

# Casualties of Corporate Medicine

## The Jennie Burke Story

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## Part One

### Humble Beginnings

*Build it and they will come.* - Field of Dreams 1989

Jennie Burke spends most of her work days peering down a microscope, but she isn't sure how long she will be allowed to continue her work. She is known in international scientific circles as having achieved groundbreaking work in the field of environmental sensitivity testing and in observing aberrant cell behaviour in patients with chronic illness, including cancer. Born and raised in Australia, Jennie has been bestowed with many honours including an Honorary Doctorate for her contribution to wholistic medicine, a field of medicine that treats patients on the levels of mind and body using both alternative and orthodox approaches. None of the accolades however, have come from the Australian medical and scientific community. On the contrary, her achievements have made her some powerful enemies.

Jennie Burke was born in Brisbane, Australia in 1951 when it was still a sleepy town built around the scenic Brisbane River that meandered through its central district. Jennie was robust compared to her sister who suffered major illness as a child. She developed an early protective instinct for her siblings along with hurt or sick people and animals. But she had also inherited her father's temperament. He was a school teacher, descended from a long line of Irish school teachers. There wasn't a great deal Burke's family couldn't do once they'd set their minds to it.

By the age of 18 Jennie had made her career choice as a laboratory technician. After her training, she rapidly rose through the ranks, including a stint at the Commonwealth Health Laboratories, to become a department head in a major laboratory less than 10 years later. Her rapid ascent was not due to having a good nose for office politics. In

fact, Burke claims to have a keen dislike of palace intrigues. She subscribed instead to the notion of hard work, a fact that is borne out throughout her career. Her orthodox approach early in her laboratory work gave no clue as to her later career when she took a turn into a novel area of scientific enquiry. She concedes she would still be conducting routine pathology testing were it not for the fact that she married and had two daughters.

Jennie observed that one of her daughters displayed behavioural changes after eating particular foods. She was motivated by her desire to help after a number of doctors were unable to find a cause for the child's symptoms. Strictly adhering to her laboratory technician's training in scientific observation and methodology, Jennie went on to help her daughter by adapting laboratory tests for food intolerance and offering the test to Australian patients. Later she modified it, and developed it to use in testing for chemical sensitivity and for dental material sensitivity testing. Over time the tests helped countless other children and adults. For the first time these patients could be appropriately treated, by avoiding offending foods, or other substances, which allowed them to live a normal life free from behavioural symptoms. This unique testing became known to various doctors who specialised in the field of environmental sensitivities. Burke's was the only specialised laboratory testing for food sensitivity in Australia during the early 1980's, a time when the behavioural effects of sensitivity reactions were escalating but barely documented in the world scientific literature.

### **Rise of Corporate Medicine**

*The power of special interests influencing government policy has brought us this managed care monster.*  
- Congressman Dr. Ron Paul of Texas, 1999

*"A patient cured, is a customer lost."* Anon

The 1980's marked a crucial transition in medicine, when massive market driven health care corporations infiltrated the US public hospital system, bringing with it managed "care", a system where profit is the bottom line. The system was heralded in by corporate lobbyists claiming to reform health care but in reality, it merely privatised the hospital system, which then funnelled taxpayers' Medicare money into the coffers of profit-driven health care corporations. The corporations' voracious appetite included the takeover of pathology laboratories, aged care facilities and other allied health services. This did not bring efficient health care to the US system but instead made it the most expensive health care in the world (10). The system thrived on profits from sickness and guaranteed the predominance of pharmaceutical and high tech approaches to medicine. Powerful vested interests depended on an ever expanding market of sickness to drive profits ever higher. The result of this was that doctoring, including unnecessary procedures and drug side effects became the third and fourth highest causes of death. (9)

The increasingly corrupt system was not seriously investigated and there was fierce resistance against genuine reform because vested interests had infiltrated positions of power. The proof of this occurred when President Clinton started to overhaul the monstrous insurance-based managed care industry that drained the public purse and failed to serve the public with adequate health care. His proposal was sabotaged by the

insurance and drug industries who'd hired expensive PR companies that used dirty tactics, such as forming bogus consumer and watchdog organisations. The Clinton healthcare reform package sank without a bubble (21). Once firmly rooted, corporate medicine grew increasingly intolerant of competition from wholistic health practitioners using scientifically-based natural health modalities such as nutritional medicine. Alternative practitioners were increasingly isolated when doctors, specialists, dentists and physiotherapists were rafted together into corporate medical centres and promoted as “multi-disciplinary” approaches to health care. Even the solo orthodox practitioner was leveraged out of the market and the family GP had to join corporate medical centres or go out of business. With the move came a new way of practising medicine. The average number of consultations per doctor in a large multi-disciplinary urban medical centre was 60 patients per day. With the birth of five-minute medicine came the decline of patient care.

The patients, however, voted with their feet. Less than a quarter of all patients required acute care, which orthodox medicine was superbly able to administer. However, most patients sought treatment for chronic and degenerative diseases which were better served through wholistic approaches including orthodox, alternative and complementary treatments. In 1993 mainstream medicine became aware that the majority of patients were consulting alternative health practitioners for the treatment of chronic disorders. This cut a swathe into corporate health profits and market share. What followed became a systematic attack on alternative and wholistic medicine under the guise of “public health and safety” (38).

### **The Quackwatchers**

*Today, ‘councils’ ‘coalitions’, ‘alliances’ and groups with ‘citizen’ and ‘consumer’ in their names could as likely be fronts for corporations...” – John Stauber*

Many US health care practitioners did not take the arrival of corporate medicine lying down but found they had stiff opposition from some unexpected quarters. Wholistic doctors were targeted by government organisations and many found themselves listed on shadowy front organisation’s websites such as Quackwatch, hosted by Stephen Barrett, a self appointed health watchdog with a rabid dislike of wholistic medicine. Other “Quackbusters” like Barrett have infiltrated government departments and are in positions to influence official policies. (37) A publication entitled *War Against Alternative Medicine* states: “*The Quackbusters were spun off from the AMA in 1976 in response to a racketeering lawsuit filed by a group of chiropractors. They [Quackbusters] are now professional propagandists - debunkers of any type of health care other than conventional drugs and surgery, with enormous web sites, a publishing house with an inventory of 900-plus titles, and a network of fifteen to twenty affiliated organizations.*”

Another method employed to remove dissenting doctors and alternative practitioners from the US healthcare landscape is by way of governmental instrumentalities such as the Federation of State Medical Boards (FSMB). In 1997 this organisation published a step by step plan outlining the way in which State Medical Boards can weed out doctors who

practise wholistic medicine (37). The Office of Professional Medical Conduct (OPMC) also enforces medical standards that mandate ‘uniformity of medical care’ along the lines of corporate medicine. Doctors do not dare deviate from narrow treatment protocols, for fear of prosecution by the OPMC even though the treatments might mean the death of their patient. Once the corporate medicine “standard of care” has been observed, doctors and institutions will be virtually blame free in the event of malpractice because “approved” procedures have been followed. These OPMC standards are set by the managed care and pharmaceutical industry and not by doctors (37). This greased the slide for corporate medicine to settle in. Since this stealthy restructuring of the health care system, quality, affordable and safe health care has all but disappeared while medical treatments and drug side effects have escalated to become the third and fourth highest causes of death in the US (9) (4).

