

MEDICAL
Conspiracy in
AMERICA

By Harvey Bigelsen, MD

About the Author



Harvey Bigelsen MD expected his medical career to follow a traditional path. He trained as an ophthalmologist, worked as a trauma surgeon in Vietnam and after completing his residency in 1971, he set up his practice in New Jersey. Shortly afterward he realized that the training doctors received was deficient when it came to chronic disease. This led him on a search for more understanding of how the physical body truly works and why it breaks down.

A political leader and one of the pioneers in health care freedoms, Dr. Bigelsen was on the founding board of the American Holistic Medical Association. In 1981 he co-authored the Arizona Homeopathic Medical Practice Act and was appointed by Governor Babbitt to establish a board to set the standards for holistic medicine.

After establishing true freedom of choice in the State of Arizona, in 1993, following three years of grand jury investigation, Medicare indicted Dr. Bigelsen for fraud amounting to \$3,500. He was finally convicted in 1994 for a grand total of \$145.

Today, Dr. Bigelsen is the author of four books, and continues to be on the forefront of medicine's new frontier, which is based on strengthening the terrain of the body so that it can perform at its maximum. His work consists of classical structural work, acupuncture, homeopathic philosophy, and body restoration.

MEDICAL *Conspiracy in* AMERICA

BIOMEDICAL MEDICINE INSTITUTE

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Dedication

This book is dedicated to all of the medical practitioners who are brave enough to put fear aside and the best interest of their patients first; who believe that healing is an art, not something that should fall under federal jurisdiction; and who are willing to question authority and break the rules if necessary for the sake of their patient's health and well-being. Individuals like these are the true physicians.

Acknowledgements

Writing about this period in history and the impact it had on my life, would not have been possible without P. Joseph Lisa's book, *The Assault on Medical Freedom*, which brought the systematic persecution of alternative practitioners to the public's attention in 1994. I had the privilege of knowing Joe, who worked as an investigator on my case. If he had written and published a year later, my story would have appeared in the Case Histories section of his book.

I would also like to acknowledge a famous civil rights and Watergate burglars' defense attorney, Henry Rothblatt, who contacted me in 1984, after my troubles with the Arizona Board of Medical Examiners (B.O.M.E.X.) first began. He knew I was being conspired against and offered to take my case at no charge, telling me, "You can't afford to hire me." In a sea of darkness, Henry provided me with a ray of hope. Sadly, he died unexpectedly of a brain tumor before he was able to make progress on my case.

Finally, I would like to acknowledge Robert C. Broomfield, who served as chief judge for the United States District Court for the District of Arizona from 1994 to 1999. Judge Broomfield understood that I was a victim of the system and, although he was required to issue a judgment, he admonished the prosecutor for not addressing me as Dr. Bigelsen, stating that my MD was an earned doctorate and this felony had nothing to do with removing my education. Because of the positive contribution I had made to the state and the good work I had done in the past, he then reduced my sentence. From 2002 until May 2008, Judge Broomfield served on the US Foreign Intelligence Surveillance Court (FISC). The FISC oversees requests for surveillance warrants against suspected foreign intelligence agents inside the United States by federal police agencies (primarily the F.B.I.).

Contents

INTRODUCTION	7
THE AMERICAN MEDICAL ASSOCIATION	11
THE COMMITTEE ON QUACKERY	15
HARVEY BIGESEN	17
LOOKING FOR OPTIONS	19
AMA GETS CAUGHT	21
AMERICAN HOLISTIC MEDICAL ASSOCIATION	23
PERSECUTION	24
UNDER INVESTIGATION	26
FIRST COMPLAINT	29
CAMPAIGN AGAINST QUACKERY REACHES NEW HEIGHTS	31
NATIONAL COUNCIL AGAINST HEALTH FRAUD	33
RANDOM MEDICARE AUDIT	35
EMPRISE	36
GRASSROOTS CAMPAIGN	37
AN ATMOSPHERE OF PREJUDICE	39
BIG BROTHER	41
THE GREAT SPIRIT	42
NATIONAL HEALTH CARE ANTI-FRAUD ASSOCIATION CONFERENCE	44
WITCH-HUNTING	46
WAR AGAINST HEALTH FRAUD: THE FEDS	48
ETHICS	50
MEN IN BLACK	51
DATELINE N.B.C.	53
LOCAL MD INDICTED	55
POUND OF FLESH	58
ELIMINATING THE COMPETITION	59
TODAY	62
YESTERDAY'S QUACKS BECOME TODAY'S HEROES	64

Introduction

*Knowledge is the light at the end of mystery's tunnel.
It is also power, but having it is only one step toward a solution.
It must be used to bring about the change that is needed.*

~P. Joseph Lisa, author *The Assault on Medical Freedom*

In 1994, P. Joseph Lisa wrote the book, *The Assault on Medical Freedom*. Based on twenty-five years of research into the systematic harassment of alternative practitioners, Lisa explains why it happened, how it happened, and who is profiting by this state of affairs. In the fourteen years since the publication of this book, not much has changed, but few consumers realize the amount of control the American Medical Association (AMA) and the pharmaceutical industry have exerted over our rights to make choices about our own health care.

As a medical doctor who was practicing homeopathy in Arizona when I was attacked by the federal task force on health fraud, I know firsthand what Lisa is talking about. In 1992, I hired Joseph Lisa, a private detective, who worked diligently to collect the data used by my lawyer to prepare my defense against industry giants who were intent on bulldozing any alternative practitioner who was effective. Not only was I making a good living helping people who came to me, but I was curing them without pharmaceuticals, and my successes were in the public eye. I was a threat, and the medical-pharmaceutical-insurance monopoly was intent on stopping me from practicing the type of health care that works. The end result of this setup was that I gave up my license to practice medicine. At the end of Lisa's book, various case studies are cited, and if his book had been published a year later, he would have included mine. However, since I still have in my possession documentation of the witch hunt that occurred when I veered off the mainstream path and actually started curing people who had chronic diseases, I want to provide you with a synopsis of *The Assault on Medical Freedom (TAMF)*, adding my case to his timeline.

Why am I sharing this now, after all these years? While the nation is focused on the need for universal health care, consumers like you are being directed away from the real issue: your freedom of choice. Why should the AMA

be the only game in town? Shouldn't you have a choice in deciding what is in your best interest when it comes to staying well or healing conditions that the AMA treats only with pharmaceuticals designed to merely alleviate symptoms, not cure the cause? Shouldn't your insurance company pay for these treatments? Don't you think it is odd that doctors in the standard "modern scientific" medicine of today have not found the cause or the cure for one single chronic disease in the past hundred years? Once you are convinced that you have been manipulated and controlled by the system, what, if anything, can *you* do about it?

I am pointing the finger at you because consumers are the only ones who have a chance at winning this battle. Most doctors and alternative practitioners are too afraid to speak out. They know who butters their bread, and even if they don't know the details, they are haunted by the shadows of the campaign against the alternatives that began in 1985 and continues today. The AMA and the pharmaceutical industry are a monopoly that intends to retain its power by any means possible. Lisa's documentation and my case should open your eyes.

It took the powers-that-be about 140 years to essentially wipe out all of the competition, but the next four years provide a window of hope. President Obama represents openness and change. He is soliciting input from communities nationwide about how to best serve their needs. In Nevada County, California, the community where I reside, approximately fifty people assembled to provide input. Real alternatives, those that might benefit consumers who can't be fixed by a traditional approach, were omitted from the recommendations. Who wins with this scenario? You don't have to be a rocket scientist to come up with an accurate answer to this question.

Since its inception, the AMA's approach to medicine and disease has simply been that of treating the symptom and not the cause. Consequently, chronic diseases such as arthritis, cancer, and heart disease have no cure, and unless consumers do something about this, there will be no change in the status quo. As Lisa states in TAME, "The US Government has reported that only 15 to 20 percent of allopathic (conventional) medicine is effective. A report by the Congressional Office of Technology Assessment says that the rest of allopathic medicine is basically a hit-and-miss situation—that allopathic

medicine's effectiveness lies in emergency medicine (trauma)... The rest of it (80 to 85 percent), according to the study, is *not* effective. Yet America is paying out hundreds of billions of dollars for something that is only 15 to 20 percent effective." (p. 29)

It is common knowledge that our health care system is broken, but few realize it has been this way almost since the beginning. As consumers, we have been duped into thinking that allopathic medicine is the best medicine, but it wasn't always this way. In 1847, when the AMA was established, homeopathy was on equal footing with the allopathic practice of medicine and was widely accepted and used. It was affordable and available. (You might be interested in knowing that Queen Elizabeth II of England has been treated exclusively by a homeopathic doctor.) It didn't take long for the AMA to devise a plan to become a trade union for doctors, the political arm of organized medicine, and a way to control competition in health care. In essence, the AMA identified doctors as the undisputed experts and began a ruthless campaign to wipe out all of their competition, whom they collectively referred to as "quacks."

As a result of the course of action taken by members of the AMA to secure its position as top dog, consumers like you are forced to pay out of pocket for services that could keep you well or heal most of your chronic conditions. If you think this doesn't concern you, think again. According to statistics provided by www.wrongdiagnosis.com on December 12, 2008, 90-million people in the U.S.A., approximately one out of three, suffer from some kind of chronic disease: 22 million adults suffer from heart disease, 16 million Americans have been diagnosed with diabetes, there are 61,800 cases of cardiovascular disease, 50 million Americans suffer from hypertension, 7.4 million have kidney disease, 400,000 have chronic liver disease and cirrhosis, Alzheimer's affects more than 4 million, arthritis 37 million, and in 2002 there were 1,248,900 cases of cancer. **The truth is that, since 1910, no cause or cure for any chronic disease (this does not include infectious diseases such as polio or small pox) has been found.**

What do all of these sick people have in common besides an illness that will not go away? Visits to the doctor and overpriced, sometimes harmful, and often ineffective prescription drugs. In the book *Outrage*, (HarperCollins

ebooks) Dick Morris and Eileen McGann call drug companies the new drug pushers, explaining that, “Tens of millions of Americans are taking drugs they don’t need, for conditions they won’t cure. Why? Because doctors are being paid to over-prescribe medications, and because patients are getting deluged by mass television advertising urging them to take more and more drugs.” The authors’ solution to this dilemma is to ask for generics, but this circumvents the real issue—drugs prescribed by the pharmaceutical monopoly for the most part simply don’t work. Therapies that could help—acupuncture, chiropractic, homeopathy, and naturopathy—are not covered by most insurance companies. As a result, people who are sick either pay out of pocket, or don’t get better. In essence, medicine has become a monopoly, and insurance companies are dictating what they will pay for. In most instances, this determines what type of doctor you will see, the course of your treatment, and the outcome of your condition. Your constitutional right to choose health care that will actually keep you well and heal you should you become sick is only available if you have the financial means to pay for it.

