



INTERVIEW

‘The Western Medical System Is Not Based in Genuine Science’

Dawn Lester and David Parker on ‘Captured’ Medical Science

...People need to understand that the human body is an amazing self-regulating and self-healing organism; it is perfectly capable of looking after itself. But people also need to appreciate that they must assist their bodies to perform its natural functions by addressing the real causes of illness....

Dawn Lester & David Parker

Richard House [RH]: Dawn and David, can I first risk your blushes by saying that in my getting on for 70 years, your 2019 book *What Really Makes You Ill?* is one of the best and most exciting books I’ve ever read; and I’m honoured that you’ve agreed to do this interview; thank you both! Throughout your book you repeatedly touch on interests and intuitions that I’ve had for many years about what, in Humanistic Psychology, we call ‘the medical model’, and at least some of these shared concerns will hopefully emerge in what follows.

You say in the book that it is based on over ten years of research – and this really shines through. Can you say something, first, about your own respective journeys in how you came to write *What Really Makes You Ill?* ?

I was also struck by the following quotations: ‘...It sometimes requires a scientist from an entirely different scientific discipline to view evidence from a new perspective, and thereby produce a more compelling explanation for that

evidence’. And you usefully add further, ‘Consensus stifles science... because consensus will ensure the retention of the prevailing theories about disease, virtually all of which are fundamentally flawed’. Anyone who knows *The Emperor’s New Clothes* fairy tale will understand the truth of what you say here. Yet ‘the ideology of expertise’ and the anti-holistic rabbit-hole of scientific specialisation give rise to what we might call ‘the arrogance of exclusivity’ in relation to illness, health and healing, which in turn so easily gives rise to what erstwhile radical geographer David Harvey (1973) has called ‘status quo theory’, whereby research and praxis are ideologically and institutionally geared to reinforcing and further entrenching the prevailing paradigm even more. Can you say something about your experience of this phenomenon?

Dawn Lester and David Parker [D & D]: Thank you, Richard, for your very kind words about our book and for the opportunity to discuss it with you. We must state at the outset that it

was never our intention to write a book that was critical of the Western medical system, but it became imperative for us to do so when we discovered that virtually everything we had been told by the medical establishment about health and disease was wrong; hence the subtitle of our book, ...*Why Everything You Thought You Knew about Disease Is Wrong*. We also discovered the enduring truth of the saying attributed to Voltaire, that 'Doctors are men who prescribe medicines of which they know little, to cure diseases of which they know less, in human beings of whom they know nothing'.

In common with most people, we were brought up in the belief that diseases were mostly caused by 'germs' and that medicines prescribed by doctors would make us well. Our journey of discovery that led us to realise that this was not the case began over 15 years ago when we were engaged in research for another book, about the nature of reality, that led us to question the nature of the human body and what caused us to become ill. Our belief that 'germs' were the culprits naturally led us to investigate the process by which they are claimed to cause disease and to take the first of many steps down the proverbial rabbit hole.

To our utter amazement, we discovered that the 'germ theory' remains a 'theory'; in other words, it has never been proven that any so-called 'germ', whether a bacterium or a virus, is the cause of any disease. We can discuss this in greater detail at a later stage of the interview, if you wish. Our discovery led us to raise the inevitable question of why we are all so ill-informed about the true nature of illness, despite the efforts of many physicians and others who have written about the problems within the medical establishment. One such example is Dr Robert Mendelsohn MD, whose book, *Confessions of a Medical Heretic*, was the first we encountered by a medical professional who was extremely critical of the mainstream system.

Our discovery that the 'germ theory' remained unproven, despite its use as the basis for most practices within 'modern medicine', raised yet another inevitable question, which is: what really does make us ill? This question required us to

look for evidence of factors other than 'germs' that have been associated with ill-health. We soon discovered that there was an abundance of evidence, which led us to our hypothesis that all causal factors can be allocated to one of four categories, namely:

- inadequate nutrition
- exposures to toxins
- exposures to EMFs
- excessive emotional stress

We proceeded to test this hypothesis against many of the main 'infectious diseases' as well as a number of non-infectious diseases, also called 'non-communicable diseases', or NCDs. Again to our amazement, we found that our hypothesis held true; that all diseases can be attributed to one or more of the factors in the above four categories. The depth and scope of the situation that keeps people ill-informed, and even misinformed, about the causes of illness, as well as the failure of the medical establishment to effectively address illness, meant that we needed to also incorporate information about the manipulation of the Western medical system and the 'vested interests' that are behind its inception and its perpetuation in its existing form.