Few were aware of corporate medicine’s arrival into Australia, least of all Jennie Burke, who was just beginning to find her pace in what came to be an extraordinary career.

### **Burke’s Rising Star**

*"Nothing in the world can take the place of persistence. Talent will not; nothing is more common than unsuccessful men with talent. Genius will not; unrewarded genius is almost a proverb. Education will not; the world is full of educated failures. Persistence and determination alone are omnipotent. "* attributed to Calvin Coolidge (1872-1933)

In 1985 Jennie Burke set off to the Bradford Research laboratory in the US to look for new tests for environmental and food intolerance, only to discover that their testing was the same as her own. Moreover, she was conducting far more tests per week in her Sydney lab. Jennie saw her first live blood analysis and Bolens Clot Retraction test done at Bradford Laboratory in San Diego. It was the first time she had ever observed white blood cells at work, oozing along the field of vision, scavenging viral and bacterial particles, ingesting them, and sometimes ejecting them. Other times these amorphous cells seemed propelled by their own intelligence, wrapping themselves around red blood cells appearing to check them for some unknown factor before setting off again in search of another cell. She discovered strange anomalies in the blood of cancer patients and observed their gradual improvement through follow-up tests while some patients underwent naturally based cancer treatments at a nearby wholistic cancer hospital. As an orthodox trained laboratory technician Jennie had conducted thousands of haematology tests where doctors merely ordered blood counts of white and red blood cells and platelets. Live blood and clot retraction testing opened up a new area of discovery and Jennie was immediately intrigued by the predictable patterns formed by the dried blood which seemed to consistently point to various health problems. By far the most unexpected discovery for Jennie was the fact that many cancer patients, some terminal, were recovering using wholistic and natural treatments including herbs and nutritional supplements, and the patients’ clinical improvement was evidenced in their pathology results. Jennie had not previously known that haematology tests could be used to glean nutritional information and the general condition of a person’s health. *“This was my first intro to wholistic medicine,”* she says of her 1985 experience with Professor Bradford, who is now Professor of Microscopy/Oxidology at the Capitol University of Integrative

Medicine, Washington D.C. *“But I didn’t just take all of his work as gospel,”* says Jennie, *“over the years his statements were confirmed repeatedly by our work.”*

Jennie Burke was the first to import Live Blood analysis and the Bolens Clot Retraction tests to Australia where they soon became popular with naturopaths and doctors who were interested in offering scientifically based wholistic approaches to their patients. Soon after returning from her overseas study trip Jennie opened her own Laboratory in Sydney, Australian Biologics Testing Services. During the following years she noted that her findings from thousands of live blood analysis and clot tests per year since 1984 produced high correlations with the patient’s actual pathology.

### **“Reforming” the Best Health Care in the World**

*“If it ain’t broken, don’t fix it.” Anon*

Managed care was in full swing in the US when the funding decline of Australian public hospitals began during the Hawke era in 1985. Perhaps deliberately, this created an ideal opportunity for those wishing to “reform” the system (1). By the end of the decade major public hospitals closed beds and downsized jobs as the money-starved public health services teetered on the brink of serious decline. Most ordinary people could not understand why the hitherto excellent Australian universal health care system was declining or who was at fault. Among the general confusion a flurry of agreements were entered into at the highest levels of government, contracting public hospitals out to private corporations, as powerful lobbyists exerted pressure on governments through key contacts. It was a time of intense debate, both public and private (3). Dr. Michael Wynne, an analyst who has tracked Australian health care privatisation, writes of that time, on a whistleblower website: *“Health care corporations undoubtedly took part in the debate. They had close political contacts so had no need to do so publicly. Corporate advocates must have had a strong influence on government policy – playing on political pain and offering corporate solutions. With strong government support the market became more involved. As in the USA advocates claimed that market forces would result in improved care.”*

### **The Rise of Doctor-Politicians - Aussie Hospitals For Sale**

*He who pays the Piper calls the Tune - Old Proverb*

In 1985, Dr. John Dwyer, an Australian trained doctor, returned from a long stint at Yale University. He had gone to the Ivy League school on a scholarship. Ivy League and most other universities had been thoroughly overhauled and vastly enriched since early last century by grant money from influential benefactors such as: Carnegie, Rockefeller and Sloan foundations. Since then, medical faculties in most universities have been even more deeply funded by pharmaceutical industry money and “research” is most often conducted with a view to maintaining grant money (36). Graduates from these institutions are quick to understand, embrace and further the unspoken agendas of their benefactors. For rebellious types the agenda is spelt out in plain language as in the case of

Dr. Krebs who verified the pressures brought to bear on him in his own words; *“I was assured by my academic mentors that if I refused to obey, conform, and be controlled - be a member of the Club - I would pass into oblivion. I would be denied academic recognition, degrees, jobs, institutions, etc.”* (36) Author Edward G. Griffin has documented the funding of American medical institutions and notes that this system has bred a stable of doctor-politicians; *“...atypical physicians; men who enjoy the limelight and the thrill of accomplishment through medical politics.”* (36)

Well-connected individuals often rise to prominence quickly, being selected and installed into key positions by the establishment. Immediately after returning to Australia, Dwyer was appointed Professor of Medicine at the University of New South Wales and Director of Medicine at the Prince of Wales Hospital. It wasn't long before he was appointed to numerous committees. His connections and an affinity for politics were matched by his intense mission to impose widespread “reform” on the Australian health care system.