What can be done about this? The first step is to become aware and knowledgeable about the situation. Read the chronology of facts presented in this book and see how this information makes you feel. If you feel violated and angry, you’ll be ready to write your government representatives and take back your civil liberties. ■

The American Medical Association

The Assault on Medical Freedom (both the book and the travesty) begins in 1847, the year the American Medical Association (AMA) was established ostensibly for the purpose of improving the ethical conduct of practitioners and the quality of education in medicine. However, what the AMA quickly became was a way to control competition. In 1847, most people relied on homeopathy and purchased whatever remedies they required directly from the Sears catalogue. Treatments needed to keep a family healthy were affordable and readily available. Allopathic medicine, which the AMA touted, was just getting started. The first steps taken by the AMA to control the competition were to 1. Establish universal licensing boards in all states, and 2. Put together a commission to investigate and inspect all medical schools—including those that were in competition with allopathic ones. The Council on Medical Education conducted the survey of 162 medical schools in 1905. Upon completion of the survey, they took their findings to Henry S. Pritchett, president of the Carnegie Foundation. Pritchett hired Abraham Flexner, an educator—whose brother, Simon Flexner, MD, directed all medical research into disease cause and prevention from 1903 through the 1930s at the Rockefeller Institute—to tour medical schools in the United States to determine their qualifications to teach.

While Abraham Flexner was conducting his study, the AMA created the Propaganda Department, which was headed by Dr. Arthur Cramp, an editorial assistant at the *Journal of the American Medical Association* (J.A.M.A.). The committee, comprised of allopathic physicians, reviewed and analyzed various non-allopathic treatments, modalities, and services and reported their unfavorable findings to the council, which published them in J.A.M.A. This anti-competitive activity has been allowed to go on unchecked since it began even though it is a clear violation of the Sherman Antitrust Act, which states, “Every person who shall monopolize, or attempt to monopolize, or combine or conspire with any other person or persons, to monopolize any part of the trade or commerce among the several states, or with foreign nations, shall be deemed guilty of a felony.”

Flexner's study was completed in 1910, and his report became another of the AMA's tools for persuading the general public to abandon osteopathy, chiropractic, and naturopathic treatments in favor of allopathic medicine. The consequences of the report were far-reaching and succeeded in creating a single model of medical education. As a result of this biased report, many medical schools closed, American medicine became a less diverse profession, and the impact on alternative and osteopathic medicine was enormous. Wikipedia has a succinct summary of the report's impact on both alternative and osteopath medicine:

“Flexner clearly doubted the scientific validity of all forms of medicine other than biomedicine, deeming any approach to medicine that did not advocate the use of treatments such as vaccines to prevent and cure illness as tantamount to quackery and charlatanism. Medical schools that offered training in various disciplines including eclectic medicine, physiomedicalism, naturopathy, and homeopathy, were told either to drop these courses from their curriculum or lose their accreditation and underwriting support. A few schools resisted for a time, but eventually all complied with the Report or shut their doors.” [http://en.wikipedia.org/wiki/Flexner_Report]

Most noteworthy, though, is the Hahnemann school in Philadelphia, Pennsylvania. Named after Christian Friedrich Samuel Hahnemann, the inventor of homeopathy, and founded in 1891, the school, rather than closing, agreed to shift its orientation from homeopathy to allopathic medicine.

Along with the introduction of allopathic medicine came pharmacology, the mainstay of organized medicine. Unlike homeopathic remedies, which were affordable, effective, and available without prescription, pharmaceuticals required a doctor's prescription, had to be purchased from a pharmacy, and were expensive. What's more, allopathic medicine touted the use of vaccines that often contained lethal amounts of active disease agents in the serum, which could result in death of the patient, whereas homeopathic remedies presented little or no risks. The Centers for Disease Control (C.D.C.) reports thousands of deaths each year directly linked to deadly reactions to such vaccines. What's more, the C.D.C. states,

“Allopathic doctors are not trained in nutrition nor are they trained to see the connection between many degenerative diseases and prolonged clinical malnutrition. Instead, allopathic doctors are taught the proper sanctioned surgical or sanctioned pharmaceutical treatment. As often as not, these surgical and pharmaceutical treatments are ineffective or only mask symptoms, but do not cure or alleviate the root problem or ailment. Pharmaceutical treatments do however generate massive profits for pharmaceutical companies and the allopathic doctors who are the only sanctioned pushers of the sanctioned drugs. This situation is no accident.”
(TAMF)

By 1919, there was a 50 percent reduction in the number of medical school graduates to 2,658. By 1970, there were only 107 medical schools. Only the “good medical schools” (those capable of teaching modern scientific medicine) were financially supported with money from the Rockefeller Empire. Homeopathic schools did not use “modern scientific medicine” and did not receive funding from the Rockefeller Foundation and drug companies, in spite of the fact that Rockefeller himself had a personal preference for homeopathy and died at the age of 97 with his personal homeopathic physician, Dr. H. L. Merryday of Daytona Beach, Florida, in attendance. How ironic that the man who formed the medical industry wouldn’t touch it. To Rockefeller, allopathic medicine was simply a way to take money he made from Standard Oil and use it to make even more money via the pharmaceutical industry. Keeping you sick is big business! Whether most doctors realize it or not, wellness is not, and has never been, the goal of allopathic medicine.

According to, Karl Loren, author of *The New Medical Monopoly—Allopathy*, “Single-handedly, John D. Rockefeller destroyed the prevailing medical model and created the new one—allopathic medicine. The primary result of this activity was that his crude oil, worth perhaps a nickel per gallon, suddenly, turned into medical drugs, worth millions of dollars per gallon.” Backed by Rockefeller money, allopathic medicine was a runaway train.

Now, let’s fast forward to the 1950s. The AMA’s policy of eliminating any and all forms of competition is well established. The Propaganda Department’s name is changed to the Department of Investigation, and as such becomes a clearinghouse of information and propaganda on every aspect of the alternative

health care movement in the United States. Today, the AMA Web site has a link to: “The nation’s finest collection on medical quackery, the result of nearly seventy years of activity by the AMA’s Department of Investigation. The collection contains close to 1,000 boxes of advertising pamphlets, letters, product containers, and actual equipment relating to more than 3,500 practitioners, products, and businesses that the AMA investigated between 1906 and 1975. Frequently used to compare present and past quackery practices, the collection has provided vital information for countless books, papers, and documents...Access to the Historical Health Fraud Collection is provided at no charge to AMA members. This is the only AMA Archive collection that is open to collegiate and historical researchers from the public. Public access to this collection will be provided according to an established fee schedule.” ■
(<http://www.ama-assn.org/ama/no-index/about-ama/17954.shtml>)

The Committee on Quackery

To assist in compiling this ever-growing database of quacks, in 1963 the AMA's Board of Trustees established the Committee on Quackery to look into "targeted alternative treatments, modalities, services, products, manufacturers, and practitioners." The committee was headed by H. Doyl Taylor, who was also the head of the Department of Investigation. Taylor's attitude can be easily surmised from a memo he wrote in 1971 during his anti-chiropractic campaign, "Since the AMA Board of Trustees decision at its meeting on November 2–3, 1963, to establish a Committee on Quackery, your Committee has considered its prime mission to be, first, the containment of chiropractic and, ultimately, the elimination of chiropractic." (TAMF, p. 207)

As if Taylor didn't have enough to do, in 1964 he organized a group of governmental and nongovernmental organizations that worked behind the scenes to destroy alternative medicine. Known as the Coordinating Conference on Health Information (C.C.H.I.), the group paralleled what the AMA's Committee on Quackery was doing. The only difference between these two groups was that the Committee on Quackery was generally overt, while the C.C.H.I. was covert, operating entirely behind the scenes, behind closed doors. Of particular interest are the members of this covert operation: the American Medical Association, the American Cancer Society, the American Pharmaceutical Association, the Arthritis Foundation, the Council of Better Business Bureaus, the National Health Council, the Food and Drug Administration, the Federal Trade Commission, the US Postal Service, and the Office of Consumer Affairs. (TAMF, p. 33)

With Taylor at the helm, the AMA was able to dictate the role it wanted participating government agencies to take. The meetings usually consisted of the AMA and others outlining what they felt were priority targets, and the governmental agencies reporting the actions taken on them. For example, the F.D.A. would inspect, seize, and send regulatory letters and get injunctions against and prosecute targets; the F.T.C. would get injunctions against advertisements, file complaints, and also seek prosecution against designated targets; and the US Postal Service (U.S.P.S.) would work with the Food & Drug Administration and sometimes Customs to track products going through the US mail and put "mail

watches” on certain clinics, practitioners, and manufacturers to gather “evidence” of mail fraud, and then prosecute. In essence, the C.C.H.I. and the AMA were acting as a national clearinghouse and a task force on quackery.

Given this approach, their targets, which were identified by the AMA, the American Cancer Society, and the Arthritis Foundation, didn't have much of a chance. Some of the group's priorities included the elimination of chiropractic, psychic surgery, cellular therapy, acupuncture, homeopathy, naturopathy, vitamin therapy, books on cancer treatment and alternative cancer treatments and modalities, DMSO, honey and vinegar treatment, and foot reflexology. And what did all of these priority targets have in common? **They did not use pharmaceuticals in healing and they were in direct economic competition to both medicine and pharmaceuticals.**

The collaboration of the C.C.H.I. and the AMA to serve as a national clearinghouse and a task force on quackery continued until 1972, when William Trever brought the AMA's illegal anti-competitive activities to the public's attention with the release of the book, *In the Public Interest*. (TAMF, p. 37) ■

Harvey Bigelsen

Before going any further with my synopsis of *The Assault on Medical Freedom*, I would like to fill you in on my personal history and background up to this point, because my path and the one described in Lisa's book will soon begin to cross in insidious and unfortunate ways.

I grew up in an orthodox/conservative Jewish family in Brooklyn, New York, where education was prized, and because I was an excellent student, my parents expected me to become a doctor. Being the dutiful son, I never thought of becoming anything else. I figured I would finish medical school, get married, build a lucrative practice, raise children, retire before I reached sixty, and spend the rest of my days fishing and playing golf in the Caribbean. However as it turned out, this was not my destiny. In fact, it never occurred to me that my life would turn out the way it has.

As soon as I graduated from the State University of New York at Buffalo School of Medicine in 1965, I realized there was an enormous hole in my training. In my first year, I learned all the *normals*, i.e. the standard pattern, level, or type for the various functions and organs of the body. In the second year, I learned about the various diseases. But what I never learned was how the body moved from a state of functioning in a natural and healthy way to a deviation from its normal, healthy function. When, during the course of my studies, I asked questions about this apparent gap, I met with much resistance and was told not to ask. As a result of being denied information that I deemed entirely necessary, I began my practice knowing there was more to learn than what I had been taught in medical school.

In 1966, I passed the final portion of the National Board of Medical Examiner's examination and began my training as an ophthalmology resident. In the middle of my residency, before I had honed my skills, I was drafted. Although my wife, Judy, pleaded with me to go to Canada, I chose to do my duty to my country. I spent the first year as an ophthalmologist at the Ireland Army Hospital in Fort Knox, but on June 21, 1968, the day of my fourth wedding anniversary, I was told I was going to Vietnam. Although I was only partially trained, I became the commanding officer in charge of mass casualties. More qualified surgeons

were left behind to care for the generals and their families who remained in the states. During my time in Vietnam, I personally performed or assisted in several hundred surgeries and perfected my skills as a surgeon. Out of the wounded our surgical team worked on, 98 percent of the men survived. Considering the extent of the injuries that we were repairing, this was an incredible success rate. The medics and doctors in Vietnam were the real heroes of the war.