There is a real mis-perception about 'science', not only in the minds of the general public, but also in the minds of a large percentage of scientists. The perception is that 'science' is performed within laboratories where scientific experiments are conducted; a perception that is also applied to 'medical science'. But this is a mistaken perception. As we state in our book, science, in the true meaning of the word, is the process of discovery about the world, almost all of which exists outside of the laboratory environment. Unfortunately, the mechanistic view of the world as promoted by René Descartes encouraged the investigation of different aspects of the world as if they could be studied in isolation within a laboratory and without reference to any other aspects of the world. This also applied to the study of the human body, and led to the development of different disciplines that each study one system or organ, and then 'treat' problems within that system or organ as if it were self-contained. But

this is a perfect example of Voltaire's reference (cited above) to the failure of doctors to understand the human body.

The main reason for this lack of understanding is because medical education doesn't train doctors to understand the human body in a state of health; it merely trains them to study 'disease' as if it were a distinct entity that has a separate existence and can 'attack' the body; all of which is profoundly wrong. It was one of the most surprising and even shocking revelations for us that the Western medical system is not based in genuine science, nor is it supported by empirical evidence, despite the millions of scientific experiments that have been conducted in the name of 'medical science'. As Professor Peter Duesberg explains in his book, *Inventing the AIDS Virus*, most people performing those experiments are technicians, not scientists.

In all scientific disciplines, including 'medicine', each specialist field adheres to its own views and theories and is resistant to new ideas, especially those that do not fit within the existing paradigm. This is, in fact, *encouraged*, which is the reason for the increasing emphasis placed on the importance of 'consensus' within each field of 'science', including 'medical science'. Those who work within any field of science are not encouraged to think 'outside of the box' or to raise questions about any aspect of their work that will challenge the prevailing paradigm that operates within their field.

It is for this reason that those who are 'outsiders' to any field, and therefore not committed to perpetuating the paradigm, have the ability to view the ideas and theories within that field in a different way, and therefore ask the questions that those within the field dare not ask – or rarely even contemplate asking, because it is not in accordance with the information provided by their training. It is precisely because we are 'outsiders' with respect to 'medical science' that we were able to apply logic and common sense to the information we were discovering and to ask the questions that the vast majority of people within that field would not dare to ask. It was therefore inevitable that our book would be challenged by many who claim to be 'scientists'

because we do not have backgrounds within 'medical science'. But although we do not possess qualifications in any specific field of 'science', we did employ the scientific method of looking for and following the evidence in our more than ten years of research.

Unfortunately, it is the often self-proclaimed 'experts' within a particular field who have the most to lose by new ideas, and who will not challenge the existing paradigm within that field, because these new ideas threaten their prestige, status and career. But sometimes these 'experts' are used as front-men, or -women to promote the prevailing view and discredit any dissenters, often using ad hominem attacks, usually because they cannot adequately counter the idea or new theory. Those behind such 'experts' in the field of 'medicine' are almost certain to be the 'vested interests' that effectively control most aspects of the medical system; most notably medical education, research and the journals that publish research findings.

The main point we would like to emphasise is that 'science' can progress, but only through new ideas or new insights into existing problems. It cannot progress through the perpetuation of a consensus view that maintains the status quo, which, as you rightly say, merely entrenches the prevailing paradigm, because that is the antithesis of real science.

RH: Well what a brilliant answer, both – thank you! I can't express in words how grateful I am that you've done this *humanity-serving* work (that may sound like a grandiose adjective to use – but I'm sure it's the right one, and I'm also sure that the rest of this interview will demonstrate its prescience). Notwithstanding what any of your scientific critics might say, your monumental study is clearly impeccably 'scientific' in the true sense of that term, in that (as you say), 'it was never our intention to write a book that was critical of the Western medical system'. No one, therefore, can accuse you of confirmation bias, and merely 'discovering' what you had already assumed to be the case at the outset!

