

**Journal of American Physicians  
and Surgeons**

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Foreign \$200 per year (US currency only)



**Copy Editor**

Stuart Faxon

**Cover Design**

Rachel Eck

**Typesetting and Printing**

Skyline Printing Co., Inc.

Tucson, AZ

**Website**

www.jpands.org

**Webmaster**

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**POSTMASTER:**

Send address changes to:

1601 N. Tucson Blvd, Suite 9

Tucson, AZ 85716

*Journal of American Physicians  
and Surgeons* (ISSN 1543-4826)

is published quarterly.

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# Correspondence

## Thanks for Defending Private Medicine

I felt very grateful to be part of the AAPS effort when I read the great articles in the Fall issue of the *Journal*. In each article I found pearls of insight that made me a better informed physician and citizen.

Dr. Lawrence Huntoon<sup>1</sup> explained a complicated area of Medicare pricing that I was ignorant about as an emergency physician. Dr. Robert Geist<sup>2</sup> explained the problem of Medicare kickbacks so that I understood the scam, and Dr. Tamzin Rosenwasser<sup>3</sup> provided an excellent explanation of the “surprise billing” crisis created by the insurance companies that has resulted in very inappropriate political responses. Andrew Schlafly<sup>4</sup> provided tremendous insight into the recent great legal news about the possible nullification and death of the misnamed Affordable Care Act. Mr. Schlafly also made me remember all his personal professional efforts to push back the socialist putsch that is attempting to destroy the free-market practice of private medicine. Dr. Marilyn Singleton<sup>5</sup> provided another of her consistently wise, eloquent, and erudite commentaries. She has unerring vision and remarkable insights that are very valuable in the hostile environment of current dynamics in American medicine.

The *Journal* informs physicians of good medical practice and the political threats to private medicine and free markets.

**John Dale Dunn, M.D., J.D.**

Brownwood, Texas

Dr. Rosenwasser’s article<sup>3</sup> is an excellent, clearly stated defense of the practice of private medicine. We must continue to fight against tyranny in this country because physicians know what it is like to be under the tyranny of Medicare, Medicaid, and Social Security.

**Vincent P. Garbitelli, M.D.**

Williston Park, N.Y.

Concerning the articles on vaccines in the Fall issue,<sup>6,7</sup> I have a memory to

share. In 1982, I was practicing in a small town, Laceyville, Pa. There was a huge swine flu panic, with a swine flu vaccine being recommended countrywide since there had been swine flu in South America the previous winter. One of my patients asked me when I was going to start giving a swine flu vaccine. I said I would do that as soon as we start getting some swine flu cases, and you can bet that they will not first come here but rather to Philadelphia, Boston, or Los Angeles. That particular winter there were only four documented cases of swine flu in the U.S., but more than 1,000 cases of Guillain-Barre syndrome nationwide, with 250 deaths and 250 cases of serious permanent sequelae. When this information finally percolated through national media, most of my patients thought I was a pretty smart doctor. So much for all vaccines being safe and effective. I have used this story quite successfully when discussing the vaccine controversy.

When accused of being an “anti-vaxxer,” I say that both of my parents had polio, and I am quite glad for the polio vaccine. However, risk and benefit must be acknowledged in all of these situations. Not all vaccines are created equal. The Japanese measles vaccine has not been associated with autism in extensive studies. The American and Japanese vaccines are manufactured differently, and the Japanese vaccine does not use fetal cell lines.

**Frank Schell, M.D.**

Luzerne, Pa.

Dr. John Dale Dunn’s review of Victor Davis Hanson’s book on “the Second World Wars”<sup>8</sup> in the Summer issue was one of the most educational reviews I have ever read. We learned not only about Hanson’s book but a tremendous amount about World War II itself.

**John M. Corboy, M.D.**

Kaunakakai, Hawaii

As Dr. Albert Fisher points out in the 2018 Winter issue,<sup>9</sup> technology

has removed “the art” from the “art and science of medicine,” such that the human-relationship component is being replaced by computers. The opening of records has also, besides enslaving physicians, enabled the law to target doctors as a primary source of income for attorneys. The law here is more corrupt than in anyplace else. Even replacing it with high-tech computer game problem/conflict resolution would produce more truth and justice than current procedures.

The biggest corruption is in third-party administration of medicine. More money than is spent on the U.S. defense budget is stolen by third parties to administer medicine. All third-party subscribers should demand information from every third-party entity involved in determining their medical care, every time, from CEO to clerical staff.

**Samuel Nigro, M.D.**  
Cleveland Heights, Ohio

I appreciate Dr. Lawrence Huntoon’s many editorials on sham peer review, especially the one on risk factors.<sup>10</sup> We need to draw the attention of the public and judiciary. It’s almost unimaginable for the layman, who tends to place trust in physicians and hospital administrators, that such individuals could flagrantly betray public trust with regard to quality assurance for patient care by using “peer review” as a weapon against physicians they target as “disruptive.” The form of process shields abusive intent from legal responsibility.

The occurrence of “white-coat crime” is difficult to grasp because of the respect accorded to individuals in positions of responsibility. How is it that such individuals could engage in malice, fraud, fabrication, falsification, lying, and misrepresentation of medical care to harm another physician? Dr. Huntoon’s article reveals motivations for such behavior, most of which, though not all, is ultimately about money.

Revoking hospital privileges removes competition, and potentially destroys a physician’s career through federally required Data Bank reporting and self-reporting that affects privileges to practice in any other hospital. Despite the terrible, unjust

consequences of bad-faith peer review, those engaged in the business of medicine are essentially above the law.

Hospitals enjoy enormous legal protection and immunity for whatever is said to be done in a reasonable belief that it is to improve health care. To confer immunity even when there is evidence of actual malice is, however, a flagrant abuse. It eliminates equal protection of the law for some citizens because they are physicians and care for patients. This affects all physicians and all citizens. Well-trained physicians whose practice has been found to be within the standard of care still are under threat from recurrent or continuing investigations and hearings. Such abuse needs to be exposed and corrected.

**Larry Poliner, M.D.**  
Dallas, Texas

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# The Unregulated Sun Huntoon Lampon 09-13

Professor emeritus of everything known  
Declared his research has conclusively shown:

Unregulated warmth is great cause for alarm.  
Aspersions he cast on the cows on the farm.

The icecaps are melting; conditions are stark.  
Unless we act now we will all need an Ark.

Managed Gas Organizations are what we all need—  
Smart fellows like him should be taking the lead.

Disruptive emissions and carbon footprints—  
We must put a stop to man’s unmanaged stint.

Those tractors and cars and all engines berated;  
Milk drinking, he said, was much overrated.

Civilization is harmful, my will must be done,  
He said with contempt, disrespecting the sun.

**Lawrence R. Huntoon, M.D., Ph.D.**