There was a dark side to the time spent living and working in a war zone. Not only was I riddled with fear and shock, some of which stays with me to this day, but I came to realize that the war was not about preserving our freedom and protecting our rights (things I felt we should fight for), but about something entirely different. What I saw and experienced significantly altered my life, and as a result, I developed distrust for authority, especially the government. Like many veterans, upon returning home, getting back into the flow of my life was a struggle, but I went through the motions and never talked to anyone about the recurring nightmares and sleepless nights. I figured if I acted as if everything was all right, eventually it would be.

After being discharged in 1969, I completed my residency in Buffalo, and in 1971, I set up my practice in Princeton, New Jersey. At the time, my wife and I had been married for seven years and we had a one-year-old child. Although I knew I was still missing the critical piece of knowledge about what made people move from health to sickness, I did my best to stay on the path, even though I knew in my heart that modern medicine was failing the glaucoma patients who were unhappy with treatments that consisted of eye drops and heavy, thick glasses. It seemed that no matter what I did, their symptoms never really improved. Glaucoma was usually controlled, cataracts were removed, but patients still could not focus without corrective lenses. In spite of my medical training and experience, I was simply a mechanic—fixing the leaks as they occurred without understanding why they were there or how to prevent them. Medical school taught only how to make repairs. It didn't explain the cause for the damage or how to avoid it in the first place.

Looking For Options

By 1973, feeling frustrated and depressed with my inability to cure the patients who came to me, I began looking for other options. That's when a patient, who was suffering with glaucoma, altered the course of my life. The traditional treatment at the time was surgery, but this patient wouldn't hear of it. Instead, she was going to see Vincent Ragone, a psychic healer who lived in New York. Given my background and training, I found this option to be preposterous, but six weeks later, the patient returned and the glaucoma was completely gone. Skeptical, but curious, I sent my wife, Judy, who was far more open to non-empirical data than I, to see him. During her visit, they talked about me, and he told Judy to encourage me to see him.

Not your typical intuitive healer, Dr. Ragone was a rather unique individual. By the time he was twenty-one, he had earned three PhDs and was the only psychic allowed to practice in seven different New York hospitals. What's more, he was a consultant to four presidents, including Jimmy Carter (to whom he spoke by phone during one of my visits). At the time, I was overweight, pre-diabetic, and suffering from severe irritable bowel syndrome. I knew I needed to make some kind of change, and so with Judy's prodding, I made an appointment. After the visit, Vincent Ragone referred me to John Diamond, MD

Dr. Diamond, who was born in Australia, was living in New York and practicing "energy medicine." Initially trained as a psychiatrist, Dr. Diamond, is author of 150 papers and several books. (Some of the bestselling titles are: *Life Energy, Your Body Doesn't Lie, The Healer: Heart and Hearth, The Veneration of Life: Through the Disease to The Soul*). Dr. Diamond discovered the link between the acupuncture meridians and the emotions. He was also one of the first physicians to employ the practice of applied kinesiology—manual muscle-strength testing for medical diagnosis—something I knew nothing about at the time.

After having me lie down on a table, Dr. Diamond placed pills on my chest and pumped my arm. Later, he explained that my response to the muscle testing equated to dysfunction—chemical or structural imbalance or mental stress. My medical training made it difficult for me to comprehend this approach, so to illustrate this rather unconventional practice, he brought some patients in

from the waiting room and had me watch while he played notes on his flute and then performed a muscle-test on the various patients. It quickly became apparent that certain notes made some people weak and others strong. Suddenly, as if struck by lightning, I had my *aha!* moment. Disease was all about energy. In all my years of medicine, this was the first bit of information to excite me.

Dr. Diamond also helped me realize the connection between diet and health. At this first visit, he asked me what I had for breakfast. When I told him coffee and a Danish, he responded by saying, “What crap!” Surprised by his reaction to my customary breakfast, this was the first time I had ever heard of a connection between food and wellness. After my experience with Dr. Diamond, I was very interested in learning more about the field of energy medicine. If it could help me, then perhaps it could help my patients, as well. Although as a result of my many years of allopathic training, I initially doubted his work, but after six months of treatment, coupled with intensive study, I was a changed man.

I changed the way I ate, added yoga and meditation to my daily routine, and began to study a variety of modalities, including kinesiology, energy, nutrition, and psychic medicine. Most important, a shift in my understanding occurred. My work with Dr. Diamond helped me understand that a great healing force is within us, and that it is possible to become masters of our own health. By the time I was well, I knew I had to leave my practice for one that was more holistic, one that would include my understanding of energy. ■

AMA Gets Caught

According to Lisa, in 1975, the AMA's most highly regarded secrets started to show up in the media. This time, the documents were not only embarrassing but a legal liability. Headlines exposing the AMA's unethical and immoral activities were spread across the United States in dozens of newspapers. Investigations revealed violations of federal laws dealing with "taxes, political influence, unethical funding from drug companies, questionable lobbying activity, violations of postal privileges by its medical journals, and a relentless propaganda campaign against its economic competitors using covert operations, dirty tricks, 'fixing' government studies, adversely influencing government policy and insurance company coverage." (TAMF, pp. 38–39)

During this period, the AMA's journal advertising revenue took a drastic dive. The AMA lost membership, and income from drug advertising declined. This would appear to be good news, as such exposure eventually put an end to the Department of Investigation, the Committee on Quackery, and the Coordinating Conference on Health Information, and cost the AMA millions of dollars in fines to the US Postal Service and the I.R.S. A byproduct of this exposure was the elimination of Taylor's department. However, this did not thwart Taylor's efforts to continue his current operations. He took them underground.

Taylor turned the crusade against quackery over to Dr. Stephen Barrett. Barrett headed up the Lehigh Valley Committee Against Health Fraud and was "instrumental in helping defeat legislation requiring chiropractic coverage under Blue Shield." (TAMF, p.46) Additionally, *AMA News* reported that his group was responsible for providing the media with "one of the country's most complete clearinghouses of information on quackery." It was Lisa's belief that the Lehigh Valley Committee Against Health Fraud was using the database that was originally compiled by the AMA's Department of Investigation and also included information Barrett collected. In 1977, a new health fraud group joined in the fun. This one was located in Southern California and headed up by William Jarvis.

In 1978, Prop 13 was passed into law, making government agencies more accountable to the public and the legislature and requiring them to account

for all expenditures. This meant that in order to justify to the legislature its continued operation as a unit, the Health Fraud component within the Food and Drug Section had to prove its worth. It did this by increasing the number of investigations, prosecutions, and enforcement actions, and by putting a quota system into use. ■

American Holistic Medical Association

In 1976, absorbed with my family and the dissatisfaction with my practice, I don't recall paying particular attention to the news. Instead, I took a giant leap of faith and followed my heart. I quit my practice, took an 80 percent cut in pay, and moved my family to Phoenix, Arizona, where I spent the next year working with Gladys and William McGarey at their clinic practicing medicine as recommended by Edgar Cayce—America's most documented psychic—using a truly holistic approach. The following year, I started my own practice—this time, not as an allopathic eye surgeon, but as one of a handful of holistic doctors. In fact, in 1978, I was one of forty doctors who met in Denver to form the American Holistic Medical Association (A.H.M.A.). The purpose of the organization was to unite licensed physicians who practiced holistic medicine for the purpose of defining terms and establishing guidelines and standards for practitioners.

Initially, our tasks included defining the term “holistic medicine,” explaining the scope of the specialty, and determining how it should be taught and coordinated. Today, the A.H.M.A. it is the oldest holistic medicine organization of its kind, and many physicians who are nationally recognized as leaders in the field got their start as members. Since that first meeting in Denver, Colorado, the A.H.M.A. has continued to strive toward creating fellowship and collaboration among practitioners and those they work with—bringing an understanding of how the mind, the body, and the spirit all have a part to play in healing.

During that initial meeting, I was elected to be a member of the first board of directors and also served as their southwest coordinator. This was a very exciting time for me. I was working with the best minds in the country, collaborating to create a branch of medicine that would improve people's lives and quite possibly result in curing various ailments that traditional, allopathic medicine couldn't touch. ■

Persecution

While working as a board member, it came to my attention that the Arizona Medical Board was persecuting some holistic doctors. Among those being attacked were Abram Ber—an anesthesiologist from Canada who moved to Arizona in the late 1970s. Ber was not a member of the A.H.M.A., but because of my position on the board and because I was coordinator of the region, he came to me for help.

Around the same time that year (1981), a group of non-medical people who were trying to get a *homeopathic* law passed, approached me. Although John Diamond had introduced me to the concept of homeopathy, I didn't really want to get involved with individuals who were not physicians. Also, in the back of my mind lurked a scene from the first day of medical school that placed homeopathy at the top of the list of ineffective and ludicrous treatments. The professor began the first lecture by writing the word "homeopathy" on the blackboard and then proceeded to talk about it as being a ridiculous concept for the treatment of disease. By this point, I knew enough about alternative treatments to understand that this lecture was nothing more than a brainwashing technique to convince us that allopathic medicine was paramount and all other modalities were quackery, but the memory made me realize how many obstacles deviating from the norm entailed. At the time, I saw these obstructions as coming from my personal belief system, but I would soon discover that they were not merely testing my personal convictions, but rather, testing my ability to withstand unprecedented pressure from state and federal agencies. Had I been able to see the future, I'm not sure I would have had the courage and fortitude to blaze the trail that would eventually lead to my demise.

Because of mounting pressure against physicians like Abram Ber, the idea of a homeopathic law interested me. Consequently, I went to the legislative office and spoke with Burton Barr, speaker of the house in the Arizona legislature, to seek his opinion. Barr liked the idea of a homeopathic law, but was not comfortable with a medical law coming from outside the recognized medical community. To overcome his objection, I proposed making it a *professional law*—one that would only allow medical physicians and osteopaths—who were already

licensed in some state—to apply for this additional license. It was about this time that I began studying homeopathy in depth and came to a deep understanding of what Samuel Hahnemann’s work and the “law of similars” could offer.

One of the most enlightening books I read at that time was *Divided Legacy: A History of the Schism in Medical Thought, Twentieth-Century Medicine, The Bacteriological Era* (Center for Empirical Medicine), by Harris Coulter. The book traces the rise of the “germ theory” of disease, which has dominated medicine since the 1880s. Essentially, the book explained the difference between conventional and homeopathic medicine. Conventional medicine is based upon the theory of opposites (allopathy). Its treatment attempts to control or suppress symptoms. Homeopathy is based upon the principle of “like cures like.” If a substance can cause specific symptoms in healthy people, then it can be used medicinally to cure those same symptoms in a person who is sick. Thus the homeopath regards the patient’s symptoms as the body’s natural attempt to restore balance. Homeopathic remedies stimulate the body into healing itself. With the homeopathic remedy, there are no side effects and the person is restored to health naturally. Basically, homeopathy assumes that the body knows what it is doing, while allopathic medicine assumes the opposite.

