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# The Voluntaryist

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## Life, Liberty, and Quackery From A Voluntaryist Perspective

By Carl Watner

[Editor's Note: Author and page references have been inserted within parentheses in the text. Full information for References Cited can be found in the online version of this article at [voluntaryist.com](http://voluntaryist.com).]

In January 2018, I was diagnosed with prostate cancer. Even before my biopsy I had already decided I would have no part of the traditionally recommended cut, burn, or poison (surgery, radiation, chemotherapy) treatments. So I was highly motivated to discover what other alternative therapies were available. What I found was a great number of protocols that had all been shunned by regular oncologists. In fact my urologist told me he had never had a patient try to treat their cancer naturally.

This article is an outgrowth of that quest. I found that there were many different alternatives to treating cancer, but what I found most interesting was nearly every one of them had been suppressed through government or medical association action. Their inventors, discoverers, and/or promoters were harassed, fined, placed on trial, or hounded out of the country to avoid further persecution. Practically all of them were labeled quacks, and their treatments derided as quackery. The fact that these alternative programs for treating cancer had many survivors and testimonials meant nothing to the representatives of Official Medicine (the Food and Drug Administration, American Medical Association, National Cancer Institute, and American Cancer Society). Finally, I came to the conclusion that medicine in a stateless society would be significantly different from the socialized medicine we have experienced in the United States for the last 100 years.

The purpose of this article then is to briefly describe the development of medical science in America; examine the collusion between governments (at various levels) in the United States and the medical associations that began forming around the mid-1800s, and eventually became de facto monopolies; briefly review the great diversity of heterodox medical traditions that once existed, some of which are still with us; to observe their punishments at the hands of Official Medicine; and to discuss the ethical and legal parameters, which might serve to guide health seekers and practitioners in a voluntaryist world.

Medical healing in North America began in a mostly voluntaryist setting. One might truly say, “it all

began with the Indians.” For hundreds of years before Europeans began their colonization of North America, the Indians had practiced their natural medicine. They “experimented by trial and error with natural plants and herbs to determine their properties and effects.” The English settlers soon copied the Native American “use of plants, herbs, extracts, minerals, and trees that had medicinal value.” Treatments were rudimentary, to say the least. There were no hospitals (the first in Philadelphia, being established in 1751), and there were no medical colleges until 1765. In colonial America, the practice of medicine fell to laymen who became physicians, surgeons, or apothecaries. Though some physicians trained abroad in Europe, few held medical degrees, and most learned their crafts as apprentices where they were exposed to the art of bloodletting, setting broken bones, and prescribing herbal remedies. Anyone “who wanted to practice medicine could do so without credentials or certification.” Those experiencing medical emergencies had three choices: “find a doctor or perhaps an apothecary, treat himself, or die.” On the frontier, it was every man for himself or EVERY MAN HIS OWN DOCTOR, as “the first popular manual of American medicine” put in in 1734. (Dary, 17-18, 30-31, 36-37)

When you say you'll do something, you do it or die.

- James Hylton, Inman, SC citing the “Code of the Hills.”

Under the common law the practice of medicine was open to all comers, subject only to liability for malpractice damages. However, statutory medical licensing had existed for many centuries in England. Licensing was placed under the control of the College of Physicians which was established in 1518. This group had the right to punish irregular medical practice with both fines and imprisonment. Medical licensing was brought to this country with the English colonists. However, the widely scattered population and the small number of physicians made licensing impractical until the late 18th Century. Colonial and state assemblies assumed licensing prerogatives under the guise of public health regulations. Between 1760 and 1830 laws against irregular practice became more severe, and by 1830 physicians in fifteen states had to be licensed either by their state legislature or a state-authorized medical society. However, with the development of rival heterodox medical systems, such as hydropathy, mesmerism, phrenology, Thomson-

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ianism, homeopathy, and the rise of the popular health movement, the scene began to shift.

