to the presence of germs at a particular site within their bodies but to the way that we are living.

The years since World War II have brought great decline mentally and physically to the American people. As migration to the cities has increased, the countryside has become depopulated.

Water and food pollution were among the

most important causes of disease seventy-five years ago. Today air pollution has become the "pestilence that stalketh in the darkness." As a result, chronic bronchitis now afflicts millions of people. The exhausts of motor cars, all the toxic products of industries released into our environment, the numerous aerosol sprays, tobacco, and the pulverized rubber of tires - all create an environment resulting in physical decline. The use of radioactivity for industrial purposes and of chemicals in the plastic industry add to the dangers and to the complexity of the disease patterns in this and subsequent generations.

The World Health Organization (WHO) estimates that 75-80 percent of all cancers are triggered by environmental agents such as industrial chemicals. The use of these chemicals has increased tremendously since the end of World War II. For example, polyvinyl chlorides, which are used in the plastic industries to produce thousands of household items from floor tiles to containers, have been found to produce a rare type of invariably-fatal liver cancer when minute particles of them are inhaled. Coke oven workers are excessively exposed to coal tars which have been known to produce cancer since 1775.

In three foundries in Muskegon, Michigan, employing 3,500-4,000 men, about ten percent of the work force is disabled every year because of silicosis.

Growth of young people in the past was often stunted by nutritional deficiencies resulting from lack of food. By contrast, modern children are fed and sheltered like prize plants. But while the young grow fast and tall, society provides them with little incentive to exert their physical and mental energies except in competitive, money-making sports. Isolation from nature is the theme of the day.

Today mechanization and automation liberate the muscles from exertion but produce more and more boredom. Automation has not only led to the dehumanization of work but also to the devaluation of work. To grow up to do nothing today has become a goal in life for many. Manual labor is now considered demeaning. Our social order and our communities are rapidly disintegrating, leading to loneliness and despair. Through drugs and at the mercy of drugs, many people are consciously escaping from reality.

Millions of others find an escape from the pressures on them by fantasizing. Thus

mental illness has grown enormously in the last thirty years, and - at the present rate one out of every four Americans can expect to spend some part of their lives in mental institutions.

Sexual promiscuity has become another escape from boredom and loneliness, leading to the spread of venereal diseases on an epidemic scale, especially among our young people.

Poor eating habits and the addition of chemicals and other additives to our foods are ruining our health. The mass media controls our lives by its emphasis on the purchase of junk foods. So food becomes a crutch to hang on to when problems arise and we lack the strength to struggle for their resolutions.

When frustrations arise, some of us turn to food, others to pills, and still others to alcohol - consciously seeking to escape from reality. Thus, the fast food industry, the liquor industry and the drug industry all profit from our weaknesses. Alcoholism now afflicts at least five percent of the American population. Obesity is everywhere. In fact, more Americans today suffer from the malnutrition of overeating than used to

suffer from the malnutrition of insufficient food. From obesity have come new contradictions, such as the doctors who distribute large numbers of diet pills, the growing number of profit-making weight-reducing clubs and exercise salons, and the huge diet fad industry which is only another enterprise of big business.

While modern medicine has accomplished much to overcome physical pain, it has also been weakening our understanding of the agony as well as the ecstasy which is necessary to the good life. Years ago, when two and three generations lived under one roof, the death of the aged was experienced and recognized as a natural and necessary part of life. Now we are being led to believe that death can be indefinitely postponed. So the dying are treated like human guinea pigs as the medical profession uses experimental drugs to prolong life, often against the desires of the dying. Many are forced to spend their last days among strangers in an isolated hospital room. Often they are not allowed the choice of remaining at home with family and friends because this would put an added strain on the doctor to make house calls. The dying must face the indignities of guilt and despair

because with all the technology and miracle drugs now available, we no longer realize that death is an extension of living.

More money for more health care for more people, more health insurance plans, more research for the specific germs which cause specific diseases, more elaborately equipped hospitals, more doctors trained in the present practice of medicine - none of these can possibly cure Americans of these social ills that are obviously the result of our way of life.

To reduce the incidence of bronchitis, we need to reduce air pollution, which means that we must be ready to struggle for a mass rapid transportation system and curb our own desire to own more powerful cars.