Because it looked as if Ber and others were about to lose their medical licenses for practicing holistic medicine, passage of the homeopathic law took on a sense of urgency. A physical therapy bill was currently in the House, so at the eleventh hour, the *Arizona Homeopathic Medical Practice Act* was attached as an addendum and later passed. The law established the Arizona Board of Homeopathic Medical Examiners (H.O.M.E.X.), and for the first time gave homeopathy equal legal status with allopathic and osteopathic medicine. Although the governor did not sign the act at that time, it was passed by legislation. In order for the act to go into effect, the governor had to appoint a board, which would then write standards and establish a scope of practices. ■

Under Investigation

Fifteen holistic doctors (myself included) submitted our curricula vitae to the governor for consideration. Generally, such selections were made quickly, but by August, when appointments still had not been made, a disturbing article appeared in the *Arizona Republic*. The article stated that the governor was having difficulty making board appointments because all of the applicants had “black marks” against them. Upon reading this, I called the governor’s office and spoke to Chris Hamel, his assistant, to ask what information the governor had about others and me. Hamel told me that I was being investigated. As there had never been a complaint against me—the only action that could trigger an investigation—I found this information to be shocking. Stunned, I left Hamel’s office and went to the Arizona Medical Board to look at my records, which were all completely clean. Back at the governor’s office, I shared my findings with Hamel, who concluded that, “It must be a turf battle” between the Medical Board and the holistic medical doctors.

Apparently, the governor’s query had been responded to directly by Doug Cerf, president of the Board of Medical Examiners (B.O.M.E.X.), who used his position to continue his efforts to eliminate “quacks.” Although Arizona is an “open meeting state in which clandestine investigation is illegal,” this didn’t stop Cerf from lying to the governor’s office. Once Hamel realized what was going on, the governor’s office revisited the board applicants and shortly afterward, Hamel called to tell me that the governor appointed me as the first member of the Homeopathic Medical Board, and was leaving it up to me to suggest the other members. I recommend Steve Davidson, D.O.; Cheryl Harter, MD; and Alan R. Abramovitz, MD, acupuncturist. Amy Hirschberg, lawyer, was chosen directly by Governor Bruce Babbitt.

Our first meeting had a full agenda. Upon the request of Attorney General Bob Corbin, we clarified the phrase “managing the patient holistically”—language used in the Arizona Homeopathic Medical Practice Act. In the process, we seized the opportunity to insert additional language into the law, expanding it to include *everything* alternative practitioners were doing—nutrition, acupuncture, electric acupuncture, neuromuscular integration, and other structural work.

The new language gave licensed homeopaths in Arizona the right to prescribe drugs, do minor surgery, and practice a wide variety of non-pharmaceutical medical treatments, including chelation—a therapy that uses chelating agents to detoxify poisonous metal agents such as mercury, arsenic, and lead by converting them to a chemically inert form that can be excreted without further interaction with the body.

We also established our own version of the Federal Drug Administration, stating that any product that has been in use for ten years or more is effective and can be imported and used in Arizona. With the new language, the Act put an end to the ability of the conventional, arrogant, and entitled medical establishment in Arizona to dictate what health care modalities a physician was allowed to use. The law also meant that, should there be a complaint against a homeopathic physician, a panel of peers would review the case, not a group of allopathic medical doctors, who were consistently biased and hostile towards such alternatives.

Handwritten at the end of the law was a detailed description outlining the process for the separation of powers between the two boards. It also specified how a complaint against a physician holding two licenses needed to be handled; i.e. that if one board finds a doctor innocent, the other couldn't find that doctor guilty. This law was stamped into medical and osteopathic law, as well. Today, a very diluted version of the law still stands:

A. When the board receives a complaint on a homeopathic physician who is also licensed pursuant to chapter 13 or 17 of this title, the board shall immediately notify the other board with which the homeopathic physician holds a license.

B. If the boards disagree and if both boards continue to claim jurisdiction over the dual licensee, an arbitration panel shall decide jurisdiction. The panel shall consist of one member from each board, one legal representative from each board and one attorney who is licensed to practice law in this state, who is selected by the supreme court and who shall serve as chairman.

C. The chairman shall fix a date, time and place for a meeting within thirty days from the date the action is referred to the panel.

D. The panel shall determine which board shall investigate the complaint or whether both boards shall conduct their own investigation and hearing.

E. After conducting its investigation, the board chosen to conduct the investigation shall transmit all investigation materials, findings and conclusions to the other board with which the physician is licensed. That board shall review this information to determine if it shall take any action against the physician or dismiss the complaint.

F. If the licensing boards decide without resorting to arbitration which board shall conduct the investigation, the board conducting the investigation shall transmit all materials, findings and conclusions to the other boards with which the physician is licensed. (<http://law.justia.com/arizona/codes/title32/02907.html>)

At the meeting, we also wrote the rules and regulations that would define the scope of the law and establish standards for licensing, testing, and education. Finally, we determined that certain doctors, specifically Abram Ber and Stan Olsztyn, should be grandfathered in. At the time, Stan Olsztyn practiced chelation therapy, worked out of my office, and was also having trouble with the Board of Medical Examiners (B.O.M.E.X.). Because Abram Ber's medical license was in serious question, we gave him homeopathic license number 001, and I was given license number 002. Once he had his homeopathic license, Ber, in defiance of the establishment, tore up his medical license. Because I viewed my license as a property right—one I earned through diligence and mastery—on principle, I chose to keep it. However, because I held dual licenses—even though I was practicing only holistic/homeopathic medicine—B.O.M.E.X., when it was no longer able to go after Ber, turned its sights on me. ■

First Complaint

The first battle I faced occurred in 1982 and resulted from a complaint filed by a low-income patient who was unhappy with the charges she incurred. Without a complaint, B.O.M.E.X. was not allowed to investigate, but once the door was open, they took the offensive.

When the patient came to see me, she complained of heavy periods and hair loss, which had been occurring during the past fourteen years. After conducting a holistic history and physical, I referred her to a gynecologist, as I did not perform gynecological exams on my patients. Unhappy with the cost for the visit, the patient complained to B.O.M.E.X.

This complaint was all the medical board needed to investigate me. However, because the patient saw me for homeopathic, not allopathic, treatment, I should have ignored the medical board's request and gone directly to the homeopathic board. Unfortunately, the part of me that was naïve and trained to cooperate made an effort to comply, and as a result, I ended up in the middle of a battle over jurisdiction.

At an informal hearing, the board, after first reading aloud an editorial calling holistic physicians “quacks,” decided I was a danger to the public for not having done a pelvic exam during the first visit, stating that the delay caused by referring the patient to a gynecologist could have caused her death from uterine cancer. (As any medical student knows, if a woman had cancer for fourteen years, her periods would not just be heavy, but irregular, and she probably would have died years ago). The board then moved into closed session, where a motion was passed to proceed to a formal hearing that would allow them to use this trumped-up charge to revoke my medical license.

The formal hearing didn't begin until 1986, but in December of 1983, I took my case to the Homeopathic Board of Medical Examiners (H.O.M.E.X.). They found that I acted within the framework of a homeopathic practitioner and that B.O.M.E.X. was out of order in their attempt to gain jurisdiction over me for practicing homeopathy.

During the same year, there was further proof that B.O.M.E.X. was determined to take away my license. Because I used unconventional treatments,

prospective patients often contacted the Board of Medical Examiners to learn more about me. Responses from Doug Cerf regarding my competency were often couched with hidden meaning. For example, in a letter regarding my competency to treat a six-year-old Cerf wrote, “If you have any additional questions concerning this physician, please don’t hesitate to contact me personally.” The only way the Board of Medical Examiners could investigate me was if they had a grievance. While Cerf’s letter appeared to be helpful, what he was really doing was fishing for a complaint. Why did B.O.M.E.X. persist in going after my allopathic license for my practices as a homeopath? Knowing what I know now, the answer is clear: to eliminate the competition. When the Arizona Homeopathic Medical Practice Act was passed, B.O.M.E.X. members were either asleep at the wheel or so arrogant that they figured they could easily win the case against me. Losing the case was a wake-up call for them, and with Doug Cerf at the helm, they were determined to get their pound of flesh. The inquisition had begun. ■

Campaign Against Quackery Reaches New Heights

When in 1983, the Pharmaceutical Advertising Council (P.A.C.) and the United States Food and Drug Administration joined forces to launch a public service Anti-Quackery Campaign, financed by the F.D.A. and the drug companies, the AMA's campaign against quackery reached new heights. As Lisa explained, the most chilling and bizarre aspect of this unholy alliance is that the very industry the F.D.A. should have been looking into, the drug industry, was instead the F.D.A.'s partner in a campaign designed to direct the F.D.A. toward the drug industry's economic competitors. Instead of policing the drug industry, the F.D.A. was going after targets that the drug industry said should be investigated and prosecuted. (TAMF, p. 53)

In addition to those who participated in the old AMA campaign (with the exception of the National Health Council), the new campaign included the Health Information Management Association (H.I.M.A.), the Pharmaceutical Advertising Council (P.A.C.), the National Council Against Health Fraud (N.C.A.H.F), and the National Health Care Anti-Fraud Association (N.H.C.A.A.). As a result of this combined effort, the wolf was left to mind the hen house. In other words, no one was monitoring the actions of the pharmaceutical industry. As a result, Lisa says, "Billions of dollars in profits are redirected into the pockets of the drug companies that are dictating this campaign to the F.D.A." (TAMF, p. 53)

To help build the case against quackery, the AMA used their own experts to speak out about chiropractors, vitamin therapy, homeopathy, and naturopathy, as well as alternative cancer, heart, and arthritis treatments. Additionally, the AMA helped pay for booklets, pamphlets, and brochures that were jointly sponsored by the F.T.C., the F.D.A., the US Postal Service, and the Council of Better Business Bureaus. To identify targets for this joint campaign, a survey, the Roper Poll on Quackery, was distributed to the general public. Lisa states, "... Judging from the survey questions asked, it appears that those surveyed would get the impression that they were being asked these questions to solicit how

effective these treatments were. However, the survey results apparently were used to identify what the public considered most effective in order to determine top-ranking priorities for the ‘anti quackery’ campaign...” (TAMF, p. 56) In other words, if a treatment was successful, but wasn’t benefiting the AMA and/or the pharmaceutical industry, it was targeted for elimination—something that was easy to do with clout and cash. The resulting four-page list was divided into three categories: Fad Diets, Drug and Device Claims, and Possible Future Targets. Basically, the list consisted of **products that were in direct economic competition to products manufactured by the pharmaceutical industry**. This list officially marked the beginning of what can only be called a witch hunt. (TAMF, pp. 57–61) ▣

National Council Against Health Fraud

By 1984, the health fraud group headed by William Jarvis joined forces with the Lehigh Valley Committee Against Health Fraud to become the National Council Against Health Fraud—a group that continued to attack providers who **did not use pharmaceuticals in healing and those who were in direct economic competition to both medicine and pharmaceuticals**. Although this group appeared to have no known connection to the AMA, they attacked the same targets that the AMA had been going after from 1963 to 1975. In spite of the group's claims of independence, evidence provided by Lisa determined that it was funded by the ever-growing pharmaceutical industry. (TAMF, p. 47)

In 1984, the Kansas City Council Against Health Fraud and Nutritional Abuse was formed. Headed by Dr. John Renner, who was also on the board of directors of the National Council Against Health Fraud. These groups claimed to be independent of any medical association or drug industry, but there was a very strong indication that they had been acting in the capacity of mouthpieces for orthodox medicine.