You speak of 'why we are all so ill-informed about the true nature of illness, despite the efforts of many physicians and others'; and of 'the manipulation of the Western medical system and the "vested interests" that are behind its inception and its perpetuation'. You also refer to the question of medical education which, as you argue in your book, surely has a lot to answer for in terms of the way in which the assumptions of the prevailing worldview (e.g. the germ theory) get perpetuated and entrenched. Can you tell us what you discovered regarding this 'manipulation' and the 'vested interests' involved? I remember from your book that 1910 seems to be a key date in this inauspicious history, for example.

I'm also struck by your statement that 'There is a real mis-perception about "science", not only in the minds of the general public, but also in the minds of a large percentage of scientists'. This point lies at the heart of my own interests and why I wanted to conduct this interview with you both, and it would be great if you could expand upon this statement – one that will no doubt shock many, if not most, people who have never had cause to question the existing 'science'.

Finally, you speak of 'the questions that the vast majority of people within that field would not dare to ask'. This is clearly a core issue, and there is surely a hugely important *psychological* process involved in this. As a former counsellor-psychotherapist, I can't help wondering whether this fear is conscious or unconscious (or maybe even both). That is, from your own research and experience, do you think that your average scientist or doctor is aware that these are 'no-go zones' that they dare not visit; or is it more that a kind of unconscious conditioning process happens whereby professionals aren't even aware of the extent to which their worldview and attendant assumptions have been orchestrated in a system-reinforcing way? And perhaps a 'loyalty' and 'disloyalty' question might play into this too.

My apologies for so many questions (and please take it as a compliment)! Do please just pick up on what feels important and relevant.

D & D: The year 1910 is pivotal, to a certain extent at least, because it was the year when the Flexner Report was published in the USA. It was this report that enabled vested interests, most notably those of the Rockefeller family, to take control over the medical system in America. However, efforts to create a 'medical profession' had already begun much earlier in other countries – especially England, for example, where the Royal College of Surgeons (RCS) and the Royal College of Physicians (RCP) had both been founded during the sixteenth century.

The era known as the 'Scientific Revolution', which spanned the period from the sixteenth to the eighteenth centuries, is largely if not wholly responsible for many of the ideas and theories on which the current 'medical system' is based, not least of which is that it fostered the mechanistic view not only of the world, but also of the human body.

The Scientific Revolution is claimed to have transformed our understanding of the world. It was during this period that new technologies were invented and new chemical elements were discovered that were then formulated into new compounds, some of which would be used as 'medicine'. These inventions and discoveries generated a significant increase in the utilisation of laboratory experimentation, which would be equated with scientific 'progress'.

It was during this era that an elitist attitude was encouraged within the field of medicine that would eventually lead to the creation of the medical profession, as in the formation of the RCS and RCP in England. This attitude also fostered the belief that the medical 'profession' was the only true system of health-care because it was the only one founded on 'science', but this 'science' was also increasingly performed within the laboratory environment. The influence that was to be exerted by this 'medical profession' can be seen from the imposition of mandatory smallpox vaccination for infants as a result of a number of Compulsory Vaccination Acts in England that began in 1853. It should be noted, as we explain in our book, that many qualified physicians of the time were opposed to

vaccination, and wrote extensively to explain that the practice had no basis in science.

The aforementioned Flexner Report that was to fundamentally change the US medical system promoted a laboratory-based system of medical education similar to the one that existed in Germany, which was the system that Abraham Flexner had studied and was inspired to emulate in America. The report initially transformed the medical system in America to incorporate only allopathic, petrochemical-based treatments for 'disease', which significantly favoured the Rockefeller family's interests in the petrochemical industry. But this system was soon adopted by other 'Western' countries, and eventually has been adopted by virtually every other country around the world through the auspices of the World Health Organisation, since its formation in 1948.