To check the spread of venereal disease, alcoholism, over-eating, drug addiction, and mental illness, we must be ready to struggle to create the kind of society in which people are not bored and lonely and frustrated but are living meaningful and purposeful lives at work and at home in their communities.

Only through such profound changes in our outlook and in our way of life can we reverse the trend towards bronchitis, drug addiction, alcoholism, and over-eating, which are as much social diseases as are syphilis and

gonorrhea.

The struggle to create such a new way of life in America will not be an easy one. For example, it will require that some of us who work in the auto industry be willing to confront other auto workers with the fundamental contradiction between everyone's desire for good health and the continued expansion of the auto industry. Only when a substantial number of auto workers have united around the realization that their stake in a new, more healthy way of life is greater than their stake in their jobs of producing more and more cars will it make any sense to confront those who own and control the auto industry.

The same kind of struggle must be carried on in the drug industry, with those of us who work in the research laboratories as well as those who work on the line filling bottles or on the road pushing pills. It must be carried on with the nurses, aides and medical technicians in hospitals or the keypunch operator or computer programmer at Blue Cross or in the Health, Education and Welfare department of the federal government. We must be able to confront all these workers and to help them realize that what they are doing has become only a job or a means to advance their

own careers, and that instead of serving the people, they are only helping to reduce them to numbers on a Blue Cross or a Medicare card. Only then will we be able to confront and eventually overpower the bureaucrats who run these agencies or who administer the modern hospital.

The first step is the struggle to free ourselves of the bourgeois concept that the doctor knows everything and that we are completely dependent upon him/her to cure us of all our ailments. To free ourselves and others of this concept, we urge everyone to study this pamphlet carefully and to discuss it with others so that we can struggle together to deepen our understanding of the bankruptcy of the present system.

After we have done this, we will be ready to engage in the kinds of struggles which will give us and others a greater sense of power and of self-reliance in taking care of our health needs and therefore lessen the power and control of doctors, the drug industry, and the entire medical-industrial complex over our minds and lives.

The following are examples of the kinds of struggles we can engage in:

1. THE PRESENT SYSTEM IS BASED UPON INCREASING THE KNOWLEDGE OF THE FEW AND KEEPING THE MAJORITY OF THE POPULATION IN IGNORANCE OF THEIR BODILY FUNCTIONS. Therefore, we must struggle in our schools for health classes from the earliest grades to the highest grades, which systematically educate our young people in the functioning of their bodies and the importance of good food, rest, physical exercise, and a healthy social environment. The goal of these studies should be that by the time young people reach high school age, they can carry on programs in the health education of their communities and also function as "medics" in community clinics.

2. THE PRESENT SYSTEM IS BASED UPON MAINTAINING THE MONOPOLY OF THE MEDICAL PROFESSION IN HEALTH CARE. Therefore, we must struggle to de-professionalize health work. We can do this by struggling for a crash program which will within two years create millions of community health workers who will have responsibility in their community for first aid, primary

medical care, post-illness follow-up, health education, midwife assistance, birth control and abortion education. This kind of crash program was carried out by the U.S. armed services during World War II in the creation of millions of medics.

In less than five years, backward China, with a largely illiterate peasant population, was able to create more than a million "barefoot doctors" who continue to live and work in their communities but who provide elementary health services for their fellow-workers and neighbors. In an advanced country like the United States, we should be able to create twice as many "barefoot doctors" in less than half the time.

At the same time we should demand that universities, as well as federal and state agencies, give grants-in-aid only to those medical students who agree in advance that upon the completion of their medical training, they will practice in those areas in the United States which are in need of doctors.

3. THE PRESENT SYSTEM IS BASED UPON PUTTING THE DOCTOR ON A PEDESTAL AND KEEPING US, THE PATIENTS, PASSIVE AND IGNORANT.

Therefore, we must begin to organize groups of friends and neighbors in our communities and at our places of work, with whom we can discuss our illnesses, share information about our doctors, and prepare ourselves to ask the kinds of questions of our doctors that will make it impossible for them to keep treating us like children and ignoramuses.

Today most of us do not know what questions to ask or we are afraid to ask questions of our physicians, even though our lives are involved. Most of us would not think of dealing that way with a plumber or a carpenter who is working on our houses. We must now develop together the knowledge and hence the confidence to ask questions and criticize our doctors.