According to evidence put forth in Lisa's book, under Renner's direction, the campaign was funded by the pharmaceutical industry and had illegal elements that had not been utilized in prior attacks. These included crimes against alternative practitioners, manufacturers, and distributors, such as breaking and entry, unauthorized phone taps, the theft of files from practitioners' offices, intimidation and harassment of patients, violations of search-and-seizure statutes, physical violence and threats of violence, and break-ins into attorneys' offices involving the theft of case records. (TAMF, p. 50)

In 1985, the general public was again surveyed to identify what they considered the most effective treatments so the conferences on health fraud could draw up a list of targets from three key areas: weight loss or diet products, products for treating arthritis, and products for the treatment of heart problems, cancer, and herpes. Targets were only those products that were popular, successful, receiving profits from sales, and recognized nationally in the marketplace by the consumers who bought them. These included fad diets (Herbalife®, Shaklee, spirulina), drugs and devices (aloe vera, herpes cures, starch blockers, laetrile,

DMSO, Gerovital®, negative ion generators, electrical muscle stimulators (E.M.S.), sexual rejuvenation, hair restorers). The F.D.A., F.T.C., and U.S.P.S. co-sponsored a national Health Fraud Conference in Washington, D.C.—the first such conference since 1966. In 1986, regional follow-up conferences were held across the country, and groups were encouraged to share information.

With targeted efforts like those presented in Lisa's book, there was a growing list of victims. Leading the way was a “neutral organization with no vested interest in the outcome, focusing only on facts that are needed by patient, provider, and insurer to make sound medical choices.” (TAMF, p. 67) This description was far from the truth. ■

Random Medicare Audit

In 1985, Medicare conducted an audit that was supposed to be comprised of three percent of physicians *selected at random*, myself included. I should have known better, but I didn't see a connection between B.O.M.E.X. and Medicare. I didn't realize until it was too late that the stakes had been raised. I was now dealing with the Feds. In light of what was about to occur, I should have called a lawyer and objected to the randomness of the audit, but at the time, the possibility that I was being set up didn't enter my mind. I hadn't yet met Joseph Lisa, and I didn't know about the medical conspiracy in America. I was too busy working to imagine that B.O.M.E.X. was going to conspire with the federal government to take me out.

The audit consisted of three of the six licensed homeopaths practicing in Arizona, as well as other alternative practitioners including twenty-two (of approximately 70) members of the American College for Advancement in Medicine (A.C.A.M.), and the Chelation College. In my office, out of three thousand files, Medicare “randomly” selected all twenty-eight of Dr. Olstzyn's chelation cases. A Medicare representative then spent the next six months going over these and other files, concluding that my procedures “don't fit Medicare's codes.”

To remedy the situation, I was given coding instructions, which I followed to the letter. Although I was not a Medicare provider at the time, many of my patients were on Medicare, and I did my best to comply so they could get reimbursed for my services. With the Medicare audit behind me, I was back to doing business as usual. By this time, my practice was growing, I had three young children, and my time was divided between my family and my patients. ▣

Emprise

In October 1986, a plan was made to form a group called Public Issues in Health Care Choices to serve as a clearinghouse (on quackery) for the names of defrauders, their products and services, and descriptions and formulations of these products and services. The group, later called Emprise, was initially made up of Attorney Grace Powers Monaco, a key contact with the insurance industry; Attorney Ron Schwartz, and Dr. John Renner, an anti-alternative spokesman and member of the board of the National Council Against Health Fraud. Other members of the group included individuals who had been involved in the anti-quackery campaign for the past ten years. Although the group claimed to be neutral, they ended up (among other things) conducting a “study” that resulted in the development and maintenance of an enormous system for tracking the competitors of the pharmaceutical industry. (TAMF, ch. 5)

Along with the implementation of this system, practitioners were required to register themselves, their treatments, and the names and records of all of their patients with the government. By using this database, Emprise was able to supply professional AMA consultants to review and evaluate insurance claims. They also “leased access to the database and computer program to insurers for use in evaluating claims submitted by patients for questionable and unproven cancer therapies.” Emprise members, who were neither impartial, neutral, or without vested interest in an anti-competitive campaign, evaluated alternatives’ capabilities according to AMA standards and published the results in white papers. What’s more, these individuals were powerful enough to lobby key government agencies (the F.D.A., the Department of Health and Human Services, the Office of Inspector General, the US Postal Inspectors Fraud Division, the Department of Justice, the US Attorney’s office, the F.B.I., and several others) who, because of their influence, became part of the army waging the attacks.

An additional component of the study or plan was to “provide information on potential insurance fraud or abuse and misrepresentation in billings to appropriate state, federal, and private agencies to permit the government and insurers to take appropriate actions against documented health fraud.” (TAMF, p. 80) ■

Grassroots Campaign

A few months after Medicare's audit, twenty-two of my fellow licensed homeopaths and I orchestrated a grassroots campaign for a sunset review that would renew the Arizona Homeopathic Medical Practice Act and the Board of Homeopathic Medical Examiners for the next ten years. An evaluation of the need for the continued existence of a program or an agency, a sunset review provides for an assessment of the effectiveness and performance of the program or agency. Generally, a review yields a recommendation to either (1) retain the program or agency as is, (2) modify the program or agency, or (3) allow the program or agency to terminate, including the repeal of the relevant statutes. The effort required to accomplish this review involved implementing democracy at its most basic level—we pooled our resources, bought the most respected (and expensive) lobbyist in the state, and made campaign contributions to every legislator in the state of Arizona.

We also asked our patients to go to the legislators with handwritten letters. During a meeting with one of the legislators, he opened his bottom desk drawer, showed me several hundred handwritten letters and said, "I can't vote against you." Additionally, we had hundreds of people attend the hearings. The streets were so crowded, the legislature had to be roped off. When I spoke, people cheered, and one senator was overhead saying to another, "If we vote against these people, they are going to lynch us." At the hearing, the shocked look on Doug Cerf's face said it all. Completely dumbfounded by the support we had mustered, Cerf looked like a deer in headlights.

In essence, we had formed our own political action committee, and when the governor signed the bill into law, the people got what they wanted. I was proud to have been a part of a political strategy that actually worked. Today, only the pharmaceutical companies have lobbyists. It's no wonder they are so powerful. With the accomplishment of this mission, that year, feeling as if my work here was done, I resigned from H.O.M.E.X. holding both of my licenses.

By this time, I considered myself to be primarily a homeopathic physician. In my practice, I was using an A.M.I. (Apparatus for Meridian Identification) device—a machine that registers localized skin currents coming

from the acupoints at the ends of meridians for the purpose of identifying meridians that are electrically out of balance and the presence of underlying disease—and other holistic equipment—all of which was specified in the Arizona Homeopathic Medical Practice Act. For a brief moment, I believed life was good. I hadn't heard anything from Medicare or B.O.M.E.X. for several months and I focused on growing my practice.

Just about the time I was able to take a deep breath, B.O.M.E.X. (not H.O.M.E.X., which should have been answering a complaint that had to do with my practice as a homeopathic physician) contacted me regarding a complaint about the use of the A.M.I. equipment. Immediately, B.O.M.E.X. went into action to go after my license to practice medicine. A medical doctor was sent to my office to evaluate my equipment, and without knowledge of homeopathy or acupuncture, he determined it to be an “experimental instrument.” B.O.M.E.X. then conducted an “informal hearing” on the matter of the patient's complaint and my use of the A.M.I. This hearing was nothing more than an attempt to gain jurisdiction over me—and by association, jurisdiction over any other medical doctor who was also a licensed homeopath.

During this hearing, I tried to explain the principles of homeopathy and acupuncture in terms that B.O.M.E.X. members could understand, but instead of comprehending what I was saying, they ridiculed me. It didn't take me long to understand that they had no desire to consider my point of view.

Throughout this process, I asked H.O.M.E.X. to also review the charges against me, and I was cleared. H.O.M.E.X. wrote several letters to B.O.M.E.X. on my behalf, but they were all ignored. In the end, I was accused of “unprofessional conduct,” and a recommendation was made to revoke my license. B.O.M.E.X. went into closed session and voted to hold a formal hearing on the matter. ▣

An Atmosphere of Prejudice

In 1986, at the *formal* hearing to revoke my license, minutes from the *informal* hearing (from 1982) were distributed to both sides. They included—in *error*—the contents of the closed session, revealing blatant bias against me as a homeopathic physician. Although the attorney general attempted to pull the document out of my attorney’s hands, the judge allowed the minutes from the closed session to remain.

A key witness against me was the now well-known and esteemed Dr. Andrew Weil. The prosecution wanted Dr. Weil to say that I was not practicing homeopathy, and just prior to adjournment, Dr. Weil said, “What I saw in the treatments being done was not homeopathic treatments.” However, during prior questioning, his responses only helped my case. When asked about whether the session minutes had any impact or negative influence on his testimony, Dr. Weil responded, “It made me feel there was an atmosphere of prejudice...First of all, there was a general atmosphere of prejudice for all sorts of medical—alternative medical—methods as though they dismissed the whole bunch of it as quackery and nonsense. That bothered me. Secondly, I felt there was specific prejudice toward the defendant in that there was obviously a desire to get him.”

Although I was never formally disciplined (there was only a Stipulation and Order agreement explaining how they would work with me because of my dual license), unbeknownst to me, Doug Cerf, executive director of B.O.M.E.X. in Arizona, again broke protocol and did the unthinkable—he submitted my name to the Federation of State Medical Boards (F.S.M.B.), a national nonprofit organization representing the 70 medical boards of the United States and its territories. With a mission “to continuously improve the quality, safety, and integrity of health care through developing and promoting high standards for physician licensure and practice,” the F.S.M.B. is the mechanism employed by executive directors of each state to eliminate physicians they don’t want in their system. Allowed to receive only formal disciplines from various medical boards, F.S.M.B., upon receiving a “Disciplinary Action Report Form” from Doug Cerf, **which he completed in spite of the legal proceedings that stated that I won the case**, they went ahead and sent the form to New York and New Jersey where

my licenses were automatically revoked. Although I retained the right to practice medicine in Arizona, Doug Cerf's action prevented me from getting a license in any other state. In spite of the fact that I won every case that came up against B.O.M.E.X., Cerf's letter branded me as a medical criminal. To make matters worse, the only way I found out about this was by using my position on the homeopathic board to access the records. ▣

Big Brother

In Chapter 6 of *The Assault on Medical Freedom*, Lisa addresses “the birth of a big-brother computer tracking system” that was, and probably still is, being used against the alternatives by the insurance industry, medical boards; law enforcement; regulatory agencies; and local, state, and federal agencies. His research shows how these groups may be linked together, sharing information that is apparently being used to destroy the alternative health care movement in the US

An article entitled “First Computerized Network Designed to Combat Health Fraud Is Unveiled,” which was published at the time (*Insurance Advocate*, November 12, 1987), states, “Through the network, insurance companies and the federal government will pool claims data on health care providers in all states. By reviewing the data collected from Medicare, Medicaid, and private insurance companies, insurers hope to detect patterns of excessive treatment or over-billing that could not be discerned by any one carrier. Establishing the network has been a major thrust of the anti-fraud association. The association (N.C.A.A.) will now be able to provide physicians and hospitals with the names of physicians convicted of fraud or barred by the federal government from receiving Medicare or Medicaid benefits.”