There are many problems with this system, not least of which is that, as many people are aware, it is a 'sickness treatment system', not a health-care system. But despite efforts to convince people to the contrary, it is not based on 'science'. Dr Robert Mendelsohn, whom we referred to in our previous response, states in his book *Confessions of a Medical Heretic* that modern medicine is a religion, not a science, because if you ask a doctor the question 'why?', you will eventually reach what he refers to as 'the chasm of faith'. In other words, doctors are not sufficiently knowledgeable to be able to answer all of the questions a patient may pose, and are likely to resort to a response that would effectively mean. 'Trust me, I'm a doctor'.

The reason we are to 'trust' them is because they have the appropriate 'qualification' as the result of many years of training, which is believed to mean that they know what they're doing. This attitude demonstrates that doctors rarely, if ever, question their medical education and training, but it also ensures the perpetuation of the existing system. Science can only progress through new ideas and theories, or new ways of contemplating existing ideas and theories; it cannot progress through rigid adherence to dogma in the face of contrary evidence.

One of the areas of 'science' that desperately needs to change its theories in order to make progress is 'medical science', because, as we stated in our previous response, doctors do not understand the human body. There is *some* progress being made in this field, but it is very slow because certain ideas remain entrenched in their thinking, not least of which relates to the aforementioned 'germ theory' that perpetuates laboratory studies based on unproven ideas about invading entities.

Dr Harold Hillman Ph.D., a cell biologist, has been almost a lone voice in his condemnation of the laboratory experimentation performed within 'cell biology'. His research shows that the preparation procedures and materials used in studying cells and tissues directly and adversely affect, and thereby distort, the samples under examination; his actual words are, 'Biologists have shown little interest in the effects that the procedures they use have on the structure and chemistry of the tissues they are studying'.

Yet despite the existence of Dr Hillman's published work over the course of many decades, 'scientists' in this field continue to employ the same preparation procedures and ignore the relevance of the effects of those procedures, and the mainly toxic substances they use. This is why we stated that there is a misperception of 'science' in the minds of scientists; genuine scientists would have studied Dr Hillman's work with open minds and tested his hypotheses. Had they done so, 'medical science' would be in a very different condition today.

One of the problems is that scientists believe that their laboratory experiments are 'science'; as Professor Duesberg states in his book *Inventing the AIDS Virus*, 'The transition from small to big to mega-science has created an establishment of skilled technicians but mediocre scientists, who have abandoned real scientific interpretation and who even equate their experiments with science itself'.

But this is a mistaken belief. The problem for scientists is the same as that for doctors – namely, their training. One of the main reasons that scientists and doctors fail to question their

education is because their training involves what they are told are 'facts', so they do not consider them to be otherwise than 'true'. As we cite in our book, Dr Carolyn Dean states in her book *Death by Modern Medicine* that, 'In fact, we were told many times that if we didn't learn it in medical school it must be quackery'.

This attitude precludes most medical students from questioning their medical education; but students who do raise questions about what they are being taught as 'facts' will soon realise that they will not gain their qualification unless they provide the 'correct' answers in their examinations.

Once they have gained their qualification, 'maverick' scientists who think outside of the 'consensus' box will have difficulty receiving the grants and funding necessary to pursue their chosen field of study, because the vast majority of the funds made available for scientific research is provided by the corporate sector. A study to investigate the harmful effects of chemicals, for example, will not be funded by the chemical industry. But even if such studies were conducted, they are unlikely to be published in the main scientific journals, because corporate interests have gained almost complete control of the entire peer-review and publishing process in all fields of science.

Another problem for scientists and doctors is that they will not be allowed to pursue their chosen career to any significant level unless they conform to the 'consensus' view in their field. This becomes a huge dilemma for them once they have qualified because they are almost certain to have a huge student-loan debt that they must repay, but challenging the 'consensus' can be highly detrimental to their career. This can be seen by the case of Dr Andrew Wakefield, who was struck off the medical register in England because it is reported, albeit incorrectly, that he made false claims about a connection between the measles, mumps and rubella (MMR) vaccine and autism.