By the early 1990's global privatisation of public hospitals continued unabated despite the serious problems of accountability, escalating costs, unnecessary deaths and deteriorating services in privatised hospital services. Professor Dwyer was a dedicated “reformer” and soon tackled Australian health care “reform” head on with an article he wrote in the 5<sup>th</sup> April, 1992 edition of the *Sun-Herald* entitled *“Why public hospitals need private money”*, a call to privatize the Port Macquarie hospital (2). After privatisation, the hospital was generously funded by NSW taxpayers but soon needed bailing out financially. A few years later the Sydney Morning Herald summarized: *The privately managed Port Macquarie Base Hospital has waiting times for elective surgery patients more than double the State average and is the worst hospital performer in NSW, according to a range of health department indicators.*

*- Private Hospital Rated 'worst', Sydney Morning Herald 30 May 1998*

Professor Dwyer remained undeterred as he doggedly pursued another plan to reform the NSW hospital system. On March 17<sup>th</sup> 1994 Mr. E. Page, Parliamentary member for Coogee, argued forcefully in the NSW Parliament against the downsizing and privatising of the NSW hospital system. According to Mr. Page, professor Dwyer seemed to occupy centre stage in the thrust toward privatisation. The Hansard quotes Mr. Page as saying:

*Mr E. T. PAGE: ... A massive private clinic is to be built at the Prince of Wales Hospital. Royal South Sydney Hospital, a centre of excellence, is being run down, and the services at Prince Henry Hospital are being run down. There has to be an agenda, and of course there is one: it was publicized in October 1992 when a document came to light which indicated that Prince Henry Hospital was to be sold off privatised. The proposal is for Club Med style surgery and holiday packages for overseas patients and tourists. A multimillionaire from an Asian country, for example, could book into the hospital for an operation, bring the family to Australia and have the operation while the family are having a holiday in the tourist section.*

*None of my constituents would be going there; it would be a private enterprise, money-making proposal. The report said the proposal was prepared by the head of the Department of Medicine at the Prince of Wales and Prince Henry hospitals, Professor John Dwyer, who is an outspoken supporter of privatisation. That is the agenda: to run down the services at South Sydney Hospital and Prince Henry Hospital so that quietly – the Government would hope – in a few years time they could be sold off and, at the same time, public money could be put into the Prince of Wales Hospital so that it could be privatised at some future date. As part of its proposal for privatisation, the Government was keen to privatise the cleaning service and food service at Prince of Wales Hospital and it called tenders.* Corrected Copy NSW Legislative Assembly Hansard Article No.43 of 17/03/1994.

During the 1990's the professor became active on a variety of fronts in his efforts to create "structural reform in the Australian health system". His busy professional life was offset by his involvement, in his spare time, with the Australian Skeptics, where he met up with Skeptic Cheryl Freeman. Professor Dwyer describes Ms Freeman as; "[ex] nurse, medical detective, consumer advocate..." Together they would collaborate in novel ways to "reform" the health care system.

### **Finding Real Science Outside the Corporate Square**

*We shall seek the truth and endure the consequences.*  
- Charles Seymour

Jennie Burke was hardly aware that the health care system was being radically rearranged, let alone that one day her world would collide with the powers that shifted the goalpost. By the late 1980's her busy professional life placed impossible demands on her personal life, and she found herself a single parent of two lively daughters. She remained undaunted throughout the next decade. When she wasn't parenting her daughters, she was actively searching the world's knowledge base for new and effective technologies; for any information that gave her a chance to make a difference. Despite huge corporate cash injections into research facilities that provided studies for large pharmaceutical companies, there still prevailed pockets of academia that produced astonishing independent research that supported wholistic and natural approaches to healing with a solid evidence base. During the 1990's Jennie Burke travelled overseas regularly in search of new international scientific research. During school holidays Jennie took her girls along and showed them the sights of Europe and the US.

Before too long Burke increasingly found herself in the company of leading edge scientists. She admits to feeling enthusiastic about their "exciting new scientific discoveries that enabled doctors to bring about true healing rather than just getting rid of symptoms". Her friends and colleagues included Professor Emeritus Lida Mattman, a world expert on cell wall deficient bacteria, and Professor Lyn Margulis, ex wife of Carl Sagan, herself an expert on cellular mitochondria, both based in the US. She collaborated with Professor Walter Url, head of cell physiology at Vienna University. They worked together on live blood specimens on the Univar microscope at Vienna University. In 1994 Jennie was invited to present a scientific paper at Vienna University for the Austrian Society of Oncology on live blood indicators in cancer patients. She was given a life membership from the Austrian Oncology Society. Dr Eugene Stradenko, head of Oncology at Moscow Hospital was also impressed by her work with live blood of cancer patients. In 1991 in Moscow she was awarded an honorary doctorate of Alternative Medicine for her contributions to the field of wholistic medicine.

The international scientific community acknowledged Burke, and from 1994 to the present, she has been in heavy demand as a presenter at international scientific conferences and symposia. During a European lecture tour for the Austrian Society of Oncology, Dr. Andreas Oberhofer introduced Burke to thermography, a device that measured body temperature variations and was used as an adjunct to the diagnosis of

breast cancer. Dr. Oberhofer had used it in his practice for over a decade because it was non invasive and did not emit radiation. The thermograph had the added advantage of being used to scan the entire body to check the overall health of the patient. Jennie imported the first thermograph device into Australia and sought the expertise for its use from Dr. Friedrichson and Dr. Von Lennart of the German Society of Oncology, the specialist who had worked with the manufacturer of the device. Burke was particularly encouraged when she applied for and received TGA listing for the thermography machine. The device was also FDA approved and its scientific basis was documented in thousands of scientific studies. She later posted these expanded services on her website citing the statements made about thermography from the U.S. distributor of the equipment. Burke set about offering thermograms to doctors as an adjunct to diagnosing patients who did not wish to be exposed to radiation. The tests also provided information about the patients' general health. She had an all female technical staff including a female physician who reported on the thermograms.

If Jennie Burke had not yet caught the eye of the Australian medical profession, she was just about to take centre stage, with her 1994 launch of the first Australian World Congress on Cancer, in Sydney. As usual for Burke, she brought the first such event into Australia and it was such a success that she followed it with the 2<sup>nd</sup> and 3<sup>rd</sup> World Congress on Cancer in 1995 and 1997. Dozens of eminent scientists from around the world brought with them scores of scientific studies that supported various nutritional, herbal and bioelectrical approaches to cancer treatment. It was the first time in Australia that links between cancer, radiation, toxins, chemicals and other environmental causes such as inadequate nutrition were discussed with such devastating credibility. Judging by the lively discussions and audience participation, the attendees appeared to leave Burke's events excited about the non toxic cancer treatment options. When word got around, one or two were not in the least bit pleased.

## **Part Two - The Web**

### **A Preference for Poison**

*"At any given moment there is a sort of all-prevailing orthodoxy, a general tacit agreement not to discuss some large and uncomfortable fact."*- George Orwell.