While on one hand such information-sharing could help avoid duplication of effort and encourage collaboration, on the other hand, it could be used to spread false and misleading information. In a memorandum from the Food and Drug Administration dated February 26, 1988, the F.D.A.’s efforts to build “health fraud” coalitions was documented and clearly states that, “The F.D.A. is working closely with many other groups to build national and local coalitions to combat health fraud.” The memo revealed that the F.D.A. was getting leads for its investigations from a variety of named sources. (TAMF, p. 95) ■

The Great Spirit

Between 1987 and 1989, my practice expanded—and so did my understanding of medicine. Eight full-time practitioners and twenty staff worked with me in 6,000 square feet of office space. New patients were scheduled six months in advance, and I made regular appearances on radio talk shows, billed as the figurehead for alternative medicine. Politically powerful, I was on equal footing with Dr. Bob Atkins and Gary Null PhD, the vitamin and nutrition gurus.

By now, my eldest child, Adam, was eighteen and ready to head off to college. A week before he was set to go, he came down with a case of acute mononucleosis that was accompanied by a 104-degree temperature. His liver enzyme test was abnormal, his white blood count was 19,000 (9,000 is average), and his mono test was positive. Knowing it could take six months to recover from mono, I contacted Friedrich Plog, a German naturopath who was living on a nearby Indian reservation—where he could practice his brand of medicine without interference from the Feds—and begged him to come to my house to treat Adam. Known as The Great Spirit by members of the reservation, Dr. Plog was the only one I knew of who might be able to cure Adam in time for him to go to school.

After examining Adam, Dr. Plog pulled out a remedy I had never heard of and injected it directly into Adam's tonsils. By using a combination of isopathic remedies and neural therapy treatments that were unknown to me at the time, Dr. Plog restored balance to Adam's system—his biological terrain. That night, Adam's fever broke, and three days later his liver enzyme test and white blood count were normal, and his mono test was negative. The following Saturday, Adam had completely recovered and was off to college. By the end of that month, Dr. Plog joined my practice, bringing with him new knowledge to share, as well as a cadre of Hollywood clientele. In 1989, when the Berlin Wall fell, Dr. Plog left my practice and went back to East Germany to get his family. Today, isopathic therapy and pleomorphic philosophy form the basis of my treatment strategy.

Another breakthrough in my treatment of patients occurred at this time when I met Silke Friedrich, a German naturopath, who was working with the dark field microscope. Dr. Friedrich spent several months working in my

office, teaching me how to decipher holographic images in the blood—electronic pictures that foretell the condition of one’s health and even events that have yet to occur. This knowledge, combined with isopathic and pleomorphic medicine, took my ability to heal difficult and chronic cases to a new level. It became clear to me that Harris Coulter, author of *Divided Legacy*, was right: there is an “absence of any guiding theory or philosophy in modern allopathy, leaving physicians operating essentially as sales agents for pharmaceutical manufacturers.” ■

National Health Care Anti-Fraud Association Conference in Phoenix

In November 1988, the National Health Care Anti-Fraud Association (N.H.C.A.A.) held its annual conference in Phoenix, Arizona, the state that had made the most strides in supporting the work of non-allopathic practitioners. At the time, I didn't know this conference was taking place, but it marked the beginning of the next wave of attack on my ability to practice medicine.

In attendance and delivering papers were all of the henchmen: Douglas Cerf from Arizona B.O.M.E.X.; James Lowell from the Arizona Council Against Health Fraud; Don Schacherer from the insurance company, Principal Mutual; Grace Monaco of Emprise and a board member of the National Council Against Health Fraud; Ron Schwartz, also from Emprise and the US Department of Health and Human Services (H.S.S.); as well as personnel from the Office of Inspector General for the H.S.S.

Following this meeting, I began having trouble with Principal Mutual—the largest insurance provider in the state. The company accused me of charging for services I never performed. Ironically, I never billed Principal Mutual directly. Instead, I provided patients with bills that they could submit. Although no patients complained about my services, Principal Mutual began reviewing cases.

In an August 5, 1988 letter from Dave Hennings, a Principal Mutual investigator, to Douglas Cerf of B.O.M.E.X., Hennings wrote that between September and December of 1987, \$1,100 in charges did not “reflect the services rendered.” The letter went on to give examples of erroneous, fabricated charges, such as “\$185 for a complete physical exam, and according to his office notes, no physical exam was done...” In actuality, I had performed a physical exam, and documentation of the fact was in my notes.

The letter continued, “Dr. Bigelsen had a diagnosis for pneumothorax, but there was no evidence that he examined our insured's lungs.” Again, in my notes was documentation that I had examined the lungs. The letter further stated, “Dr. Bigelsen charged our insured various amounts for office calls...and yet there are no office notes to substantiate that a visit took place.” Again, my

notes contained details of every office visit. Finally, included with the letter was support documentation and a sticky note from Dr. Moore, a member of Principal Mutual's medical reviewers, saying, "No wonder my 'fraternity' gets such a bad rap. How do practitioners like this stay in business?"

What is wrong with this picture? First of all, I was practicing homeopathy, not allopathy, and any and all complaints or concerns about me should have been directed to the homeopathic board, H.O.M.E.X., not the medical board, B.O.M.E.X. If there was a question regarding whose jurisdiction I fell under, the case should have been turned over to an arbitration panel.

When Douglas Cerf received the letter from Principal Mutual, he was required by law to send it directly to the homeopathic board, since I was practicing homeopathic medicine. However, he disregarded the law and kept matters in his own hands so he could accuse me of fraud and substantiate the efforts of the National Health Care Anti-Fraud Association.

It is true that on some occasions, patients will request payment for a procedure or an office visit that their insurance companies do not cover. When this happens, it is customary for the insurance company to request additional documentation or deny the claim. However, Principal Mutual wasn't looking for this type of cooperation. Instead, the company was interested in targeting me.

There was only one explanation for Principal Mutual's attack: I was in the company's system as an alternative target, and I would be in the National Health Care Anti-Fraud Association's fraud-tracking system, as well. The N.H.C.A.A. Conference had rallied the troops, and I was clearly public enemy number one. ■

Witch-Hunting

In November 1990, the N.H.C.A.A. held its annual conference in Newport Beach, California, and Grace Monoco spoke on the subject of quackery. One panel of interest was held by the Department of Health and Human Services on the subject of Medicare fraud. One year later I was to become one of Medicare's prime targets.

In the meantime, Principal Mutual sent a written complaint to B.O.M.E.X. saying that I had to be investigated for quackery. Most of the charges were trumped-up and eventually dropped. Four cases stood out:

THE FIRST CASE involved the use of the A.M.I. machine. B.O.M.E.X. charged that my patient was not advised that the A.M.I. machine "is experimental and that an appropriate written patient consent form was obtained." The truth was that the patient had signed an appropriate form and it was on file in my office.

THE SECOND CASE involved my use of carbarsone to treat a case of intestinal ameba. Although the drug cured the patient, B.O.M.E.X. attempted to build a case around the point that the drug was no longer considered to be appropriate due to its side effects; however in a sworn testimony that took place on February 1, 1990, the patient said, "During the period that I took carbarsone, I had no nausea, vomiting, abdominal or gastrointestinal pain." More significant however, was the fact that the patient never complained or filed a formal complaint against me.

THE THIRD CASE involved a request for patient treatment records from an allopathic physician. Instead of sending requested homeopathic records, I sent only what was required by law—lab reports without physician notes.

THE FOURTH CASE resulted in an administrative penalty of \$1,000 for illegible handwriting. In the Findings of Fact, B.O.M.E.X. stated, "There is substantial evidence to establish that the patient treatment notes for K.H. are illegible and do not adequately reflect the nature and the extent of treatment provided." Keep in mind that all of these cases were reviewed by H.O.M.E.X. and dropped. My attorney met with B.O.M.E.X. and pointed out that the Homeopathic Board had heard the same evidence

and testimony and found nothing wrong with what I had done with these Principal Mutual cases. B.O.M.E.X. refused to yield, and when my attorney and I took them to trial, the issue, once again, was jurisdiction.

Because B.O.M.E.X. was ignoring the separation of powers that had been determined by law in 1986, in June of 1990, my attorney filed a lawsuit in superior court. In October, finally, there was some good news. The Superior Court of Arizona stated that B.O.M.E.X. was out of its jurisdiction—they never should have investigated me—and subsequently the decision against me was reversed. Judge Lawrence Anderson stated in his order that, “This court believes that it is inherently unfair to physicians licensed in these two fields of medicine to be investigated and absolved of any wrongdoing by the agreed-upon board only, then to be investigated again by the sister board which had previously given up this responsibility in this regard and thereafter cavalierly disregard the prior board’s investigation and conclusion of the identical complaint.” The judge concluded, “B.O.M.E.X. erred in exercising jurisdiction as it did.”

Unwilling to accept the judge’s decree, B.O.M.E.X. took the case to appeals court. The court defined the separation of powers very clearly and I won the case again. The law clearly stated that medical doctors had no control over homeopaths in the state of Arizona, even though, across the country, anyone practicing alternative medicine was being picked off by their state. The decision [*See Bigelsen v. Ariz. State Bd. of Med. Exam’rs*, 175 Ariz. 86, 91, 853 P.2d 1133, 1138 (App. 1993)] cost me \$50,000, and although I was overjoyed with the outcome—it was hardly the end of my troubles. Having lost this major battle, Doug Cerf took his campaign against me directly to the Feds. ▣

War Against Health Fraud: The Feds

In 1991, the Office of Inspector General of the Department of Health and Human Services announced that the F.D.A. was hiring and training 100 new criminal investigators for the health-fraud area. It also announced the creation of the new Office of Criminal Investigations, which it described as another “bureaucratic instrument in the war against health fraud.” (TAME, p. 101)

That same year, out of the blue, a Medicare representative entered my office and talked to my insurance staff about signing me up as a provider. Until this point, I supplied my patients with a super bill, but, as a provider, I could bill Medicare and receive payment directly. Of course, knowing what I know now, this was the ultimate set up. By joining Medicare, I became part of the *federal* system. When Principal Mutual couldn't win in the state, the company used Medicare to frame me. What I didn't realize at the time was that Medicare *never* solicited doctors. Once I was in the Medicare system, the door was open to investigate any claims submitted from my office. In other words, from the outset, this was a planned action designed to entrap and lure me into the Medicare system so I could be investigated for fraud, a federal offense.

As an interesting side note, at the same time, Dr. Jonathan V. Wright, president of the National Health Federation (N.H.F), an agency dedicated to freedom of choice in health care and to maintaining the First Amendment rights of Americans to freely disseminate health care information, was also targeted by the Feds. Also at this time, I learned that several of my patients had been subjected to questioning by grand jury. If they hadn't told me about this, I wouldn't have realized I was under investigation. Once I did, I was overcome by fear. It was my understanding that medicine is states' rights—rights withheld by the states when the Constitution was ratified in order to protect us, the people and the very system of government itself from corruption, usurpation, and perversion of power. I wasn't doing anything wrong, and I couldn't understand why the federal government was questioning my patients.

In April of 1991, the federal government Medicare fraud investigators came into my office with a subpoena to seize more than 100 patient records—60 of them were for Principal Mutual patients and one was for a two-year-old child.