4. THE PRESENT SYSTEM IS BASED UPON USING DRUGS TO CURE SYMPTOMS AND NOT UPON THE MAINTENANCE OF GOOD HEALTH THROUGH REST, THE EATING OF NUTRITIOUS FOODS, AND THE EXERCISE OF PARTICIPATING IN SPORTS OR DOING OUTSIDE WORK, SUCH AS GARDENING,

PLANTING AND CARING FOR TREES, AND IMPROVING OUR STREETS AND NEIGHBORHOODS. Therefore, we should begin to organize health clubs in our neighborhoods and at our places of work through which we can study and put into practice together the kind of food habits, exercises and communal physical activities which will not only improve our health but also enhance our surroundings.

5. THE PRESENT SYSTEM IS BASED UPON THE INCREASING HOSPITALIZATION AND INSTITUTIONALIZATION OF THE SICK AND THE FEEBLE, AND THE INCREASING EXCLUSION OF NON-PROFESSIONALS FROM PARTICIPATION IN THEIR CARE. THE RESULT IS NOT ONLY THE GROWING COST OF INSTITUTIONS BUT ALSO THE DRYING UP, FROM DISUSE, OF THE HUMAN CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER. FOR EXAMPLE, MEDICAID IS NOW SPENDING ABOUT \$10 BILLION A YEAR TO CARE FOR THE ELDERLY POOR IN NURSING HOMES. THESE NURSING HOMES ARE NOT ONLY A SOURCE OF HUGE PROFITS TO THEIR OPERATORS BUT IN MANY OF THEM THE ELDERLY PERSON IS TREATED LIKE A CRIMINAL. Therefore, we should begin to organize from among the people within the com-

munity, and especially from school children and the unemployed, volunteer groups who will help to provide the kind of services which old and sick people need to remain within the community, such as shoveling snow, raking leaves, cutting grass, and running errands. In this way, our young people particularly will learn from us and at an early age how people can care for one another, not for money but because caring for one another is the only way for people to live together in a community.

At the same time we should insist that all hospitals and nursing homes within our communities be subject to a review board which will include representatives from citizens' health groups, and will have the power to check upon the kind of care which the hospital or nursing home is providing.

All these struggles will not only lead to better health care for sick people in our society at less cost. They will also begin to create the kind of new social ties among us which will make our lives more meaningful and thereby reverse the present accelerating rate of drug addiction, alcoholism, over-eating

and venereal diseases, all of which are social diseases afflicting someone in almost every family in the United States.

The above are all forms of activity and struggle in which everyone in our society - regardless of race, sex, class or age - can engage together with others. Because we in our society are being made more helpless by the present medical system, it is necessary for all of us to engage in one or more of these activities which will not only make us more healthy and less helpless in our relations with our doctors, but also help us to become more capable of creating new, more meaningful relations among ourselves in every sphere.

Women can play an especially important part in these struggles. They have the greatest reasons to do so because they are the ones who have suffered most as a result of the elitism inherent in the present medical system. They are the ones who have the most frequent and direct contact with doctors, both as patients themselves, and as the person in the family who most often takes the children or even an elderly parent to the doctor. Once women as well as men understand

why it is absolutely necessary for us to bring about a fundamental change in our whole approach to health care, we will make opportunities to begin discussing with others the need to get together to struggle for a new approach to health care. We can talk to the many others waiting in the doctor's reception room and help them understand that we do not have to remain long-suffering victims. We can begin by sharing our experiences and our questions, writing them down so that when we go into the doctor's office we do not feel so helpless.

As small groups within each community and in shops and offices begin to develop more understanding and trust in one another through practical experience in these struggles, they can combine to carry on actions on a wider scale. It is important that these massive actions be deeply-rooted in groups that have been formed within the community or at our places of work. Only through struggles beginning and continuing on the level where we are in constant contact with one another, can we, the people, internalize new concepts of caring for our bodies and our selves. Only through grassroots struggles can we make our

own evaluations of our actions and develop our own leadership, instead of being dependent on the mass media to do this for us.

In the struggle to take care of our bodies in a new, more human way, we can discover a new humanity in ourselves - a humanity which will manifest itself not only in the good health of the individual but in healthier relations among all of us in the communities where we live and the places where we work.

If you would like to pioneer in developing this new outlook on health in yourself and in others, let us hear from you.