The call for each person to be his or her own physician had been put forward by Samuel Thomson (1769-1843) as early as 1806. Thomson was a New Hampshire farmer who learned much of his medicine at the side of a local herbalist. In 1813, he obtained a patent on his "Family Rights" and began selling his botanical recipes for healing purposes. During the 1820s and 1830s he commissioned agents throughout New England and the southern and western states to spread his home remedies, which purported to eliminate the need for doctors. His NEW GUIDE TO HEALTH encouraged people to take care of themselves, and his ideas were patronized by a widespread clientele. By 1840, it was estimated that he had some three to four million adherents out of a total population of seventeen million people. His philosophy had a Jacksonian flavor, reflecting the widespread distrust of elites and the conviction that Americans "should in medicine, as in religion and politics, think and act" for themselves. "It was high time" declared Thomson, "for the common man to throw off the oppressive yoke of priests, lawyers, and physicians ... ." The Thomsonians believed that self-medication was safer than being doctored to death. "Being your own physician would not only save your life... but save you money as well."

Sylvester Graham (1794 - 1851) was another well-known health reformer who concluded the way to individual health was through the stomach. He advocated personal hygiene and a diet that included his high fiber Graham bread. Historians refer to Thomsonianism and the Grahamite movement as the "popular health movement" because Thomson, Graham, and other health reformers appealed to the working class and feminist movement of their era. Although Graham rejected the botanical remedies of the Thomsonians, both equated natural living habits with liberty and classlessness. They realized that any medical system which creates a privileged class and which uses law to support itself "destroys true freedom and personal autonomy." Both Thomson and Graham were appalled by the regular medical

profession's attempt to gain a monopoly. "Monopoly in medicine, like monopoly in any area of endeavor, was undemocratic and oppressive to the common people." With this attitude, members of the popular health movement started to agitate for the repeal of all medical licensing laws.

State after state began repealing their restrictions against irregular practice. Nearly every state which had restrictive licensing laws softened or repealed them. Alabama and Delaware exempted Thomsonians and other types of irregular healers from prosecution. Connecticut withdrew exclusive control of the medical profession from the State Medical Society and Louisiana gave up all attempts to enforce its medical legislation. Finally, in 1844, after 10 years of pressure, New York State abandoned its licensing law. "By the early 1840s, anyone was free to practice medicine without the certification of a professional society, or any other formal credentials at all." (Dary 68) The popular health movement coincided with a *laissez faire* attitude on the part of the populace. The American people were impatient with all restrictions, and "were doubtless anxious to maintain their liberty in medical as well as in other matters." They wanted no protection but freedom of inquiry and freedom of action. It was certainly the spirit of the times to open up all fields of endeavor, business as well as professional, to unrestricted competition. "Medicine, with all other human activities, must take its chances in the grand competitive scramble characteristic of the age." (Watner, 329)

Everything that makes life without a state undesirable makes life with a state even more undesirable.

- Robert Higgs, "If Men Were Angels," 21 JOURNAL OF LIBERTARIAN STUDIES (2007), p. 66.

Gradually, however, state medical licensing and registration of doctors returned, mostly as a result of the political efforts of the orthodox doctors themselves. For example, in 1859 the Kansas Territory legislature incorporated the Kansas Medical Society "and gave the society the right to grant licenses to all respectable physicians." A State Board of Health was established in 1885, and in 1890 the state Supreme Court upheld a law that "required doctors in practice less than ten years to have a certificate from a medical school or medical society." (Dary 169-170) A vigorous campaign to drive out quacks (people who pretended to be doctors) was soon afoot in many states. The American Medical Association, which had been organized in 1847, spearheaded this movement. By the 1870s, with few restrictions on entering the medical profession, and "a host of competing medical schools, eager to graduate doctors in greater numbers, and heterodox medicine contending for the patient's dollar, regular physicians increasingly felt the need to effectively organize" to protect their income and

status. As one medical historian put it:

Their goal was to enlist the support of government as a means of regulating the number and qualifications of physicians. The aims of orthodox medicine and its most effective and tireless spokesman, the American Medical Association, were threefold: (1) the establishment of medical licensing laws in the various states to restrict entry into the profession and thus secure a more stable economic climate for physicians than that which obtained under uninhibited competition; (2) the destruction of the proprietary medical school and its replacement with fewer, non-profit institutions of learning, providing extensive and thorough training in medicine with a longer required period of study to a smaller and more select student body; (3) the elimination of heterodox medical sects as unwelcome and competitive forces within the profession. (Hamowy75)

People could take away your wealth and health, but your mind - the way you think - would always be yours.

