

Book Reviews

The Myth of American Inequality: How Government Biases Policy Debate, by Phil Gramm, Robert Ekelund, and John Early, 264 pp, hardcover, \$24.99, ISBN-13: 978-1538167380, Lanham, Maryland, Roman & Littlefield Publishers, 2022.

The Myth of American Inequality is full of statistics; thus, let's begin with three quotations about statistics.

"Facts are stubborn things, but statistics are pliable," stated Mark Twain.

Ron DeLegge II commented that "99 percent of all statistics only tell 49 percent of the story."

My favorite is by Banksy: "A recent survey of North American males found 42% were overweight, 34% were critically obese and 8% ate the survey."

The book is only 255 pages long but is quite a meal, intellectually speaking. It's almost too much to digest, given its abundant and complex statistics, tables, and charts.

The book's findings are factual and verifiable. Unfortunately, the authors' digressions into political and moral philosophy leave them open to criticism and second-guessing from those who won't like their findings. No doubt, the authors' motives will be questioned, and they will be accused of wanting to severely reduce aid to the poor. Actually, they want their findings to be a starting point for debates on how government aid can be reformed to be more effective.

The major finding is that actual poverty and income inequality are just a fraction of the inflated numbers reported by the government and repeated in the media.

The authors came to this conclusion by adding to earned income all of the transfer payments and tax credits that go to households and individuals, and subtracting from earned income all of the tax payments made by households and individuals. Their calculations correct for the government excluding a large percentage of these additions and subtractions in its reporting of income.

Transfer payments are commonly referred to as welfare and entitlements, but they encompass much more than that. In all, more

than 100 government programs generate transfer payments, which totaled \$2.8 trillion in 2017. The appendix of the book includes a full listing of the programs.

More than 41 percent of this staggering amount went to the bottom fifth, or quintile, of households, and 27 percent went to the next quintile of households, referred to in the book as the second quintile. In 2017, the average household in the bottom quintile received \$45,389 in transfer payments, or nine times more than its earned income.

The bottom two quintiles paid no federal income taxes while the top quintile paid \$80,828, on average. Although the average household in the top quintile earned 60.3 times more than the average household in the bottom quintile, the top was left with only 4.0 times as much income as the bottom, because of transfer payments and taxes. This ratio of 4.0 to 1 is significantly less than the ratio of 16.7 to 1 reported by the government.

Then there is the astonishing finding that "the second quintile [of households] has an average net income after transfers and taxes that is only 8.6 percent above the average income of the bottom quintile. This means the second quintile is only slightly better off than the bottom quintile even though the second quintile earned more than six times as much, it had more than twice the proportion of its prime work-aged adults working, and they worked, on average, 1.8 times as many hours per week."

The authors then adjust for household size by calculating per-capita income after transfer payments and taxes. They find that on a per-capita basis the top quintile has only 2.2 times as much income per person living in the household as the bottom quintile, a considerably smaller difference than the 4.0 times as much calculated without any adjustment for household size. But the blockbuster finding is that on a per-capita basis the average bottom-quintile household receives over 10 percent more than the average second-quintile household and even 3 percent more than the average middle-income household.

The calculation of the poverty rate also changes dramatically when there is a full accounting for transfer payments. To wit, the

official poverty rate of 12.3 percent drops to only 2.5 percent.

The lower poverty reflects the fact that the U.S. has one of the most progressive tax systems among Western nations, a fact that is masked by the government's incomplete reporting of transfer payments and taxes.

Much of the remaining income inequality between the top and the bottom is due to several socioeconomic factors. One is the deleterious effect in the lower quintiles of transfer payments on industriousness and on the formation of two-earner households. Another is the increased tendency of highly educated, high-income women and men to marry people like themselves, thus forming what is known as super two-earner households. Between 1967 and 2017, the incidence of super two-earner households increased from one in twenty to one in three.

Broken down by race/ethnicity, super two-earner households with two college graduates constituted 11.3 percent of Hispanic households, 20.3 percent of Black households, 28.6 percent of White households, and 53.4 percent of Asian households—all well above the 5.2 percent of all households in 1967.

The authors go on to demolish the conventional wisdom that the non-rich have not seen their real income (income in constant dollars) increase in 50 years. Not only has their real income increased substantially, but living standards have improved concurrently, as evidenced by larger homes, air-conditioning, medical advances, safer cars, technological improvements, and cheap and abundant calories, which have led to the downside of obesity and associated diseases.

That's not to suggest an absence of serious social problems in America. To the contrary, the nation is beset by homelessness, violence, substance abuse, broken families, absent fathers, racial tensions, extremism on the left and right, widespread blight and despair in inner cities and in de-industrialized rural towns, and stagnant test scores despite ever-increasing per-pupil spending in public schools. It was beyond the scope of the book to address these issues, so I'll make two concluding points about them.

First, at the risk of sounding clichéd, the "poor" will always be with us and will always

need the help of government or charities, no matter what the adjusted averages say. There will always be those with mental or physical disabilities, those with no savings for old age, and those born into dysfunctional families.