Pointing out that the child was not a Medicare recipient didn't matter to them. They had a warrant and a job to do, and nothing was going to stop them from taking whatever they wanted from the files, including cases I saw from 1988 to 1990, before I was a Medicare provider. The investigators were looking for anything they could use against me. As I watched storm troopers carry armloads of records out of my office, I stood in disbelief, feeling as confused and helpless as a character in a Franz Kafka novel.

The humiliation didn't stop there. The US Attorney's office interviewed my staff and my patients. Staff members were told they would be indicted if they didn't cooperate. Patients were told that their Medicare and Social Security payments would be taken away if they didn't testify against me. According to research conducted by Joseph Lisa, this type of intimidation and harassment had been found to be the hallmark of investigators going after targets in "health fraud cases." The investigators didn't have to look far for "incriminating evidence." All of the treatments, modalities, services, and products I used in my practice—dark field microscope, German live-cell therapy, homeopathics, E.A.V. machine and colonics—were on the Emprise target list that was put together by Grace Monaco and members of her N.I.H./N.C.I. grant study into alternatives. In me, she found her poster boy. ■

Ethics

In December of 1991, in an effort to test the medical establishment, I wrote a letter on behalf of a patient to the Arizona Board of Medical Examiners against William A. Woolf, MD, complaining of unethical practices. In a postscript to the letter, I referenced the Principles of Medical Ethics of the American Medical Association. I received the following response from the board's executive director, Douglas N. Cerf, "Please be advised that the board's investigation of this matter will address only those issues which are under its statutory obligations to review. This board has no authority to enforce the ethics of the profession."

The idea that the medical board doesn't have responsibility or control over ethics is ludicrous. Legally, B.O.M.E.X. was required to take action against a physician who behaved inappropriately, but in this case, they chose to protect their own. Apparently, the Board of Medical Examiners served only two functions: They charged physicians in training and practicing physicians a fee to obtain a license, and they held the power to take that license away. ▣

Men in Black

In February 1992, the Attorney General of the United States released the “Report on Enhanced Health Care Fraud Initiative.” This report announced the assignment of 96 F.B.I. agents devoted full-time to health care fraud. Specifically, these units were to attack priority cases and serve as regional training and expert resource centers for field offices in key cities in the US. The report concluded by stating the primary objective of the report was “to put health care cheats in prison and to forfeit their ill-gotten gains.” (TAMF, p. 101)

Shortly afterward, the F.D.A.—along with other key agencies such as the F.B.I. the Department of Health and Human Services (D.H.H.S.), the Drug Enforcement Agency, and insurance industry investigators—began to strike. That summer, Richard Kusserow, the inspector general of the D.H.H.S., was forced to resign. Accused of having a quota system, his “Gestapo” tactics impacted AMA members who were accused of Medicaid and Medicare fraud, as well as alternative practitioners. Based on the assumption that at least 10 percent of all Medicaid and Medicare services were fraudulent—a number that was never documented—Kusserow built his reputation on his assertion that fraud was rampant. (TAMF, pp. 103–108)

From 1985 to 1989, before he was removed, Kusserow initiated nearly 5,800 successful prosecutions, resulting in \$29 billion in settlements, fines, and restitutions. For his trouble, his annual budget was raised from \$57.5 million in 1992 to \$108 million in 1993. Whether a provider intentionally attempted to deceive the payer or not, the price for negligence was grounds for a \$2,000 per-item fine and exclusion from Medicaid and Medicare.

One psychologist who fought city hall on the issue of accusations that he had committed fraud said of his ordeal, “It was the most traumatic event of my life. I was faced with an awesome political machine that made me feel like a helpless victim. I knew what it would have been like to be a concentration camp inmate being led to the gas chamber by a group of thugs with guns trained on me.” (TAMF, p. 104) When this aspect of the campaign was completed, the number of Medicare and Medicaid providers was significantly diminished. As a result, poor and elderly patients were denied necessary treatments. During

this time, the same Gestapo tactics were applied to alternative and other health care providers.

On April 9, 1992, during the Congressional Hearings on Recent Trends in Dubious and Quack Medical Devices, Dr. John Renner gave oral and written testimony that attacked every major aspect of the alternative health care system. The bottom line of his testimony was his recommendation that “a unified approach is needed at the federal level by F.D.A., F.B.I., Postal Service, F.T.C., Inspector General, and state licensing boards.” (TAMF, p. 107) ■

Dateline N.B.C.

In 1992, while I was waiting to see what Medicare was planning to do with the files they had confiscated, *Dateline N.B.C.*, a TV news magazine featuring investigative journalism, true crime, and human interest stories, that first aired that same year, ran an expose about homeopathy and quackery in which I was featured. After interviewing me for two hours, the final, fifteen-minute segment was edited in a way that depicted me as a quack. After the program aired, Lynn Porter, my assistant manager, contacted her godfather, Don Hewitt, the creator of *60 Minutes*, who was considered to be the best investigative reporter at that time, to see if he would interview me on his program. But he refused to touch information about me, telling her my situation was too controversial.

With no way to defend myself, I felt as if the world had collapsed, and I still didn't understand what I had done. Humiliated in front of the entire nation, I couldn't imagine things getting any worse, but I was wrong. As a result of the expose, my practice declined, but there was more.

As an interesting side note, in 1993 *Dateline N.B.C.* aired an investigative report about General Motors pickup trucks allegedly exploding upon impact during accidents due to poor design of fuel tanks. *Dateline's* film showed a sample of a low speed accident with the fuel tank exploding. In reality, *Dateline N.B.C.* producers had rigged the truck with remotely detonated explosives. The program did not disclose the fact that the accident was staged.

GM investigators studied the film, and discovered that smoke actually came out of the fuel tank a split-second before impact. GM subsequently filed an anti-defamation lawsuit against N.B.C. after conducting an extensive investigation. On February 18, 1993 GM conducted a highly publicized point-by-point rebuttal that lasted nearly two hours after announcing the lawsuit. The lawsuit was quickly settled by N.B.C., and Jane Pauley read an apology on the program.

A few months later *Dateline N.B.C.* returned to the controversy spotlight via a May 4, 1993 piece titled "Cataract Cowboys" in which Brian Ross claimed that doctors unnecessarily performed surgery on elderly patients. The controversy brought into question techniques used such as disregarding evidence that

contradicts a story's claim and using planted accomplices to entrap targets of the story. The Southeastern Eye Center attempted to sue N.B.C. over the story, but later dropped the suit altogether. ■

Local MD Indicted

On the morning of July 1993, the newspaper headlines caught my eye: “Local MD Indicted for Medical Fraud.” As I was drinking my morning coffee, I learned that I had been indicted for 117 counts of medical fraud amounting to \$3,500. Half the counts were for inaccurate billing charges, and the other half were for mail fraud, i.e. mailing the bills. These were federal offenses punishable by a fine, a term of imprisonment, probation or parole, and restitution to victims.

To say that I found the headlines shocking would grossly understate the mixture of confusion, pain, and fear that surged through my veins. The only other time I felt this degree of trauma was during my time in Vietnam when each day was filled with the responsibility of dealing with horrific damage that only war can do. Accusing me of medical fraud and inaccurate billing charges was an outrage—especially since I had been following Medicare’s directives and procedures to the letter. What was going on here was the ultimate set up. Because of my high profile as a homeopathic physician coupled with the political gains I had achieved for alternative practitioners in Arizona, if Medicare was going to make an example out of anyone, it had to be me. Prosecuting me would put the fear of God into any sensible practitioner, and show them what happens to quacks, which by their definition was anyone who did not practice allopathic medicine.

In the news around the same time was a pattern of Medicare fraud involving Hospital Corp. of America (H.C.A.), a health care company owned by Senator Bill Frist, who at the time was a millionaire heart surgeon. As the 2005 article *Frist Things Frist* by Robert Dreyfuss (http://www.prospect.org/cs/articles?article=frist_things_frist), explains, “For years, H.C.A. and its predecessors, including a smaller hospital firm also founded by the Frists, had rigged Medicare billing systems to charge the federal government far more than was justified for treating ordinary ailments, a practice known as ‘upcoding.’ For a decade charges mounted against the firm. Eventually, H.C.A. emerged as one of America’s most egregious corporate criminals, accused of having bilked US taxpayers and the Medicare system out of billions of dollars. In a desperate effort

to restore its good name, H.C.A. agreed to three settlements between 2000 and 2003, paying civil and criminal fines amounting to \$1.47 billion.”

The article continues, “The charges began to surface late in ’93, when the US General Accounting Office began to uncover a pattern of Medicare fraud involving H.C.A. Throughout the decade, charges snowballed against the firm.

“Although several H.C.A. officials were indicted, the settlement allowed H.C.A. to escape further government action against it. Even the enormous fines paid by H.C.A. may suggest a sweetheart deal between H.C.A. and the Bush administration’s Department of Justice, because under Medicare rules H.C.A. was liable for treble damages for the fraud it engineered—which would have cost the company many billions—and could have been barred from doing business with Medicare. It wasn’t.” In the end Frist’s family was only charged with a misdemeanor.

Why when Frist’s violation was treated like a traffic fine, was I charged like a criminal?

More significant than the fine, was the twenty-year jail sentence I was facing. Completely panicked by the headlines, I called my attorney, Rick Jaffee, an administrative lawyer, who immediately set to work on a plea bargain. (A few years later I learned that I should have hired a criminal attorney, who probably have gotten all charges against me dropped). The costs for my defense were exorbitant, and because I was almost certain that I would have to give up my license, I moved my clinic to Tijuana, Mexico in order to keep practicing. Although I was not guilty of fraud, in 1994, in order to avoid prison (a situation that would have been devastating to my family), I admitted guilt. In hindsight, admission of guilt was the biggest mistake of my life.

In an effort to help reduce my sentence “because of all the good things I had done for the state,” Judge Broomfield reduced my points. In the end, I served two months of house arrest, forty-eight months of probation—during which I was subjected to random drug testing and visits six times per month, and forfeited both my medical and homeopathic licenses. While I was allowed to leave San Diego County, where we had been living, to work in Tijuana or to go anywhere else, I had to ask permission. Permission also had to be granted if anyone in my family wrote a check for more than \$500.

During this time my health suffered greatly. The tension created by the situation caused me to a rupture a diverticulum that resulted in a life-threatening case of peritonitis. The day after I was rushed into surgery, my pulse was completely erratic and I almost had a heart attack. I sent my wife out to pick up some of my medicine, and if it weren't for my remedies, I would have most certainly died. In fact, I am the only person I know who has survived these conditions without developing blood disease. ■

Pound of Flesh

By 1996, I weighed 117 pounds, had lost eighteen inches of bowel, was walking around with a colostomy bag, and ultimately required six surgeries to repair the damage that occurred. As a result of my poor health, my attorney went back to the Arizona attorney general and requested that my probation be reduced to the three years I had already served. He agreed, saying, “We’ve gotten our pound of flesh.” The final shock occurred when, after serving my time, no state would license me to practice either homeopathic or allopathic medicine. Afraid of guilt by association, I was a leper. At that point, because patients clamored to see me, I shifted my focus and became a consultant.