- Ping Fu, BEND, NOT BREAK (2012), p. 128.

The AMA was quite successful in accomplishing these goals between 1874 and 1915. Nearly all the state legislatures and state courts “had accepted the principle that medical practice laws constituted a legitimate and salutary extension of the police powers of the states.” Nevertheless, the spokesmen for the American Medical Association claimed that the number of physicians continued to increase because “the nation's medical schools were turning out far too many graduates.” It became apparent if the number of new physicians was “to be significantly diminished” that the state examining boards must restrict their approval to graduates of “schools whose requirements for the issuance of a degree were particularly rigorous, whose instructional staff and facilities were only of the highest calibre [sic], and whose standards of admission were unusually high.” Graduates from unapproved medical schools would not be recognized or allowed to practice. (Hamowy 81, 103-104)

Indirectly the Carnegie Foundation helped accomplish these goals by funding research that resulted in the publication of a book titled **MEDICAL EDUCATION IN THE UNITED STATES AND CANADA** (1910). Known as The Flexner Report, it was written by Abraham Flexner, who found that there was a great diversity among the 155 medical schools in North America. Many of these schools were for-profit proprietary trade schools “owned by one or more doctors, [and] unaffiliated with a college or university.” Degrees were often awarded after two years of study. Some of these schools did not require any prior college attendance. To help achieve

Flexner's recommendations “and change the minds of other doctors and scientists,” John D. Rockefeller contributed more than \$ 100 million dollars “to colleges, and hospitals, and founded” the General Education Board to agitate for Flexner's recommendations which were:

Reduce [both] the number of medical schools (from 155 to 31) and poorly trained physicians;

Increase the prerequisites to enter medical training;

Train physicians to practice in a scientific manner and engage medical faculty in research;

Give medical schools control of clinical instruction in hospitals;

Strengthen state regulation of medical licensure. (“Flexner,” Wikipedia)

In the aftermath of the Report nearly half of the existing medical schools were merged, “colleges in electrotherapy were closed,” and schools of homeopathy and naturopathy were derided.

“To a remarkable extent, the ... present-day aspects of the medical profession” in the United States are a reflection of the Flexner Report. Within a few years of its publication, “medical colleges were all streamlined and homogenized,” and “all students were learning the same thing.” Medicine adopted the use of patented drugs, and mostly rejected the use of substances which could not be patented. Medical training of doctors came to require at least six years of post-secondary education, usually in a university setting and was to be based on “human physiology, biochemistry, and the scientific method of research.” No medical school could be started without the approval of local state governments, and “each state branch of the American Medical Association [came to have] oversight over the conventional medical schools located within [their respective] state.” As a result, there were fewer schools and fewer graduating doctors which resulted in medicine becoming “a highly paid and well-respected profession.”

The Flexner Report also helped to put the damper on patent medicines. In 1905, it was estimated that there were between 28,000 and 55,000 patent medicines made and sold in the United States. (Young 23) In England, these nostrums or elixirs were sometimes endorsed by the royal family. They were then “issued letters patent authorizing the use of royal endorsement in advertising,” and became known as patent medicines in both England and the United States. (“Patent Medicine,” Wikipedia) Physicians and pharmacists experimented with formulas and produced their own concoctions. These patent medicines were available over the counter from drug stores or doctors. Prescriptions were not necessary and there were no regulated substances, as we know them today. “Like the established patent medicine manufacturers, these doctors and pharmacists could make any

claim[s] they wished about their products,” which often led to great exaggerations. (Dary 269) Many times it was not known what ingredients were in these concoctions, nor if they posed any danger to those who took them.