It is clear that their investment in terms of their time and money in their chosen career is likely to make many scientists and doctors 'loyal' to their

training and defend it, despite evidence to the contrary. They may even experience cognitive dissonance, and therefore refuse to entertain ideas that there could be questions about what they 'know' as the result of their education. This may even cause them to become aggressive towards those who've discovered the existence of 'flaws' in the theories on which their knowledge is based. This can be shown by the failure of many scientists and doctors to reassess the information that's now available, and acknowledge the existence of the problems with the 'germ theory', or to recognise the evidence that it is not only unproven but fatally flawed.

Loyalty is to be commended; but loyalty to an idea or theory that is unproven, or proven to be demonstrably false, is a disservice to humanity, especially when that theory relates to human health.

RH: Thank you again, both, for such a brilliant answer. My first thought is that while it would be easier and neat for our argument if we could trace the current malaise of modern 'scientific' medicine back to a single event (e.g. the 1910 Flexner Report and the Rockefeller family's capture of America's medical system), it seems from your answer that we have to invoke something that's more amorphous and less easy to capture in simple 'cause-and-effect' terms, which you call the 'Scientific Revolution', and what it entailed and connoted in terms of humanity's evolution – as written about, for example, by philosophers of science like Richard Tarnas and Morris Berman (Tarnas, 1991; Berman, 1981). Locating these developments in the broad sweep of human history is greatly illuminating for folks like us, but I do wonder how much sway such an historically informed understanding holds for people immersed in the mechanistic scientism of modern 'scientific' medicine.

You speak of elitist 'professionalisation' in the development of modern 'scientific' medicine – which I would argue includes 'the cult of the expert'. In my experience in the field of psychotherapy professionalisation and its attendant dynamics (House & Totton, 1997; see also Mowbray, 1996), the first things to be

jettisoned in a self-important, self-serving regime of ‘expertise’ tend to be humility and modesty – with (as philosopher of science Paul Feyerabend pointed out) expert opinion often being ‘prejudiced, untrustworthy, and in need of outside control’ (Feyerabend, 1978, pp. 88–91; see also Kidd et al., 2021).

Perhaps we’re just talking about what self-interested human beings do here, with these tendencies by no means being exclusive to medical science! And the training issue you refer to is perhaps closely related to the drive to professionalism, with ‘what they are told are “facts”’ being something that’s never questioned: after all, a ‘profession’ of ‘experts’ can start to look decidedly flaky if there are uncertainties and controversies, and even internal disagreements, about what is deemed to be factually ‘true’.

Paul Feyerabend went as far as arguing that at times, ‘scientists quite often just don’t know what they are talking about’ (p. 89): ‘...unanimity [of experts] is the result of shared prejudices: positions are taken without detailed examination of the matter under review.... [A] unanimity that rests on “internal” considerations alone often turns out to be mistaken’ (p. 88); and further, ‘Every piece of knowledge contains valuable ingredients side by side with ideas that *prevent the discovery of new things*’ (p. 89, my italics); ‘but research in that “other” direction may reveal that the “progress” achieved so far is but a chimera’ (ibid.). Strong echoes here with your statement that ‘[science] cannot progress through rigid adherence to dogma’; and Dr Harold Hillman’s example of laboratory experimentation seems to be a classic example of this phenomenon (I first came across Hillman’s work in Brian Martin’s excellent 1996 book, *Confronting the Experts* – Hillman, 1996). And then there’s the metaphysical, if not *ideological*, assumption that mainstream science commonly makes, that the experimenter is not affecting, if not *creating*, the very ‘reality’ they believe and assume they are discovering.

I wonder to what extent these phenomena identified by Feyerabend account for what I think we would agree is the closed-minded,

monological (and ultimately *un-scientific*) approach to illness and disease of modern medical ‘science’.

I’m also very interested in the *actual process* by which (as you say) ‘allopathic, petrochemical-based treatments for “disease”’ effectively conquered the world after 1910. Does something like this happen because systems of practice have an in-built, conservative tendency to reproduce themselves? (or what David Harvey once called ‘status quo theory’ – Harvey, 1973) – a key aspect of which is that anyone who dares to question the hollowed creed beyond a certain point gets victimised and silenced by those with a strong investment in the prevailing system? As you say, such a self-referential system/institution is surely far more akin to *a religion* than it is to a genuinely scientific endeavour (a point, incidentally, which Paul Feyerabend also repeatedly made). The example of the germ theory is very relevant here, I think. A true scientist would surely be asking themselves the question, ‘What if all the assumptions my profession and I are making about viruses, and disease development and transmission, are just wrong? What would, or could, be the implications for the way we are all practising medicine?’ But so invested are virtually all practitioners in their approach and worldview that even to begin to consider such a possibility could easily be personally as well as professionally catastrophic.