The 1990's proved busy for Professor Dwyer. Apart from working on structural reform in medicine, he also saw patients as a clinician at his hospital. He was frequently consulted by insurance companies to assess persons who sought compensation for chemical injuries resulting from chemical exposure. This included a 48-year-old woman who was diagnosed as having sustained a chemical injury as a result of exposure to pesticides. The US Professor who diagnosed her was a world authority on chemical injury and the author of numerous scientific studies in the field. The expert had already conducted exhaustive pathology testing and scans which supported his diagnosis. After reviewing her case for an insurance company Professor Dwyer refuted the woman's injury despite her abnormal scans. Dwyer wrote: *"It is likely that ... (the patient) did experience a toxic reaction to constant exposure to [pesticides] This did her no significant harm..."* (6)

Professor Dwyer states he has seen more than a hundred other patients with her condition. Of these he writes: “*We seem to be dealing with severe psychosomatic symptomatology in all these cases*“. As to the treatment options for these chemically injured persons, Professor Dwyer recommends that patients; “*understand and accept the psychosomatic basis of (the) illness and enter into some intensive help from a competent psychiatrist*“. He makes no attempt to explain the abnormal pathology results that would exclude a psychiatric diagnosis. As to the woman’s treating doctors, including the US Specialist in the field, Professor Dwyer says; “*...she slipped into unscientific hands and was told she had multiple chemical sensitivity syndrome.*” (6)

By his own account there are over a hundred patients whom the professor has diagnosed as mentally disturbed when they have been chemically injured, while judging the doctors who diagnosed these patients as being “unscientific”. In so doing, the professor denies that toxic chemicals can cause injury, while defending the safety of pesticides. These reports have proved valuable to the chemical industry and devastating to persons that have lost the ability to lead normal lives because of chemical injury.

In 1991 Professor Dwyer was awarded the Order of Australia for distinguished service to Australia and/or to humanity at large in the field of medicine and public health. (7)

### **Unholy Health Alliances**

*“There is throats to be cut, and works to be done.”* – (war minister) Henry V, William Shakespeare

For several years, Professor Dwyer has been associated with the Australian Skeptics, an organisation which includes a page on its website entitled “Quakatak” which; “*...is dedicated to getting some control over alternative medicine and educating the public on the difference between medicine and pseudo-medicine*“. The group also puts people’s spiritual beliefs, and in particular, creationists, under their microscope; “*the impulse to religion is a bit like masturbation...*” writes a life member.

The Australian Skeptics group has spawned a number of offshoots. Peter Bowditch, a ruddy faced man with a blunt military manner is the vice president of the group. He keeps busy running a number of websites, one of which is [www.ratbags.com/rsoles](http://www.ratbags.com/rsoles). Not one to trifle with social niceties, he has compiled an extensive list of persons and organisations that he states on his website are, “*a collection of a thousand arseholes*“. Among those targeted are Christian websites, anti-vivisection and animal welfare organisations, alternative medicine and environmental groups. He invites anyone to contact him by e-mailing “The Proctologist”. His targets, however, are not accorded the right of reply. Bowditch makes no apologies; “*owners of sites linked to from here may be offended and feel that I am holding them up to ridicule by calling them arseholes.*” Furthermore, he makes it clear that those displeased enough to consult a lawyer about defamation will have their law firms; “*immediately placed on the arseholes list and linked from this site.*”(11) Normally, Bowditch, the website and the Skeptics could be dismissed as just another group or a byte in cyberspace, were it not for the fact that their spur leads into the

corridors of political power in much the same ways as Steven Barrett's Quackbusters do in the US. Bowditch appears to be the professor's most publicly outspoken supporter and he issues a veiled warning to those who would dispute the academic's views. New Scientist reviewed the professor's book, *The Body at War*, wherein the reviewer pointed out a number of alleged errors. On his website Bowditch relates a conversation that allegedly took place between himself and the professor: "...Professor Dwyer successfully sued the New Scientist for defamation over the book review and, as the Professor put it to me, 'made more money from the defamation action than from book royalties'".

### **Let the Games Begin**

*"Nothing is less productive than to make more efficient what should not be done at all." - Peter Drucker*

Sydney-siders suffered from a bad case of Olympic fever in 2000, when few had their eyes on other State issues. Until then it had been unclear what Bowditch, the professor, the Skeptics and certain others had in common, apart from a compulsion to "reform" the healthcare system and a seemingly systemic opposition to alternative and wholistic medicine (18). The events of the next two years however cast a glaring public light onto many alliances that led directly to the inner organs of the State Government. That got the attention of the general public and raised issues with the voters themselves about the identity of shadowy groups, unelected and beholden to no-one, that would decide what kind of health care is for the public good and which practitioners needed weeding out. The electorate was beginning to wonder how decisions were being made and who was making them.

Australia is one of the most bureaucratized nations on earth, with a committee, a government department or a commission for almost everything. Consumers can complain to any number of government departments for any number of reasons. Any patient dissatisfied with a health care practitioner, treatments or devices can lodge a complaint to the Health Care Complaints Commission (HCCC), a bureaucracy with wide ranging powers of investigations and actions. The definition of a quack is a pretender to a skill. Anyone who believes they have been treated by a quack may complain and have that person investigated and dealt with. If unsatisfied the patient may exercise their right of appeal. Any patient may exercise the right to question their practitioner as to their qualifications and registration details with the appropriate professional boards. They may (and probably should) ask to see studies that support any treatment or device that is offered to them. The health professional, whether he is an orthodox or alternative doctor or practitioner, should be willing and able to oblige. If patients are not satisfied they will seek other options. On the other hand a duly qualified practitioner who uses a treatment supported by scientific evidence in an appropriate manner should experience no harassment from authorities. Many patients now conduct considerable research themselves before choosing a particular modality or practitioner.

It would surprise health care consumers to learn that they are considered by some special interest groups as being too feeble-minded to know what kind of health care they want.

And no serious person would rely on a special interest group or a social club to police the entire health care profession.

Bizarrely that is exactly what occurred in Sydney in November 2002 when the then NSW Health Minister Craig Knowles announced a “*crackdown on ‘miracle cures’, ‘wonder drugs’ and misleading health claims and advertisements to protect people who are sick and vulnerable.*”

For most practitioners the move came unexpectedly, and the public could hardly have expected the move in the vacuum of a non-issue. For a while there were few clues until Bowditch confirmed on his website that a “trigger” for this government action was some “work” done by the Australian Skeptics. The “work” referred to was outlined in the Skeptic magazine, Summer 2002 issue, which described Skeptic Ms. Cheryl Freeman, as having gathered an astonishing array of alternative treatment devices and treatments, (often gleaned as a pretender by using false identities). Freeman’s acquisitions were propped on a display table at the Sydney press conference on November 8, 2002 when the then Health Minister announced the crackdown. He was joined by Professor Dwyer standing to his right and on his left stood Ms Amanda Adrian, Commissioner of the Health Care Complaints Commission (HCCC), an organisation that handles complaints from patients about health practitioners and their treatments. The Commissioner’s presence puzzled many observers, since no actual patient appeared to have made a complaint about any alternative practitioner or treatment. The “evidence” for this alleged “widespread quackery”, had been solely provided by members and affiliates of the Skeptics who seemed the only ones tied in knots about alternative medicine.