As protectors of the public's health, both federal and state governments began taking interest in the efficacy and safety of these nostrums. This was spearheaded by US Department of Agriculture's Division of Chemistry which began “research into the adulteration and misbranding of food and drugs.” The Division published its findings in a ten-part series entitled FOODS AND FOOD ADULTERANTS between 1887 and 1902. (“History of the Food and Drug Administration,” Wikipedia) In 1905, Samuel Hopkins Adams wrote a series of articles in COLLIER'S magazine, published under the title “The Great American Fraud.” Adams believed that the “only effective [way] of curtailing patent medicine abuses ... was the enactment of a national law.” (Young 30-32) Finally, in June 1906, President Theodore Roosevelt signed the Pure Food and Drug Act, which, under penalty of seizure, prohibited the interstate transport of food that had been adulterated or was injurious to health and/or used filthy, decomposed, or putrid substances. The act also banned the misbranding of food and drugs.

The first prosecution under the 1906 Act took place in 1908. Robert N. Harper, the manufacturer of a patent medicine called Cuforhedake Brane-Fude (Cure for Headache and Brain Food), was criminally prosecuted for false and misleading labeling statements. Convicted and fined, Harper, a prominent Washington, DC businessman, was considered a poster boy for punishment under the new law. President Roosevelt told the prosecuting attorney in the case that the people of the country must be shown that the Pure Food and Drug Act “was enacted to protect them.” In 1912, a new Food and Drug Act, which required the government prove fraudulent intent on the part of anyone who made false statements on the label, was passed. “In 1938 the law was amended to require a complete list of ingredients and directions for safe use. By then the government had decided that some drugs were too dangerous to give the consumers free access even with directions on the label. From that point on, such drugs were labeled for prescription distribution only.” (Dary 272)

Happiness is found by learning how to be satisfied with less, rather than always grasping at more.  
- Kenneth Cohen, THE WAY OF QIGONG (1997), p. 296.

Despite various Pure Food and Drug Acts and the Food and Drug Administration's enforcement efforts dating back to 1927, when it was formally recognized, patent medicines and medical quackery still persist. Both are illustrative of mankind's search for the

fountain of youth and the cure-all for whatever disease(s) with which one happens to be afflicted. Quacks, who have been around for centuries, “usually peddle unproven and sometimes dangerous medicines, cures, and treatments.” (Dary 273) They rely upon flamboyant advertising and testimonials and claim to have special herbs or formulas that promise a quick fix for whatever ails you. With the development of incandescent lighting after 1879, there was a proliferation of medical/electrical devices, such as the Vitalizer and Violet Ray machines, designed to “cure circulation problems, falling hair, germ infections, aches and pains, deafness, constipation, and just about any other problem in the human body.” (Dary 282) Licensed doctors are not immune from quack methods, and even supporters of orthodox medicine admit “that quackery is not an 'all or one' phenomenon. A doctor who is otherwise competent may have a misguided belief in a particular medication or procedure.” (Barrett and Jarvis 126-127)

Always endeavor to tell the truth. There's a lot less you'll have to remember.  
- Terry Greenhut, January 2018.

One blatant example of a medical doctor turning quack was Dr. Albert Abrams, who in 1893 was president of the San Francisco Medical Surgical Society. He “was highly regarded by his colleagues” and “published a number of articles in prominent medical journals.” Soon after World War I, Abrams developed a “theory that electrons were the basic element of all life” and that their vibrations could be used to not only diagnose, but treat diseases, such as “syphilis, cancer, and diabetes.” By 1924, Abrams had over three thousand doctors across the country using his machines, which looked like radios, and were called Oscilloclasts. His downfall was crowned by a SCIENTIFIC AMERICAN investigation which revealed that doctors using the Abrams system were consistently unsuccessful in correctly identifying pathogens in blood samples. When representatives of the American Medical Association opened one of Abram's machines, they found nothing more than an elaborate electrical prop of “wires connected to lights and a buzzer.” By that time Abrams had died, but he was declared to have been “a deliberate fraud,” and became known as “the dean of the twentieth-century charlatans.” (Dary 282-285)