Yet your crucial point that ‘corporate interests have gained almost complete control of the entire peer-review and publishing process in all fields of science’ seems to me to be a different one. Are we speaking about two *relatively autonomous* processes operating here, I’m wondering? (which of course reinforce each other): i.e. on the one hand, the inherently conservative nature of *any* professional field that requires a certain level of coherence and self-confidence in order to achieve the requisite credibility in society; and on the other, vested material interests that ruthlessly direct and control ‘the science’ and its institutions, so cementing their advantages and interests in place. I wonder about the relative importance of

these two tendencies in creating the phenomenon of modern 'scientific' medicine.

Far too much from me again, Dawn and David! – for which I profusely apologise. Please just pick up on what feels important to you and your interests and concerns.

D & D: The publication of the Flexner Report in 1910, and the measures introduced as a result of its findings, were certainly pivotal in the development of 'modern scientific medicine' in the US, which became, and still is, the main home of the pharmaceutical industry. But major changes to any system cannot be viewed in isolation; they have to be seen in the context of preceding events and developments that clearly influenced prevailing attitudes, and enabled the successful implementation of those changes. Therefore, we don't see that the 'medical system' could have undergone such drastic changes were it not for prior events, most notably the Scientific Revolution that heralded the era of increased interest in 'chemistry', the discovery of new elements, the creation of new compounds and the development of ways those new chemicals could be used.

The use of chemical compounds as 'medicines' was not unknown before the era of the Scientific Revolution; mercury for example, had been used in the treatment of the disease called 'syphilis' since the fifteenth century, if not earlier. However, the prior use of such toxic compounds, together with the incorrect view of the human body as mechanistic in nature, as propounded by the prominent scientists of that era, provided the precedent and justification for the development of chemical-based pharmaceutical drugs that became foundational to the practice of 'medicine' after 1910.

In addition to understanding prior events, it is also important to consider the people who instigate such changes and those with whom they are associated. It is abundantly clear that the Rockefeller family stood to gain substantial financial rewards from a medical system that almost exclusively utilised products made from petrochemicals, which are the products of the industry in which they held a major interest.

However, our research also uncovered documents that show this family to have had motives other than a simply financial one for attempting to gain a significant level of control over 'health-care'; attempts that have clearly been extremely successful. These other motives include the fact that such control would enable them to implement measures to reduce the world population, which they claimed was too large for the available resources. Although this may be regarded as somewhat of a 'conspiracy theory' (CS), that is not the case. Certain factions within the US feared that a growing world population would threaten their interests – as can be seen by the 1974 report known as NSSM200, the full title of which is *Implications of Worldwide Population Growth for US Security and Overseas Threats*. This report was declassified in 1980.

It would seem that those who were instrumental in establishing the medical system and creating it as a 'profession' were fully aware of human psychology and the ability to manipulate people. This can be seen from the work of Edward Bernays and the frequently quoted statement from his 1928 book, *Propaganda*:

The conscious and intelligent manipulation of the organized habits and opinions of the masses is an important element in democratic society. Those who manipulate this unseen mechanism of society constitute an invisible government which is the true ruling power of our country.

Those who are able to gain control over the systems that govern any aspect of people's lives would therefore be able to manipulate the opinions not only of the masses but also of those who worked within those systems. In this way, certain vested interests were able to establish 'medicine' as a profession and, thereby, appeal to the sense of self-importance of those who trained within that profession by referring to them as the 'experts' in their field. This can be seen by our previously cited comment by Dr Carolyn Dean that anything not taught in medical school must be regarded as 'quackery'. This clearly can, and often does, foster a rather arrogant attitude in those who have been trained within the medical 'profession', and therefore

regard themselves as above questioning by mere mortals who have not received their training or attained their 'qualifications'. We would emphasise that the meaning of the term 'qualified' is: having the knowledge and skill to perform a particular task.