According to a Skeptics editorial it was time for the alternative health profession to be “called to account”. Something had to be done about all the “quacks” out there who used the paraphernalia that lay strewn over the Minister’s table at the press conference, on “innocent victims”. The Minister wasted no time in acting on this problem by announcing his appointment of Professor Dwyer to head a special committee, the Health Claims and Consumer Protection Advisory Committee. Later, the professor wasted no time by announcing in the *Australian Doctor*; “*We are going to make it much harder for the mongrels who sell this stuff*”. And “*doctors who offer miracle cures will be deregistered as part of a crackdown on shonky medical practices*”.

Soon after the press conference the committee members were chosen, their qualifications being primarily linked to orthodox medicine and pharmacology. **Meanwhile in the month it took the professor to assemble the members, there were 4166 Australians disabled by conventional doctors and hospital treatments and 1500 Australians died as a result of conventional medical treatments in the current health care system (22,23,24,41).** Amazingly, the committee was not set up to enquire into the high death rate of conventional medical treatments but rather to target alternative and wholistic health treatments and practitioners, including doctors using nutritional supplements. There had been no deaths resulting from alternative medicine in Australia during that time.

*“This is not a witch-hunt”* claimed the Minister, when he appointed Professor Dwyer to conduct the crackdown that came in the wake of no public complaints. Indeed, the public seemed to be well pleased with alternative medicine and much to the dismay of the Minister, the professor and the Skeptics, the public has continued to part with over a billion dollars on natural health care each year. What meant health freedom and choice to the majority of the public who used complementary medicine became a problem to the health care “reformers”, and it needed fixing.

### **Tiresome Warriors**

*“It is a damned and bloody work, The graceless action of a heavy hand”* King John IV, William Shakespeare

Cheryl Freeman is a former nursing sister in her 50’s, whose face still shows the signs of past ill health, but she is undaunted in her quest to “reform” the health care system. Dwyer refers to Freeman as a “tireless warrior for change”, and the two have often joined forces in the past to bring about “health care reform” (9). In what must be a full time endeavour, Freeman compiles her laundry list of victims from someone having scoured the Yellow Pages and the internet for alternative practitioners, devices or natural remedies. Once her sights are set she pens voluminous complaints to the medical watchdog, (HCCC) (14). In the absence of any consumer complaints, Freeman lodges her own home grown variety.

In what must be an exhausting trek around the State’s alternative health care professionals, Freeman often gets up close and personal when she attends the clinics of alternative practitioners using fictitious names such as Michelle Trueblood. Freeman complains of bogus ailments, and seeks treatment from the practitioner before she lodges her complaints about the treatment she received for her bogus complaint, with the HCCC (15) (14).

The HCCC was designed to address authentic patient complaints from genuine patients, and it is difficult to understand why the Commissioner of the HCCC would take a complaint seriously from a person making random allegations about scores of practitioners. Normally complaints from habitual or frivolous complainers end up in bureaucratic wastepaper baskets or in the busybody file. Inexplicably though, not in the case of Freeman. Her net is cast wide to include medical doctors who practice nutritional or wholistic medicine (18). After Freeman’s complaint Professor Dwyer has on occasion followed up with his own complaint to the consumer watchdog, the Australian Competition and Consumer Commission (ACCC) or the Department of Fair Trading. The hapless practitioner is now a target, especially if he/she uses a therapeutic device or is the manufacturer of one, even if professionally qualified and the device is duly listed with the TGA (12) (13). This is often followed by an op-ed piece written by either Freeman or the professor, opining about; “shocking practices” or “quackery”. (12)

## **Levelling the Playing (Killing) Fields**

*"There is no sure foundation set on blood, No Certain life achieved by other's death"* King John, William Shakespeare

*"Every violation of truth is not only a sort of suicide in the liar, but is a stab at the health of human society."* Ralph Waldo Emerson.

The "health reform" pincer movement has left a trail strewn with victims, including alternative practitioners, inventors of devices and manufacturers of natural products (12). Mysterious complaints to various authorities from parties other than patients all too predictably heralded myriad events such as bankruptcies, loss of professional reputation, deregistration, depression, public humiliation, fear, nightmares and odd visits from various unknown persons. One inventor recently died of a stress-related illness. Another manufacturer, who has been vindicated, has erected a high perimeter fence around his property (8) (12). Even after a concerted purge, few genuine quacks appear to have turned up. Many unfairly accused have been vindicated after being dragged into expensive litigation. They have shown the merits of their modality by providing the scientific evidence on which it is based, a simple matter that could have avoided expensive court proceedings. "Victory", however, came at a cost. Some have lost their homes, practices, reputations and research grants.

With such an extensive purging of alleged quackery from Australia, it would be expected that the fatalities due to health care would have plummeted. In the year since the Dwyer committee has been in operation the figures are as follows: Deaths from alternative medicine amounted to one Melbourne woman who died after an alleged reaction to Kava Kava. It is not known whether the woman was taking liver-toxic pharmaceuticals at the time. No practitioner was involved.

Meanwhile, 50,000 Australians were disabled that year by conventional medical treatments in the current orthodox healthcare system. 18,000 Australian deaths occurred that year, in part, attributable to conventional medical treatments. (22,23,24,41)

The Dwyer Committee continues to look for quacks in alternative health care. There has been no governmental investigation into the 68,000 deaths and disabilities from orthodox doctors practicing conventional health care in our current medical system since the anti-quackery committee was founded. Meanwhile Freeman is continuing her quest to expose alternative medicine and "reform the health care system". For her efforts Freeman was named *Skeptic of the Year* in 1999.

## **Much ado About a Committee**

*It is error alone which needs the support of government. Truth can stand by itself.* – Thomas Jefferson

*If the citizens neglect their duty, and place unprincipled men in office, the government will soon be corrupted; laws will be made not for the public good so much as for the selfish or local purposes.* - Daniel Webster

Twelve months after its formation, the Dwyer Committee remains a hot issue. At its inception the professor allegedly recommended to the then Minister Knowles that Freeman and Bowditch become “advisers” to the committee. This was apparently approved, as Bowditch states on his website: *“I am an advisor to the committee, which means that I don’t receive any payment for my involvement but I am available to offer suggestions about the matters the committee should consider, the directions it might take”*. Bowditch also has a link to a restricted access discussion group that is only open to “approved” members. The discussion group, QuackbustersOfTheIlluminati, states its purpose as being: *“This is a meeting place for the anti-alternative-medicine committee of the Illuminati, where we can meet and consider our attack on health freedom within the broader agenda of world domination.”* (16) It is not known what relationship Bowditch has with this group, why it is secretive or why it was formed.