Another actual physician who was often called a quack during his lifetime (1881-1959) was Dr. Max Gerson. He became a doctor after graduating from medical school in his home country, Germany. He began specializing in the treatment of tuberculosis, migraines, and eventually cancer. He left Germany in 1933, and migrated to the United States in 1936. He became a U.S. citizen and board-certified doctor in New York state in 1942. “The Gerson therapy is [one of] the oldest, best documented, scientifically based and proven of the holistic therapies.” (Strauss 369) It

includes coffee enemas, hourly doses of the juices of organic vegetables, a predominantly vegetarian diet, and various nutritional supplements. His book, *A CANCER THERAPY: RESULTS OF 50 CASES*, was published in 1958, the same year in which his medical license in New York was suspended for two years. Gerson's approach was to treat cancer as a systemic disease of abnormal body chemistry in contrast to the orthodox approach "based upon the theory that eradication of the cancer growth must be performed by surgery," or chemotherapy. (Haught 75) Gerson believed that cancerous growths were controlled by organs far from the site of the actual cancer, and that the cancer could be defeated by returning the body's abnormal chemistry to normal, primarily by dietary changes. Typical of the medical fraternity's view of Gerson was a derogatory comment made in September 1946: if the Gerson therapy works "we can chuck millions of dollars of equipment in the river, and get rid of cancer by cooking carrots in a pot!" (Strauss 234) Today, the Gerson Institute in California still carries on his work.

Another alleged quack who never called himself a doctor was Harry Hoxsey (1901 – 1974). Well-known for his cancer cures, Hoxsey inherited an herbal formula from his great-grandfather and father in the 1920s. He usually attended patients with a medical doctor on hand. At one time (1956-1957) his clinic in Dallas, Texas was the world's biggest privately owned cancer center. (Ausubel 150) His biographer wrote that he was "arrested [and jailed] more times than any other person in medical history." After battling the AMA and the FDA for many years, his cancer treatment was finally banned by the FDA in 1960, and declared a "worthless and discredited remedy." ("Hoxsey," Wikipedia) He was a born fighter and had ample evidence to honestly conclude that his treatments worked. It is hard to imagine that he would have "suffered through endless arrests, continual prosecutions, incessant jeopardy and social humiliation" had he not truly believed in the efficacy of his treatments. (Ausubel 115) Whether in fact they did or not is a separate issue from whether he was a fraudulent quack. According to Hoxsey's version of the story, Morris Fishbein, editor of the *JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION* for over 25 years, and other doctors tried to buy the rights to his cancer cure but were rebuffed. This started a four decade feud between the AMA and the FDA, on the one side, and Hoxsey on the other. Ultimately, Hoxsey moved his clinic to Tijuana, Mexico in 1963, where it continues to this day.

Strange as it may seem, "most of the advocates of alternative cancer therapies," such as Hoxsey and Gerson, have "met with some form of suppression," even though many of their patients were satisfied with their treatments. Often these attacks were spearheaded by members of the American Medical Association, who also mobilized "government agencies, the media,

and other institutions." Suppression has included formal or legal sanctions such as "restraining orders, criminal charges, raids on clinics, FDA warnings, FDA denials or stonewalling of permit applications, hostile tax audits, and revocation of hospital privileges, licenses, or insurance." Examples of more informal suppression were "media campaigns, dismissal from organizations, loss of funding, publication blockage, ... protocol modifications, exclusion of advocates from research teams, ignoring favorable data, ... [and] biased interpretations of equivocal data." (Hess 236) Hundreds, if not thousands, of non-traditional and irregular practitioners of heterodox treatments have been fined, jailed, or had their licenses revoked over the course of three centuries of American medicine. As one historian of these so-called quacks concluded, there is no doubt that even Jesus Christ would have been arrested for practicing medicine without a license once he began healing the sick and making the blind see! (Whorton 294)

A truly happy person is one who can enjoy the scenery on a detour.