Second, whether due to nature, nurture, or culture, there will always be those with counterproductive behavioral issues. While it is true that poverty can cause bad behavior, it is also true that bad behavior can cause poverty. Some behavior is so self-defeating that it calls into question the idea of free will.

Still, if you believe, as I do, that reforms are needed in transfer programs and the tax code, the first step is reviewing the relevant facts. *The Myth of American Inequality* is a valuable resource in that regard.

It also would be advisable to keep in mind the admonitions of two Presidents who were the founding fathers of the modern social-welfare state.

“To dole out relief in this way [without an expectation of work] is to administer a narcotic, a subtle destroyer of the human spirit. It is inimical to the dictates of sound policy. It is in violation of the traditions of America”—Franklin Delano Roosevelt.

“The War on Poverty is not a struggle simply to support people, to make them dependent on the generosity of others. It is an effort to allow them to develop and use their capacities”—Lyndon Baines Johnson.

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The COVID-19 Vaccines & Beyond: What the Medical Industrial Complex is NOT Telling Us, by Sally Saxon, J.D., Deborah Viglione, M.D., and James A. Thorp, M.D., softcover, 298 pp, \$18.99, ISBN-13: 978-0985818067, Invitation to Destiny, 2022.

This is the most comprehensive book on the subject among 15 I have read, documented with 624 references. I find the authors and endorsers to be among the most trustworthy professionals I have studied.

Those who are urging COVID-19 shots worldwide, including the CDC and other U.S. public health agencies, along with most of academic and organized medicine, maintain a narrative that these vaccines are “safe and effective”—without qualification. A growing number of medical professionals, including independent physicians with extensive experience successfully treating severely ill COVID-19 patients, and hospital-based nurse and physician whistle-blowers, have revealed startling evidence of deception.

The detailed, painstakingly referenced data in this book should create cognitive

dissonance in those who accept the “safe and effective” narrative. Here are a few examples that I believe to be irrefutable:

There were 50,239 deaths within 14 days of COVID-19 shots among Americans 65 and older as of the summer of 2021 (several months after the rollout), according to the CMS database, as compiled by a whistleblower. Marked skewing of these deaths with higher numbers closer to the date of vaccination, and published data on autopsies of unexpected deaths among vaccinated individuals, strongly support causation. In contrast, after about 450 individuals developed Guillain-Barré syndrome following vaccination with the 1976 swine flu vaccine, the vaccine was pulled from the market.¹

The necessity of a vaccine was dubious, especially for children. With no early treatment, a child’s probability of surviving an infection with COVID-19 was at least 99.99998 percent according to CDC data prior to March 2021, during predominance of the alpha strain of SARS-CoV-2 when pathogenicity was higher than with current variants.²

The claim of “95% effectiveness” was misleading because it presented only the “relative risk reduction” (RR) rather than the preferred “absolute risk reduction” (AR) advocated by an FDA-published manual for professionals. Pfizer’s clinical trial data showed a 95.1% RR, but an AR of only 0.7%.³

The book shows that COVID-19 “vaccines” have failed spectacularly with regard to infection, transmission, serious illness, or death, while causing almost incomprehensible numbers of adverse effects including deaths.

At the same time, safe, effective, and affordable treatments were being used by independent medical professionals. This approach relied upon multi-component use of pharmaceuticals such as ivermectin or hydroxychloroquine, long approved by FDA for other indications, and nutraceuticals such as vitamins C and D, zinc, and quercetin. The approach was supported in peer-reviewed medical literature by Dr. Peter McCullough and others. However, it was widely suppressed through unprecedented censorship and by punishing those who dissented from favored narratives maintained by captured regulatory bodies.

This astonishing effort to obstruct efforts to treat a novel, sometimes deadly disease is likely explained by the fact that Emergency Use Authorization (EUA) of the COVID-19 vaccines could never have been granted if there were an acknowledged effective alternative treatment.

Massive uptake of these failed vaccines was achieved through the false

labeling of dissent as “misinformation and disinformation” by those who were engaged in disseminating precisely that themselves.

The book explores the unprecedented conflicts of interest in the form of financial success and career advancement, and massive financial incentives for compliance within the organized medical system (hospital systems and medical professionals) that were pushing the vaccines.

The book shows how the problems posed by the failed public health response to the COVID-19 pandemic are part of a much broader context in which unelected global elites (billionaires, Big Tech, Big Finance, and Major Media) threaten to render moot the national Constitutional and legal rights of citizens in the name of “emergencies of international concern” declared by WHO, the World Economic Forum (WEF) and its Young Leaders program, along with allied unelected groups and individuals. These collectively threaten to supersede nations’ civil rights by simple arbitrary declaration of an emergency of international concern—which would potentially include any number of “reasons” including but not limited to pandemics, “global warming,” food shortages, energy shortages, etc.

The “safe and effective” description of COVID shots in the face of massive evidence to the contrary is causing increasingly widespread distrust of official sources. Vaccine-injured patients are turning to a growing network of independent medical professionals who are uncompromised by financial incentives or organized system network pressures, for research and practice experience-validated approaches to detoxification and recovery.

This occurs in the face of outright denial of the reality of vaccine injuries by organized medicine and public health authorities, who continue to maintain the absurd “safe and effective” mantra for the shots.

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