The only small ray of light during all the years of my saga had occurred in 1984 when New York attorney Henry Rothblatt, the flamboyant and highly skilled criminal specialist who co-authored several criminal law publications with F. Lee Bailey, and worked on the Watergate case, called and said he wanted my case—at no charge. At the time, Rothblatt was out to break the medical monopoly, and my case caught his eye. Convinced I would be absolved of all charges and that my medical license would be reinstated, Rothblatt offered me hope. He knew there was a medical conspiracy and he wanted my case as an example to prove the point. ▣

Eliminating the Competition

One of the most effective ways of cutting off the public's access to alternatives is by omitting them from insurance coverage. The alliance between government, the pharmaceutical and insurance industries, and the allopathic medical communities resulted in what Lisa described as “chilling effects on the alternative health care marketplace”—effects, which Lisa suggests, are distinctly anti-competitive and quite possibly illegal. Without going into extensive detail, the gist of the heist was that all of the drug companies that financed the anti-quackery campaigns had one thing in common: **Their products were in direct economic competition with products within the alternative health care movement.** (TAME, pp. 70, 108)

Some of the facts leading to this conclusion are listed below. Although each piece of the puzzle seems innocuous on its own, it creates a trail leading to the ultimate demise of alternative practitioners who were providing treatments that were effective.

- September 11, 1985 – The Pharmaceutical Advertising Council (P.A.C.) and the F.D.A. held their first National Health Fraud Conference in Washington, DC. The insurance industry held a similar conference a week later, where a group of insurance companies from around the country that later became the National Health Care Anti-Fraud Association (N.H.C.A.A.) met to discuss health and insurance fraud. Founding members included representatives from the US Department of Health and Human Services, the US Department of Justice, the Florida Medicaid Fraud Control Unit, and the National Association of Medicaid Fraud Control Units. This was the early beginning of the Task Force on Health Fraud. (TAME, p. 109)
- The third annual meeting of the N.H.C.A.A. was held in Phoenix, Arizona. Some of the most outspoken critics of the alternative

health care movement held workshops and made presentations. (TAMF, p. 110)

- At this time, due to the payment of inflated health care costs resulting from “over-testing of patients to avoid malpractice lawsuits,” the insurance industries were losing money and looking for a way to save. (TAMF, p. 113)
- Jumping on the Anti-Quackery/Health Fraud campaign (quite possibly without realizing they were merely pawns of the medical monopoly) would enable the insurance companies to eliminate payment for alternative medicine. Under the guise of cost-containment programs, peer review, utilization review, and outside “independent” insurance consultants, the insurance industry simply incorporated new ways to increase profits. (TAMF, p. 113)
- With anti-alternative “experts” advising the insurance industry on which alternatives to pay and which not to pay, many alternative providers were cut out of coverage completely or had payments withheld. (TAMF, p. 117)
- Insurance companies had access to a national data bank of alternative practitioners, and hundreds of insurance companies used this information to target various practitioners. What’s more, the insurance companies passed names of “defrauders” on to federal and state agencies as well as licensing boards. As a result, during this period of time, not only were insurance claims being denied, but practitioners all over the country came under fire by the medical boards. This is what Lisa called “medical McCarthyism.” (TAMF, p. 118)

- US antitrust laws state, “It is illegal to share information when it is used for anti-competitive purposes.” (TAME, p. 119)
- In short, Lisa summarized, “The economic competitors of the alternative health care system have combined their efforts and have formed a network, which has: 1. Identified treatments, modalities, services, products, therapies, practitioners, and manufacturers to attack in this “anti-quackery” campaign. 2. Conducted “independent studies” using “experts” on “quackery” who form consensus panels to sit in judgment of these alternative targets. 3. Issued “reports” on the efficacy of those alternative targets. 4. Distributed these reports to insurance and other companies. 5. Encouraged the use of these reports as industry guidelines. 6. Influenced the governmental agencies involved to use these reports to determine which targets to go after in the campaign against the alternatives. 7. Solicited and obtained financial support of the pharmaceutical industry, which resulted in joint agreement with the F.D.A. 8. Assisted the F.D.A. in its work with other federal and state agencies to coordinate efforts against targets in the alternatives by forming coalitions and health fraud task forces around the country. (TAME, p. 120)

The only conclusion that can be drawn is the drug companies that financed the anti-quackery campaign had one thing in common: Their products were in direct economic competition with products within the alternative health care movement.

What is really at stake here? Your own personal freedom of choice! ■

Today

While my story is compelling, it is not unique. Over the years, thousands of doctors have lost their right to practice medicine in a way that benefits their patients. Instead, the insurance companies, the pharmaceutical industry, and the various state boards of medical examiners hold them hostage. In most instances, the time they spend with patients is so limited that it is impossible to come up with an accurate diagnosis. Treatments are determined by what the insurance companies are willing to pay, and in most cases, they are limited to medications prescribed by the largest pharmaceutical companies (Pfizer, Bayer, and GlaxoSmithKline, to name a few).

If you are sick—especially if you are suffering from a chronic disease—you have no chance of getting well. In fact, doctors are reluctant to use the word “cure,” since they cannot guarantee that symptoms will not recur. The best allopathic medicine can do for most people is keep their symptoms at bay. That may be good enough for some of you, but as someone who has studied enough to refute the germ theory of disease and actually help people get well, I know there is a better way. You, as a consumer, deserve more.

If you think the type of witch-hunt that occurred in the '80s and '90s isn't going on today, think again.

In the United States, we have a new administration—one that appears to desire change, one that is asking for input. However, social movement requires action. If you are disgusted with the status quo, then it is up to you to do something about it. As far as I know, we are still living in a democracy, and freedom of speech is one of our guaranteed rights, but change requires a combination of knowledge and a collective effort toward a shared vision—one that includes freedom to choose your health care provider.

Why should your insurance company cover only one modality when there are so many others (acupuncturists, naturopathic physicians, chiropractors, osteopathic physicians, and medical doctors) to name a few? There are five licensed primary health care providers in the state of California, and yet Medicare will pay for only one of them. Your freedom of choice has been taken away! Essentially, for Medicare and Medi-Cal patients, the government or the state will

pay your bill, but if you go to one of the other providers, you have to pay it out of your own pocket. You have freedom of choice only if you pay for it yourself.

Where are the checks and balances that prevent one or two industries from dictating the type of care you receive? Keep in mind, medical doctors in the standard modern scientific medicine of today have not found the cause nor the cure of one single chronic disease in the past hundred years. Only the pharmaceutical industry has appointed medical doctors as the experts!

How can we expect allopathic doctors to provide preventative health care when they are not taught anything about it? During the four years they attend medical school, doctors are not taught anything about nutrition, structure, or any concepts of health. Medical schools teach how to control disease by using drugs and surgery. All of the other licensed providers are taught about health and how to return a person to a balanced state.

If you're tired of the lies, the smoke, and the mirrors, it's time to speak up. Write letters to the editor, call your representatives in Congress, join local political action groups and pay high powered lobbyists to represent your concerns, question authorities, stand up for your rights, and do everything in your power to be well. The medical-insurance-pharmaceutical monopoly exists only if you are sick. Finally, if you want to know more, pick up a copy of Attorney James Henderson's new book: *Indicted: The People vs the Medical and Drug Cartel*. Tate Publishing, 2009 (ISBN 978-1-60604-325-7). ■

Yesterday's Quacks Become Today's Heroes

- **THOMAS ALLINSON** (1858–1918), founder of naturopathy. His views often brought him into conflict with the Royal College of Physicians of Edinburgh and the General Medical Council, particularly his opposition to doctors' frequent use of toxic drugs, his opposition to vaccination and his self-promotion in the press. His views and publication of them led to him being labeled a quack and being struck off by the General Medical Council for infamous conduct in a professional respect. Although later he was offered reinstatement of his license, he declined. (*Source: Wikipedia*)
- **WILLIAM HARVEY** (1578–1657), an English physician whose understanding of the human heart forms the basis of cardiology today. His published research contradicted Galen, provoking immediate controversy and hostility and he was labeled a quack. His medical practice declined, and it wasn't until the discovery of capillaries in 1661 that his theories were confirmed. (*Source: faqs.org medical biographies*)
- **SAMUEL HAHNEMANN** (1755–1843), founder of homeopathy. Hahnemann believed that all disease was caused by “irregularities in the patient's vital force.” Many physicians of his time derided him for the idea of treating illnesses with remedies that produce similar symptoms in healthy people, saying Hahnemann's methods were unscientific and ludicrous. His methods and research have since been wholly vindicated, and form the basis of homeopathic practice today. (*Sources: Wikipedia, faqs.org medical biographies*)

- **JOHN HARVEY KELLOGG** (1852–1943) was a medical doctor in Battle Creek, Michigan, who ran a sanitarium using holistic methods, with a particular focus on nutrition, enemas and exercise. Kellogg was an advocate of vegetarianism, and is best known for the invention of the corn flake breakfast cereal with his brother, Will Keith Kellogg. (*Source: Wikipedia*)
- **JONAS SALK** (1914–1995), is one of the most venerated medical scientists of the 20th century. He applied the findings of others in a successful attempt to find a vaccination for polio. Other researchers and doctors grumbled about his success, particularly as the vaccine used a killed sample. Salk's vaccine was soon replaced by a live variation developed by Albert Sabin. Despite a smear campaign—some said Salk's vaccine was contaminated during production—both vaccines are still very much in use today. (*Source: PBS, A Science Odyssey*)
- **ELIZABETH BLACKWELL** (1821–1910), the first woman admitted to medical school in the United States. The men in the school thought they were going along with a joke when they voted to admit her. She had already been rejected by 49 medical schools solely for being female. Although she shocked the community by showing up for class, and was barred from attending demonstrations considered unsuitable for women, she graduated with distinction to attend further schooling in France. When she returned to the U.S., no hospital or clinic would hire her, so she set up her own office in the slums of New York, where she made a huge difference among people typically left with no health care option. (*Source: International Wellness Directory*)
- **IGNAZ SEMMELWEIS** (1818–1865), realized the importance of hand washing while still a medical assistant on the maternity wards in Vienna General Hospital. His insistence that interns wash their

hands after performing autopsies reduced the death rate and illness severity by nearly 10 percent. His idea that cleanliness mattered was extreme for the time and as a result was ignored, ridiculed, dismissed from the hospital and harrassed by the medical community in Vienna. Today, Semmelweis is considered a pioneer of antiseptic procedures. (*Source: Semmelweis Society International*)

- **LOVISA ÅRBERG** (1803–1866), reputed to be the first female doctor in Sweden. As a self-supporting practitioner, at a time when women were forbidden to practice medicine in the 1820s, Årberg was accused of quackery. The “wound healer doctress” so impressed her male counterparts during questioning about her work, that they allowed her to continue to practice. King Oscar I of Sweden awarded her a medal in 1952 in recognition of her work. (*Source: Wikipedia*)
- **LINUS PAULING** (1901–1994), biochemist. During the 1950s he was denied a passport. He endured virulent backlash from the government, fellow scientists and the press. He left a tenured professorship after two decades because of pressure and disapproval. His views were often dismissed as quackery by physicians and scientific organizations. Yet colleagues recognize Pauling as the most influential chemist since Lavoisier, the 18th-century founder of chemistry and the founding father of molecular biology. He was awarded many medical and scientific distinctions, several peace prizes and a number of honorary degrees during his lifetime. He is the only person to have been awarded two unshared Nobel Prizes in the course of his career: Chemistry in 1954 and the 1962 Nobel Peace Prize. (*Source: Linus Pauling Institute, Oregon State University*)

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