The main characteristics of these alternative treatments (described by the FDA and the American Cancer Society as "unproven methods") include 1) being in a natural form; 2) being non-toxic; 3) not having been produced by a pharmaceutical company; 4) being easily available without a prescription; and 5) being non-patentable. Some of the better known alternatives and doctors utilizing these protocols are discussed in Tanya Pierce's *OUTSMART YOUR CANCER: ALTERNATIVE TREATMENTS THAT WORK*. They include two that I have already mentioned: the Hoxsey Therapy and the Gerson Therapy. Others are:

**Essiac Tea:** This herbal tea was developed by Rene Caisse, a Canadian nurse. She was hounded by the Canadian Ministry of Health and Welfare, whose agents "destroyed all her paperwork on" her herbal tea supplement. (Pierce 58)

**Laetrile, also known as B17:** "Every physician in the United States who attempted to help patients with Laetrile was harassed by various agents of the cancer industry. This included physicians being arrested, hauled into court for no good reason, sometimes thrown in jail, and eventually having their medical licenses taken away." (Pierce 79) Even though Laetrile has been successfully used for more than five decades by cancer treatment centers outside the U.S., it still has not been approved by the FDA.

**Dr. Kelly's Enzyme Therapy:** Focusing on the importance of pancreatic enzymes for cancer recovery, Kelly was hauled into federal court in the 1970s and "ordered to never speak or write about cancer again." (Pierce 93)

**Dr. Stanislaw Burzynski's Antineoplastons:** Anti-neoplastons are amino acid peptides that have an

inhibitory effect on cancer. His clinics were raided twice by FDA agents in 1985, and again in 1995. He was indicted and placed on trial in 1997 for violation of an FDA injunction for mail fraud and for selling a drug that had not been approved by the FDA. Eventually charges were dismissed after the judge declared a mistrial. (Pierce 103-114)

**Protocol:** In 1992, the FDA issued an injunction that prevented this product from being distributed by Jim Sheridan and Ed Sopcak, even though they had never sold the product. “[T]hey had always just given it away to people who needed it.” (Pierce 164)

**Dr. Johanna Budwig's Flaxseed Oil and Cottage Cheese:** “The first scientist to oppose the modern practice of altering oils for commercial distribution,” Dr. Budwig claimed she was offered a bribe “to keep her from publicizing her discoveries about oils.” (Pierce 215)

**The Rife Machine:** During the 1920s and 30s, Royal Rife “developed an audio-frequency emitting device that, when directed at a person with cancer, was able to send frequencies into the person's body that would destroy micro-organisms he found to be causally associated with cancer.” Morris Fishbein of the American Medical Association tried to buy into the company that produced these machines, and when Rife refused his offer, the AMA filed expensive law suits that ultimately bankrupted the company. (Pierce 229-237)

**Gaston Naessens' 714X:** Gaston Naessens was a French microbiologist and hematologist who invented a super-powerful microscope that he used to help develop “an aqueous solution he called '714X,' which is a mixture he specifically created to supply the cancer cells in the body with extra nitrogen.” His laboratory in France was “closed by the authorities, his equipment was confiscated, and he was fined for practicing medicine without a license.” After moving to Canada in 1964, he was put on trial in Montreal in 1989, and eventually acquitted of all charges of using an unapproved cancer treatment. (Pierce 247-25)

Has there been a conspiracy against these therapies? Yes, in the sense that the FDA, the National Cancer Institute, and the AMA are all out to protect their turf. All innovators are a threat to the status quo. One prominent historical example: Dr. Ignaz Semmelweiss was “literally hounded out of the [medical] profession in the middle of the [19th] century because he had dared to suggest that surgeons should wash their hands and change their bloody aprons between the dissections of cadavers and their work in the delivery room with mother and babies.” (Strauss 37) As S. J. Haught in his biography of Max Gerson put it:

The history of medicine is a story of almost incredible stupidity, and a story of almost incredible genius and perseverance. Nearly every single advance, nearly every single discovery, has met with such furious

opposition by the medical fraternity that one wonders how medicine has advanced at all. Years, decades, sometimes centuries were allowed to elapse between discovery and approval, and millions of lives were lost because of it. Medical pioneers have been imprisoned, executed, hounded, and driven insane for their genius. (Strauss 360)

It is clear that the FDA and the AMA have stifled the “creative destruction” that lets breakthrough technologies push aside obsolete ones.” As the author of *POLITICS IN HEALING* noted, “if IBM had had an FDA to protect them, as drug companies do, we'd probably still be using punch cards. Every therapy [described in my book] is or was nontoxic. Most are not available, not because they didn't work, but for political reasons, generally aimed at keeping off the market products that might compete too strongly with pharmaceutical drugs.” (Haley xvi)

The totalitarian State is [the] only [kind of] ... State.  
- Albert Jay Nock, *A MATTER OF NO CURIOSITY* (2010), p. 62.

