

Health Care Cost Reform Act (Draft)

PREAMBLE:

Our nation faces a healthcare cost crisis that parallels the epidemics of chronic degenerative diseases sweeping across our land and undermining the health and productivity of its citizens. Experts tell us that by the year 2010 the cost of health care will consume 28% of our GNP and a significant portion of the budget of each state. This fiscal tumor must be lanced or it will continue to contribute to the bankruptcy of our federal and state treasuries.

Today California, indeed the United States of America, does not have a healthcare system. In the area of the treatment of chronic degenerative diseases, where most of our healthcare dollars are spent, we have a disease management system. Managing the signs of chronic degenerative diseases like cancer, heart disease, diabetes, high blood pressure, osteoporosis and arthritis has become big business. The focus of drug medicine is not to cure or reverse the causes of diseases but to manage the signs and symptoms – at a high cost - with essentially poisonous drugs, whose side effects are often deleterious and require even costlier management to the detriment of the patient and the treasury. It is a national scandal.

The interventionist model of healthcare, dominated by drug-medicine, presents a clear and present danger to the health of our nation and its national security. While America has the best trauma and infectious disease medicine in the world, epidemics of chronic degenerative diseases

are sweeping the nation from cancer and diabetes to obesity. These epidemics are sapping the strength of our citizens, our work force and are significantly adding to our mounting state and federal deficits.

Because the greater portion of our healthcare dollars are spent on managing the signs and symptoms of medical conditions that are primarily lifestyle diseases, our state and national treasuries can realize great savings in healthcare costs if medicine was redirected to placing a greater emphasis on preventing and reversing the underlying causes of these chronic degenerative diseases. The proposed legislation goes to the heart of the problem: retraining doctors to shift their emphasis from disease management to preventing and curing diseases, both in patient care and patient education. The problem must be addressed at its origins.

Firstly, medical schools must offer more classes in preventive medicine and nutritional therapy. Today few of our medical schools offer substantial courses in nutritional medicine. The use of drugs to manage the signs and symptoms of disease overrides all other concerns.

Secondly, the public must be re-educated: doctors must educate their patients and the general public to take responsibility for their health by adopting healthy lifestyles and more nutritious eating habits. Today the average patient is conditioned by media propaganda and drug advertisements to expect a quick fix of their largely self-originating health problems. The problem is one of a self-perpetuating spiral – the patient is conditioned to disregard the laws of life and health by promises of better health by miracle drugs and the doctor is expected to meet these demands or lose the confidence of the patient.

The winner in this bottomless spiral is the drug companies – not the patient, not the doctor and not the state and national treasuries.

Thirdly, the standard for determining what constitute proper medical practice must be redefined to open the door to nutritional medicine which seeks to prevent and reverse the causes of lifestyle diseases. Today nutritional physicians are excluded from fully participating in patient care. They are often ostracized, ridiculed or penalized for removing the patient from a dependency on a lifetime use of palliative drugs. Yet they are the very ones saving the state and national treasuries countless millions in healthcare costs. Physicians practicing nutritional therapy, judiciously utilizing drugs in emergency cases, must be given a seat at the table. The playing field must be leveled so that they can compete in the market place of healthcare.

Fourthly, the definition of a medically safe product or procedure must be altered. It must be brought into conformity with the definition of other safe/unsafe products. The general definition of what constitutes an unsafe product utilizes the reasonably safe alternative design model. For some mysterious reason this definition is excluded from medical practice and medical product manufacture - the result is to create a monopoly for drug medicine and the exclusion of nutritional modalities in the treatment of chronic degenerative diseases.

Finally, the public consumption of harmful foods must be addressed. While it may not be proper to command behavior, incentives may

be devised to influence behavior into the right channels. Today health science has identified the cause of 80%+ of diseases people now have – the ones that cost 80%+ of our medical dollars. This is not a mystery that needs to be researched or pondered. The medical and scientific literature identifies a major cause of our chronic degenerative diseases to be a lack of whole foods in the diet combined with the excessive consumption of red meat, poultry, dairy and junk foods, whose main ingredients are overly refined foods, including white sugar, white flour and pasta . The jury is not still out on these issues. The facts are clear and the evidence is legion. What we have is a failure of government to stand up to the manufacturers of harmful foods and regulate the industry so that the health of its citizens is protected.

PROPOSED BILL

1. To amend the relevant sections of the Education Code to make it mandatory that our medical schools teach substantial classes in nutritional medicine/therapy. Note: Hippocrates, the Father of Medicine stated that if a doctor does not know the relation between food and disease, how can he ever hope to help his patients? For a physician to “first do no harm” he must be properly educated so that he can both medically help and educate his patients.
2. To amend the relevant sections of the Education Code to provide that a doctor shall take a specified number of units of continuing education in diet or nutritional therapy to get his/her license renewed. Note: similar requirements are in existence for elder care, AIDS, cancer/hospice, pain management etc.