We recently had an experience of this arrogant attitude, albeit indirectly, from a doctor who was asked to look at our book. His comment to a third party was that we were 'insane'. He listed his degrees, of which he stated he was proud, with the obvious intention of demeaning us because we were not 'qualified' and therefore not in a position to understand or criticise 'medical science'. Our response to such an insult would be to point out that his comment would be justified if modern medicine fulfilled its stated objective to provide health-care and improve the health of patients. But this is not the case, as can be demonstrated by the phenomenon of iatrogenesis (when treatment actually *harms*), as previously mentioned, and also by the vast array of harmful 'side effects' that all medicines and vaccines have been proven to cause. Although it should be unnecessary, we would refer doctors to the Hippocratic Oath that pledges them to 'First, do no harm'. Sadly, the system in which they have been trained does not permit the practice of 'medicine' that does no harm.

We acknowledge that this arrogance is not exclusive to 'medical science' and can be seen in many other fields. However, the circumstances in which we find ourselves in the early 2020s result from not only the kind of arrogance displayed by that doctor, but also the refusal of most doctors to contemplate that there may be something wrong with the theories on which the entire medical system is based. We have some sympathy for them with respect to the trauma they would undoubtedly experience when they realise that their actions have caused harm, and we understand why they would therefore refuse to contemplate that possibility. We also understand that they perhaps find comfort in the knowledge that their colleagues feel the same way.

This would seem to reflect Paul Feyerabend's statement about unanimity often being the result

of shared prejudices. But he recognised that unanimity may also reflect political decisions, the result of which is that, 'dissenters are suppressed, or remain silent to preserve the reputation of science as a source of trustworthy and almost infallible knowledge'. But shared prejudices, unanimity, suppression and silence are not appropriate foundations for true 'science'.

Michael Crichton addressed a similar issue, that of consensus in science, in his 2003 talk at CalTech entitled 'Aliens cause global warming', in which he stated that 'There is no such thing as consensus science. If it's consensus, it isn't science. If it's science, it isn't consensus. Period.'

It seems clear to us that maintaining a belief that certain people are 'experts' does not serve humanity, because the evidence demonstrably proves that most of those who are proclaimed as 'experts' do not and cannot resolve the problems we face. On the contrary, the vast majority of our problems require people to take responsibility for themselves; and this is particularly the case for human health.

With respect to the 'germ theory' and the investigation of diseases regarded as 'infectious', a true 'scientist' would start from first principles and ask the basic question of 'What caused this disease?'. Instead, as we saw from the many papers we read in the course of our research, scientists almost invariably begin their studies from the assumption that the disease is known to have been caused by a specific 'germ'. Any investigation is therefore restricted by that assumption to the examination of the mechanisms that may initiate the disease process. The main purpose of such investigations is almost always the discovery of a chemical that will block, inhibit or otherwise interfere with that mechanism or process, and can thereby be developed into a drug to be used to treat the disease. It may be argued that it is inefficient to always start from first principles; but we would counter that with the argument that it is unscientific to start from the basis of an unproven assumption.

The main problem with the current approach of investigating the 'disease process' is that it does not represent a true understanding of the nature of 'disease' or of the human body. This can be seen by the abundance of evidence that, as explained above, 'medicines' do not actually enable people to be restored to full health. Most 'medicines' fail to do more than merely manage a person's symptoms, and the overwhelming majority, if not all of them, produce what are referred to as 'side-effects', but which are, in fact, *direct* effects.

Although rarely reported, a large number of drugs are regularly withdrawn from the market due to the extremely serious nature of their effects; effects that were not discovered in clinical trials. But these effects ought to have been discovered prior to the release of the drug on to the market, because the discovery of 'effects' is the precise purpose of the early phases of clinical trials. The scale of the problem of adverse events caused by drugs is indicated by Dr Carolyn Dean who, in her *Death by Modern Medicine*, refers to a report produced by the US GAO (General Accounting Office) which found that, 'of the 198 drugs approved by the FDA between 1976 and 1985... 102 (or 51.1%) had serious post-approval risks'. The situation has not improved in the intervening decades.