So what is the government's and AMA's response to this? First of all, they adopt the attitude that the citizen does not just belong to himself, but rather belongs to the State. (Spector 504) “The right of a citizen to practice medicine is subject to the paramount power of the state to ... protect people against ignorance, incapacity, deception and fraud in the practice of the profession.” (State v. Borah) It is necessary to remember that even though people give testimonials about the efficacy of treatment, “rarely do they recognize how difficult it is to evaluate a health product on the basis of personal experience. Despite this unreliability, these testimonials are the cornerstone of the quack's success.” The critics of quacks claim that they operate outside the scientific community; do not resort to the scientific method to validate their cures; and do not report their failures. “Quacks try to cover up their inadequacies by pointing out that the scientific community has made mistakes in the past.” In the anti-quackery book, *THE HEALTH ROBBERS: A CLOSE LOOK AT QUACKERY IN AMERICA*, one contributor debunks the claim freedom of choice should be allowed to operate in the medical realm. “What the quacks really want is freedom from government interference with their promotions.” Quacks believe they should not have to prove the efficacy of their products. The burden of proof should be on the government to prove them useless. Advocates of government laws to protect the sick and the innocent believe that “under the double stress of fear and salesmanship, many sick persons are unable to exercise sensible freedom of choice. Such sufferers especially need the protection of experts who can evaluate [and prohibit] alleged remedies honestly.” “False hope for the

seriously ill is the cruelest form of quackery because it can lure victims away from effective treatments.” (Barrett and Jarvis, 3, 8, 463-466)

While this may be true, is it proper to conclude that some government agency, such as the FDA, is the only institution that can offer such protection? Obviously, no. Organizations like Consumer Reports and the Better Business Bureau are capable of offering such evaluations, as are independent scientific labs. In a stateless society, insurance companies would undoubtedly play a significant role in offering protection from quacks. For one thing, health insurance companies would only be willing to pay for treatments that they knew had a chance of saving lives. For another thing, some people, given their circumstances, might want to try a quack remedy because conventional treatments have failed them. Should those people be prohibited from such attempts? Should a treatment be outlawed even if it is not inherently dangerous? Should a patient who consents to a treatment be prohibited from trying it?

Freedom of choice in medicine has often been compared to freedom of choice in religion. In America, we all go to different houses of religion, or to no church at all. “Health should be the same. It's not the government's business whether we go to an M.D., a chiropractor, a homeopath, or a naturopath,” or to no doctor at all. “And it's not the government's business what medicine we take. ... All we need from the government is to make sure the medicine isn't poisonous.” (Haley 424) While this defense of freedom of choice is true, it's reliance on the government to “protect” us from poisonous medicine is mistaken. Yes, we need to be protected from dangerous medicines; but again, government agencies are not the only groups that can offer such protection, and should those who do not wish to pay for or have such protection be forced to pay?

#### The Four Agreements

1. Be impeccable with your word.
2. Don't take anything personally.
3. Don't make assumptions.
4. Always do your best.

- Don Miguel Ruiz, THE FOUR AGREEMENTS (1997 & 2012).

The voluntarist understands that undesirable and unacceptable things occur in a free society. These would include events such as fraud, theft, medical quackery, and murder. Yes, people need to protect themselves, but must there be only one, single monopolistic organization with coercive powers of revenue collection to offer such protection? Given a variety of organizations or institutions or businesses which would offer such protection, the general rule of the common law would probably be accepted. The practice of medicine would be open to all who desired to follow it “subject only to liability for damages in a case of lack of skill” or incompetence on the part of

the practitioner. (Spector 513) No one would be required to have a license, though these medical protection agencies would undoubtedly issue certificates to those who met their standards. Common and customary practice over time would have to determine the answer to such questions as: do good intentions constitute a defense against endangering the life of a patient? Might a person who called himself a physician and who prescribed a course of treatment that resulted in the death of his patient “be found guilty of manslaughter even though he acted with the consent of his patient and with no evil intent?” Or would such a doctor be liable only for civil damages rather than criminal punishment? Such questions as these would have to be decided by the common law.