The original formation of the Dwyer Committee attracted widespread community concern for a variety of reasons. The committee members’ backgrounds tended to be either in administration, orthodox medicine or pharmaceuticals. There were no members with expertise in complementary or alternative medicine until some time later when Dr. Mark Donohoe, an expert in nutritional, complementary and alternative medicine was appointed. Community meetings were gathered where the public asked about the suitability of the other persons on the committee, their qualifications and their potential for objectivity. Parliamentarians raised questions in Parliament as to the professor’s capacity for objectivity on the issue of alternative medicine. The Honourable Alan Corbett asked the NSW treasurer in NSW Parliament: *“Is the Treasurer also aware that Professor Dwyer is a longstanding critic of complementary medicine and that he does not have the confidence of practitioners in this area?”*

The Honourable Richard Jones stated in the NSW Parliament: *“ It would appear that Professor Dwyer has been hired by the Minister for Health to conduct an unprecedented attack on complementary medicine in this country. It would appear from Professor Dwyer’s various pronouncements that he has a total antipathy towards complementary medicine.”*

Other MPs raised equally serious concerns, but some of the gravest doubts appeared to centre on the appointment, as advisors, of Bowditch and Freeman. Overall, five Parliamentarians questioned the Health Minister’s choices. Incensed, Bowditch retaliated, and listed those Members of Parliament on his website, referring to them as “fringe dwellers”. Of the Parliamentarians of Asian descent he alleged that *“such witchcraft [as alternative and Chinese medicine] was a traditional part of the cultures in the countries their forbears escaped from”*. Bowditch labeled others who raised issues about the appointments, as “kooks”, “hypocrites” and “liars”. Various Members of Parliament asked Bowditch to provide evidence of his qualifications. Bowditch claimed harassment and replied: *“My qualifications are that I am a scientifically-literate, concerned citizen with a particular interest in medical quackery. I am sick of seeing liars and thieves get away with their lying and thieving...”* (17).

Peter Bowditch and Cheryl Freeman still serve as advisors to a committee that has wide ranging powers to change people’s lives by deciding what the community can or cannot

choose by way of health care. They have the power to influence Australians' health Freedom by their right to: *"offer suggestions about the matters the committee should consider, the directions it might take.* Allegedly nominated by Professor Dwyer and appointed by the NSW Health Department, the State Government deems them as individuals of integrity whose advice is vital to the public interest. Public concern has been dealt with on Bowditch's ratbag/rsol website by targeting concerned persons, but so far the State Government has not addressed public concerns.

Meanwhile, Professor Dwyer was nominated in 2000 as Skeptic of the year.

## **Part Three – The Global Web**

### **Waking Up Sleeping Watch Dogs**

"You shall know the truth and the truth shall make you free, but first it shall make you miserable."  
- Carl Rogers

During the last two years of the 1990's Jennie Burke worked tirelessly to keep up with demand as more doctors and other health practitioners requested her specialised tests. With their permission she listed their names in a brochure. Other practitioners acquired live blood cell analysis equipment and started doing their own testing. Burke had no problem with this, though she stated, *"Frankly I'd prefer to see practitioners trained in laboratory protocol"*. She herself did not practise any form of treatment but provided laboratory services only.

By mid 2000 Burke had attracted someone's interest. Journalists from two major dailies contacted her with questions she considered unusually similar. She asked where the questions had originated and was told the name of Dr. John Forbes, who was conducting clinical trials on breast cancer drugs. She answered the questions and a small article appeared in a Murdoch paper. When an op-ed article appeared around November/December of 2000 in a number of inner city newspapers, written by Professor John Dwyer, experienced observers knew enough to expect trouble in the form of a predictable, almost scripted course of events. In his article the professor writes: *"I was surprised and delighted...to be named Australian Skeptic of the Year."* Then he takes the Australian Biologics Testing Services to task. Of Jennie Burke he writes: *"The director is listed as one Jennie Burke, who has no clinical qualifications whatsoever..."*

According to his short blurb at the university UNSW website: *"Professor Dwyer has championed in Australia resurgence of the clinician governance and is much involved in effort to create structural reform within the Australian health care delivery system."* By 2000 a portly grey senior professor, Dwyer had helped reform a health care system that was just a few years away from near total collapse, but he remained undaunted. His public profile raised by numerous media interviews, he announced on ABC radio that just as the government should undertake the privatisation of Australia's water: *"What we professionals, what consumers, what the public is saying is that we need exactly the same*

*deal with health.*” (26) On another occasion the Professor claimed on the ABC 7:30 report that the Australian Navy should not hesitate to administer anthrax vaccinations: “*If you inhale the spores of this into your lung, you’re going to die*”. Always a stickler for evidence-based medicine, he seemed unaware that according to the CDC’s studies published in the Emerging Infectious Diseases Journal, the Anthrax attacks in 2001 resulted in 60% survival rates. The anthrax vaccination, on the other hand, has produced a number of serious side effects and more recently, deaths from fatal blood clots have reportedly been linked to anthrax vaccinations (42).

In addition to his regular specialty, immunology, the professor’s influence was broadening, as he had meanwhile become more involved with cancer treatment.

Jennie Burke was also taking a keen interest in cancer research – in the prevention and wholistic treatments of cancer and in the extraordinary changes in the blood of cancer sufferers. Her interest was not as a doctor but to bring independent medical research into Australia that would give cancer sufferers new hope and empowering knowledge about viable alternative treatments that were based on scientific evidence. Not three years previously she had invited to Australia the best scientific brains to discuss cancer prevention, wholistic approaches to cancer, efficacy of conventional treatments, nutritional approaches, cellular and molecular approaches, the use of vitamins in the prevention and treatment of cancer, and immunological approaches to cancer treatments. Scientists, clinicians, biochemists, specialist oncologists, professors of medicine and surgery and wall-to-wall PhD’s arrived from Finland, Germany, Australia, USA, Mexico, Austria, UK, China, Japan, Canada, Hungary, Sweden and New Zealand. (19) It is difficult to imagine that a conference hall full of top flight cancer specialists and scientists from all over the world with suitcases full of scientific evidence supporting natural and alternative cancer treatments – would escape the attention of the establishment. It is entirely possible that Drs. Forbes, Dwyer and others were none too pleased with “one Jennie Burke”.

### **Not this Little Black Duck**

*“Truth is stranger than fiction - fiction has to make sense.”* Leo Roston.

During the time of Professor Dwyer’s vigil on quackery he had acquired another title as head of Clinical Oncology at Sydney’s Prince of Wales hospital. In 1999 an Oncology department computer was programmed incorrectly. The program was to administer a cancer treatment by delivering radiation therapy to patients with tracheal and oesophageal tumours. In June 2003 ten persons were discovered to be affected by this error which was admitted by the hospital. Eight of the ten patients affected had already died by the time the error was discovered. While the deaths were being investigated, Professor Dwyer was reported on ABC Newsline on 20/6/03 as saying that he did not believe the mistake hastened their deaths. And he did not believe that any of them had died because of the error. (39)

## **Moving In For the Kill**

*Political language...is designed to make lies sound truthful and murder respectable, and to give an appearance of solidity to pure wind.* Anon

On July 26, 2000 Cheryl Freeman lodged a complaint against Jennie Burke with the Health Care Complaints Commission (HCCC). Freeman had never been to Jennie Burke's laboratory. Freeman's allegations against Burke included the;

*“use of unscientific diagnostic device, THERMOGRAM...use of unscientific LIVE BLOOD CELL ANALYSIS TEST...and alleged SEXUAL ABUSE-ASSAULT...female clients required to sit to (sic) NAKED to waist for useless-nonsense THERMOGRAM tests”.*[Complaint above as written by Freeman, capital letters are Freeman's.]