3. To amend the relevant sections of the Medical Code to redefine proper medical care: It should be medical negligence for a physician to only manage the signs/symptoms of chronic degenerative diseases, without also attempting to cure or arrest the underlying causes of the diseases by means which include nutritional medicine/therapy, lifestyle changes and change of poor nutritional eating habits. Note: The state and federal treasury will greatly benefit, if, while judiciously utilizing conventional medicine to stabilize and preserve the life of the patient, the physician explores nutritional means and lifestyle changes to reverse or arrest the underlying cause of the chronic degenerative disease he/she is treating. The evidence is clear that physicians are contributing to the epidemic of chronic degenerative diseases by their disdain for nutritional therapy while relying excessively on drug medications which leave the underlying disease intact, often aggravate it, and often result in the onset of new diseases to be treated by yet more poisonous drugs.

4. To amend the relevant sections of the Civil Code to redefine a safe/unsafe medical product or procedure as follows: a) A medical product is defective in design when the foreseeable risks of harm posed by the product could have been reduced or avoided by the adoption of a reasonable alternative design by the seller or other distributor, or a predecessor in the chain of distribution, and the omission of the alternative design or procedure renders the product or procedure not reasonably safe. b) A medical procedure is defective in implementation when the foreseeable risks of harm posed by the procedure could have been reduced or avoided

by the adoption of a reasonable alternative procedure or practicing by the physician, and the omission of the alternative procedure or practice renders the procedure not reasonably safe. Note: The standard for medical conduct must be based on commonsense. If a practice or procedure results in death or more suffering than the disease, it must be condemned outright. Most importantly, the opinions of the nutritional and herbal physicians who base their practice on sound empirical principles which successfully prevent or reverse chronic degenerative diseases, must be admitted as competent evidence as to what constitutes proper medical care.

5. To amending the relevant sections of the Consumer Code as follows: It shall be unlawful for a manufacturer or producer of foods designed for sale or distribution for profit to the public, to put into the market place products whose main ingredients are either of the following or combinations of them: refined sugar, refined flour, white rice, high-fats and trans-fats. Note: Today the fast foods and junk foods industry have severed all connection between food production and nutrition. America is being malnourished by the failure of the FDA and the several states to see that wholesome foods are put into the market place. When combined with poor lifestyle choices, the result is an exponential rise in metabolic diseases such as obesity, diabetes, heart disease and cancer.

6. To amend the relevant sections of the Education Code to provide that a) nutrition education from grade school to higher education shall utilize a food pyramid that places greater emphases on the consumption of whole foods, fruits and veg-

etables, and less on red meats, poultry, dairy and junk foods; b) fast foods and junk foods consisting primarily of refined foods, high-fats and trans-fat foods and refined sugar shall not be sold in public schools or by facilities ½ mile from such schools.

Note: The evidence is clear that refined foods are slow poisons that result in poor academic performance of school children, while contributing to obesity and other diseases.

PLAN OF ACTION

In order to change the healthcare model in every state of the Union from one of intervention by means of potentially dangerous drugs to one of prevention and cure of chronic degenerative diseases, the author urges the reader to take the following urgent actions:

1. E-mail a copy of this Healthcare Cost-Reduction Act to your local state and federal government representative and urge them to sponsor legislation to change our healthcare model. Send this e-mail also to your local newspaper editor, radio and TV talk show hosts to promote publicity for the legislation. A copy of the proposed bill can be found at www.Healthcarecostreductionact.org
2. Purchase copies of Indicted! and sent copies to your local state and federal government representatives urging them to take action and also to your local newspaper editor, radio and TV talk show hosts to generate publicity and backing for this legislation.
3. Send a copy of Indicted! to your friends and relatives who are battling with or have survived chronic degenerative diseases by including herbal and nutritional medicine in their treatment, ask-

ing them to support potential legislation in their states to change our healthcare model from intervention to prevention and cure. Ask them to purchase and send a copy of Indicted! to their treating physicians, urging them to support the inclusion of nutritional therapy in the care of their patients.

4. Contact www.healthcarereform.biz or email us at healthcarereformact@gmail.com and tell us of your stories of victory over chronic degenerative diseases by the inclusion of nutritional and herbal therapy in your treatment. Your consent for us to use this information in publications and testimonials is hereby given.
5. Pre-order a copy of the author's follow-up book: *The Whisper of the Serpent: How a False Theory of Knowledge Destroyed Ancient Science and Medicine and Threatens to Destroy Modern Science and Medicine*. The Whisper is a panoramic analysis of over 2,500 years of civil war between nutritional medicine and drug therapy. www.whisperoftheserpent.com
6. Send a donation to CRCL, Inc. a California non-profit organization promoting humanitarian and educational work worldwide, including Healthcare Reform, a medical and dental clinic in Haiti and schools in Haiti, India, and among the Maya Indians of Belize. Contact www.crclinc.org to donate by check, credit card, or to make gifts of property by wills or trust. Note: 50% of the sales from Indicted! go to the support our worldwide humanitarian and educational work.
7. Organize a local Healthcare Reform Chapter to promoting legislation changing our healthcare model from intervention to prevention and cure.