It is constantly necessary to remember that human beings are fallible. Individuals in government do not have all the answers any more than private individuals do. None of us have all the answers to life's quagmires, and when we think we do, they often differ from the answers and conclusions of others. As William Godwin, the grandfather of anarchism, pointed out, since all men are fallible, no man can be justified in setting up his judgment as a standard for others.

Every man has a certain sphere of discretion, which he has a right to expect shall not be infringed by his neighbours. ... If every one be desirous of imposing his sense upon others, it will at last come to be a controversy, not of reason, but of force. [But] even if we had an infallible criterion, nothing would be gained unless it were by all men recognized as such. If I were secured against the possibility of mistake, mischief and not good would accrue, from imposing my infallible truths upon my neighbour. ... He must consult his own reason, draw his own conclusions, and conscientiously conform himself to his ideas of propriety. Without this, he will be neither active, nor considerate, nor resolute, nor generous. (Godwin 167-169)

As Godwin and others have pointed out, the resort to coercion and legislation is an admission of weakness. Whoever fails to convince us by argument and persuasion must necessarily conquer us with violence. “If he who employs force against me could mold me to his purposes by argument, no doubt he would.” While she did not have medicine in mind, Ayn Rand pointed out that in a free society, “the pursuit of truth is protected by the free access of any individual to any field of endeavor he may choose to enter. (A free access does not mean a guarantee of success, or of financial support, or of anyone's acceptance and agreement - it means the absence of any forced restrictions or legal barriers.) This prevents the formation of any coercive 'elite' in any profession - it prevents the legalized enforcement of a 'monopoly on truth' by any gang of power seekers - it protects the

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free market place of ideas - it keeps all doors open to man's inquiring mind." (Rand)

As we have seen, "the tentacles of the state strangle nearly every aspect of medical care." Whereas during much of the 19th Century, "medicine was a rich grove teeming with diverse practices, it has been supplanted over the course of the twentieth century by a medical monoculture." (Ausubel 4) State-dominated medicine does not serve the patient's needs or interests; it serves the state and those groups that control the state. Conventional, orthodox, 21st century medicine is both sinister and criminal because it not only "usurps the right of the individual to face, deal with, and bear his own health problems" but prevents unproven methods from competing with those that have been approved by the authorities. (Whorton 302)

The world of government is, for all practical purposes, highway robbery without the highway  
- Doug Casey's INTERNATIONAL MAN, August 20, 2018.

When all is said and done, we need to remember the wisdom of Edward Baines, Jr., a mid-19th century educational voluntarist, who wrote

I maintain that we have as much right to wretched schools as to have wretched newspapers, wretched preachers, wretched books, wretched institutions, wretched

political economists, ... . You cannot proscribe all these things without proscribing Liberty. The man is a simpleton who says, that to advocate Liberty is to advocate badness. The man is a quack and a doctrinaire of the worst German breed, who would attempt to force all mind, whether individual or national, into a mould of ideal perfection, ... . I maintain that Liberty is the chief cause of excellence; but it would cease to be Liberty if you proscribed everything inferior. Cultivate giants if you please; but do not stifle dwarfs. (Baines 39-40)

When it comes to alternative therapies, we have to rely not only on the available scientific evidence as to their efficacy, but on our own common sense. Are their claims readily testable? Is there evidence of benefits to the patients? Each person must either become his own doctor, or select someone whose advice they follow, "and to take his licking if he gets licked." As one historian of medicine on the frontier put it, "In a free country if a person sees fit to reject the aid of scientific medicine no one can nay say him. Perhaps it is Fate's way of eliminating the unfit." (Dary 320) Or as another medical historian wrote, "The public must act as their own umpire and decide after perusal of the undertakers' bills what treatments they should undertake." (Anonymous 270) **V**

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# The Voluntarist

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