Without ever having been a patient, undercover or otherwise, Freeman expanded her complaint to include; *“19 Sydney Holistic Medical Doctors, and 33 Sydney qualified alternative therapists”.*

Freeman's complaint was levelled against 53 people, but just for good measure, she included; *“possibly many others in NSW also referring patients and clients to Ms. Burke's Sydney Clinic.”* Fortunately Freeman concentrated her terms of reference on NSW alone. Had she included doctors from other states or foreign countries, who'd sent their pathology to Australian Biologics, the list might have circumvented the globe, and required an enormous army of quack watchers to haul in the offenders.

## **Accused of “This and That”**

*“All is not well “ “Something is Rotten in the state of Denmark”* Hamlet, William Shakespeare

News about Jennie Burke travelled fast and health freedom watchers waited for the other shoe to drop. They didn't have long to wait. The professor lodged a complaint on December 4, 2000. It was written on Professor Dwyer's official stationery and addressed to “Sonya Eibl” at the Australian Competition and Consumer Commission (ACCC) and it read:

*Dear Sonya,*

*I would be most grateful if you could take on the job of looking at the issues around Australian Biologics Testing laboratories as outlined in my newspaper column and material that I am supplying to you past (sic) onto me by [name blacked out]. Increasingly patients are turning up in the clinic thoroughly agitated by what they have been told and not infrequently having spent good money to be ripped off with bogus devices claimed to cure “this and that”. Both live blood test and the bogus thermogram treatment deserve the microscope of ACCC to be held above them. If you are not able to undertake the matter personally I would be grateful if you could pass it onto someone else at ACCC who might like to pursue the matter and of course I will help out in every way possible.*

*Best Personal Wishes, [Signed] G. Tomasiello per John M. Dwyer.*

Meanwhile Freeman's complaint to the HCCC went nowhere. The professor, on the other hand, pressed his complaint to the ACCC on the basis of alleged persons in his clinic. The complaint itself does not explain who allegedly complained and why patients were "agitated" and what they have been told and who told them and in what way were they "ripped off". Not to mention what those "bogus devices" were that claimed to cure "this and that". It is not made clear what "this and that" actually means. The professor, ever worried about quackery, neglected to ask Burke to supply him with scientific evidence, a request she says she welcomes and has no trouble in supplying. So on the basis of "this and that" the ACCC, a very strict watchdog with wide ranging investigational powers took the matter on and commenced an investigation in the absence of any genuine consumer complaints.

The Australian Consumer Complaints Commission (ACCC) is a governmental organisation devoted to fair competition. It enforces the fair trading act. It also incorporates consumer protection provisions which "*prohibit unfair practices such as: misleading and deceptive conduct; false representations; misleading statements; harassment and coercion; bait advertising; referral selling; and pyramid selling.*" Its commissioners and directors come from corporate, and banking backgrounds. It has a health sector team who will be entrusted with assessing Burke's science. They include an occupational therapist, physiotherapist, a bachelor of commerce graduate, and a past analyst at the Reserve Bank.

The ACCC bristles with highly salaried staff and is not a bureaucracy that tends to wait for genuine complaints from real customers. Instead, they make the world "safe" for all Australians by scouring the planet for internet sites they regards as "suspicious". ACCC is the prime mover in "International Internet Sweep Day" whereby ACCC, TGA and the Federal Treasury, along with 18 other countries and 58 local and international agencies sweep internet websites using special spy software keyed for words like "health" and "immune system" "cancer", and "arthritis". These key words turn up websites advertising natural products or health services which the massive international taskforce usually considers to be misleading claims about health products and quackery. The Federal Treasury may well be involved to track money customers pay for goods. Products or services may be considered "suspicious" even if there are scientific studies and testimonials to back up the claims. The alleged quacks are then possibly prosecuted by their own country's authorities or they are "re-educated" in any number of ways. This self appointed and tax-payer funded task force is to make Australian and the world's consumers safe from "false, misleading or deceptive conduct" (43). The world's authorities, however have failed to investigate the false claims for "cures" made by mainstream cancer centres, which often needs to be addressed by victims of consumer fraud. In 1998 MD Anderson Cancer Centre was sued for claiming to cure 50% of cancers with chemotherapy (44). While attempting to sweep the world clean of nutritional supplements and naturally derived products, the ACCC and other foreign government watchdogs appear to have severe difficulty in prosecuting pharmaceutical companies making false claims and mainstream medical fraud.

In his book, *Corporate Crime in the Pharmaceutical Industry*, author John Braithwaite: “shows how pharmaceutical multinationals defy the intent of laws regulating safety of drugs by bribery, false advertising, fraud in the safety testing of drugs, unsafe manufacturing processes, smuggling and international law evasion strategies”. “Data fabrication is so widespread”, says Dr Braithwaite, “that it is called ‘making’ in the Japanese pharmaceutical industry, ‘graphiting’ or ‘dry labeling’ in the United States.” He further states: “ The incentive for clinical investigators to fabricate data is enormous. As much as \$1000 per subject is paid by American companies, which enables some doctors to earn up to \$1 million a year from drug research...”

According to current available statistics, when patients are prescribed pharmaceuticals they have no way of knowing whether the drug’s effects are as claimed. Side effects from drugs are now the 4<sup>th</sup> leading cause of death in the US. By their own standards the ACCC and Department of Fair trading and the 58 international consumer watchdogs should regard those deaths as a consumer issue involving false, misleading and deceptive conduct, but so far they have not conducted any investigations. Nor have they conducted a “sweep” with their official “broom”.

On March 20<sup>th</sup> 2001 the ACCC took Jennie Burke to task, alleging false, misleading and deceptive conduct because she had given brief explanations on her website and her brochures about the tests she offered in her laboratory, explanations she took from the available world scientific literature on the subject. For several months the then Commissioner, Professor Allan Fells would decide whether to take the matter to court. By May of 2003 Burke had still heard nothing from the watchdog and assumed the matter had become redundant.

### **Web of Deceit**

*"There are only a few evil people in the world, but they get around a lot." -- Author Unknown*

*Those who steal from private individuals spend their lives in stocks and chains; those who steal from the public treasure go dressed in gold and purple. - -Praeda militibus dividenda (Id., XI, 18)*

On a frosty February morning in 2000, a prominent Australian, President of the National Competition Council in Melbourne gave a speech to the World Bank in Washington DC.

The World Bank is a supra national banking conglomerate which is the prime mover of globalization (46). World Bank agendas have been revealed by an ex-employee, Nobel Prize winner Joseph Stiglitz who was sacked after he began to feel uncomfortable and questioned the clearly damaging agendas on the people of the world through World Bank policies. “It has condemned people to death,” said Stiglitz of the World Bank’s economic policies. Stiglitz was in the position to make that judgment as the organization’s Vice President and chief economist (45). Stiglitz leaked a number of secret World Bank Documents that clearly demonstrated their deliberate policies of privatising nation’s public assets and natural resources such as water, with the help of each country’s power elites who would in turn pocket considerable financial benefits with which to feather their

nesses. Stiglitz calls this form of privatisation “briberization”. The World Bank in turn issues tens of thousands of contracts to multinational corporations who wait eagerly to privatise and take over national assets proving an effective way of transferring ever more of the world’s public assets and natural resources into the hands of a very few elite individuals. There appears to be no shortage of helpers to further this agenda; various complicit politicians, corporates, prominent heads of organizations, doctor-politicians, lawyers, academic-politicians and powerful bureaucrats all play a part for a variety of motives (34, 29, 47).

In 1987 the World Bank released its agenda for health “reform” giving the world’s nations, including Australia, notice it intended to play a crucial role in health care along with the WHO. (33) In its report entitled; *Financing Health services in Developing Countries: An Agenda for Reform*, the World Bank clearly spelt out “reform” meant corporate medicine and managed care. The plan was couched in a more innocuous term: “market driven health care”.

Conveniently the World Bank hands out 40,000 contracts each year to favoured corporations (47). To facilitate privatisation, multinationals and their powerful lobbyists ensure “reforms” progress at a cracking pace by excluding small business from the playing field (30). The Australian government has supported corporate dominance by requiring small business to pay proportionately more tax than multinational corporations. Multinationals have successfully lobbied governments for a “level playing field” to lever out their small business competitors and have been greatly assisted by anti competitive instrumentalities with the power to disadvantage small business and dissenters, driving them out of the market place. In Australia at least, there appears to be no shortage of “reformers” and “consumer” watchdogs with the capacity to drive small business or dissenters to the wall after raking through their victim’s business.

The prominent Australian from the National Competition Council gave a rousing speech to the well appointed World Bankers in Washington. This man was Graham Samuel. Few Australians knew of this power broker even though he had made his mark on public policy. Samuel, a Melbourne based lawyer, was also a banker, a corporate adviser, and president of the Australian Chamber of Commerce and Industry (48). Some of his lesser known accomplishments included his significant role in introducing the unpopular Goods and Services Tax to Australia and his Chairmanship of the Inner and Eastern Health Care Network, Australia’s most profitable and influential health care provider, consisting of a number of hospitals in Melbourne Victoria (41).

When Dr. William Runciman discovered in 1995 that 18,000 deaths and 50,000 injuries occurred in Australian hospitals annually from orthodox medical treatments, the then Federal Health Minister Carmen Lawrence was sufficiently alarmed to form a taskforce to investigate the matter (22). The Melbourne Age newspaper launched a freedom of information request in June 1998 with Victoria’s six health care networks including the one chaired by Samuel. This was bitterly opposed by Samuel. During a hearing in the Victorian Civil and Administrative Tribunal, Samuel along with eminent professors of Medicine and other top brass from the Inner and Eastern Health care network joined

forces with a formidable legal team to try to prevent any statistics about hospital deaths from being released to the public. Their reasons, according to journalist Bill Birnbauer in his feature article entitled *The Story behind Fatal Care*, was that the: “public would have difficulty understanding the information...and it would be contrary to the public interests”, or so one of the network’s witnesses alleged (41).

Two years after his efforts to prevent the public knowing about the adverse events resulting from orthodox medicine in our public hospital system, Graeme Samuel was now addressing the World Bankers and delivering his plan for privatised healthcare in Australia (40). Judging by Samuel’s previous actions his euphemisms such as “market based healthcare” had more to do with privatising the Australian health care system and permanently installing corporate medicine, than with any sense of fair play, healthy competition or public access to cost effective healthcare. The taxpayer and the public however, were excluded from the elite gathering in the plush five star surroundings; as always when public assets are “redistributed” and “privatised”. Most Australians, too busy working two jobs to scour alternative news sources, could have used a lesson about the direction in which their public assets were headed, assisted by the National Competition Council which is involved in; “overseeing the opening up of public sector to competition” (31,35,49). The World Bankers however, could not have been more delighted that Australia was nearing its final target as outlined in its “Agenda for [Healthcare] Reform”.

In 1998 Graeme Samuel was awarded the AO, the office of the order of Australia, given to persons who perform a distinguished service of a high degree to Australia or to humanity at large.

On June 27<sup>th</sup>, 2003, the Commissioner of the ACCC, Allan Fells announced his resignation. His position was taken up by Graham Samuel. That afternoon Jennie Burke received a writ. The ACCC with its brand new Commissioner Graeme Samuel at the helm had decided to prosecute Australian Biologics under the “Fair Trading Act” for false, misleading and deceptive conduct. (20)

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### **About Eve Hillary**

**Eve Hillary is based in Sydney. She a medical analyst, public speaker and writer on issues pertaining to the health care industry and environmental health.**

**She is the author of *Children of a Toxic Harvest: An Environmental Autobiography*, and numerous articles relating to health issues. Her most recent book is *Health Betrayal; Staying away from the Sickness Industry*.**

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*In NSW, \$2 billion is needed to modernize our hospitals, let alone build new ones to serve our ever increasing population . . .*  
*The first step in our attempts to remedy the situation, namely an invitation to the private sector to help us build and manage some of our public hospitals, is topical and controversial . . .*  
*Port Macquarie Hospital, for example, could benefit from an injection of private sector finance and management skills. No services would disappear and none of the hospital's current clientele would be disfranchised.*  
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- (33) [www.phmovement.org/pubs/issuepapers/hong11.html](http://www.phmovement.org/pubs/issuepapers/hong11.html)
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- (35) Dr. Michael Wynne a health care whistle blower analyses Mr. Samuels's speech on corporate market based healthcare;  
*"Health and aged care are on the table for global trade agreements. They have been targeted for inclusion in agreements made by the World Trade Organization (WTO). If health and aged care is included in WTO agreements then matters which would profoundly affect the way health care is provided and the sort of care provided will be decided by an industrial court at the WTO and not by the Australian citizens and their governments.*  
*Australia's National Competition Council is at the forefront of these moves and its chairman Graeme Samuel attempted to persuade the World Bank to accept a marketplace model which he proposed. Both Labor and Coalition governments have promoted market systems in Australia and welcomed multinational health and aged care corporations into Australia."* (30, 31)
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