The fact that more than 50 per cent of approved drugs pose serious health risks provides demonstrable proof that clinical trials and FDA approval do not ensure that drugs are safe. One of the main reasons for this is due to the influence of corporate vested interests that largely fund most clinical trials, as Professor Sheldon Krimsky Ph.D. explains in his book *Science in the Private Interest*: 'Among the tens of thousands of clinical trials occurring each year, most are funded by for-profit companies seeking to gain FDA approval for new drugs, clinical procedures or medical devices.'

But doctors are not unaware of this corporate influence because they are visited by pharmaceutical-company reps whose job it is to encourage physicians to recommend their particular drug for their patients; although the

actual process by which drug reps can sell their wares will differ in different countries.

Scientists involved in medical research are not immune from the influence of corporate interests either, because the main aim of most research is to develop new treatments, from which they too are able to profit. As Dr David Michaels explains in *Doubt is Their Product*, 'Universities and university scientists have enrolled in joint ventures and profit-sharing arrangements with chemical and pharmaceutical manufacturers'.

The extent of pharmaceutical-industry influence over all aspects of medical research, including the writing and publication of study articles, raises serious concerns about issues such as conflicts of interest. Dr Blaylock explains in the book *Health and Nutrition Secrets* that, '...most editorial staff members of these scientific journals, as well as editors-in-chief, also receive research funding from pharmaceutical companies, and even hold stock in the companies from which they take money'.

However, it would seem that although most doctors are aware of the influence of corporate vested interests, they do not seem to be aware of the extent to which that influence has fundamentally altered what ought to be 'health-care' into a system of disease management. As well as not being the same, 'disease management' is proven to be inherently harmful.

It would therefore seem that the two tendencies of corporate interests and 'professionalisation' have become so intimately intertwined that they are virtually inseparable, and they certainly do reinforce each other. However, we feel it is highly likely that, if vested interests were taken out of the equation and removed from their ability to influence 'health-care', a large proportion of doctors and others in the field would readily admit to the shortcomings of modern 'scientific' medicine; although some may refuse to relinquish their pride in their perceived achievements.

RH: I'm so glad you've raised the eugenics issue, Dawn and David, and robustly challenged the 'CS' trope-cum-smear that is routinely

deployed by the establishment against those who name it. For as Mateja Černič outlines in meticulous detail in her 2018 book *Ideological Constructs of Vaccination*, ‘the USA eugenically **sterilized about 70,000 Americans** in the twentieth century. The system labeled these people as unfit and defective, [with] a third of them [being] sterilized **after** the Nuremberg Trials declared compulsory sterilization a crime against humanity’ (ibid., p. 69, her bold emphasis). And Černič also reports that at the time, ‘Eugenic principles and ideology were widely supported by scientific, political and economic elites’ (p. 70). This is emphatically *not* Conspiracy Theory! – however much the apologists for allopathic medicine insist on claiming that it is.

I resonate so much with what you say regarding ‘vested interests [being] able to establish “medicine” as a profession’, and the ‘arrogant attitude’ of those ‘regard[ing] themselves as above questioning by mere mortals who have not... attained their “qualifications”’. There is a substantial body of (sociological) literature on the professionalisation process which gives chapter-and-verse on this very issue (e.g. Wilensky, 1964; Saks, 1994; Freidson, 2017); and I’ve experienced it myself personally in my own former field of psychotherapy – and have written a lot about the very toxic dynamics you describe in the psychotherapy and counselling field (e.g. House, 1996, 2001; House & Totton, 1997). A decent therapist would have a field day with any doctor who had the temerity to call you ‘insane’. Indeed, when your work elicits cheap name-calling of this kind, you know you’re over the target, and have *already* won the argument. And paradoxically, this arrogance actually reflects a great *frailty* – as at some level, these people know how brittle the worldview underpinning their practices actually is.

I guess being aware of the frailties and fragilities of the system, and of people’s professional identities, throws much light on ‘the refusal of most doctors to contemplate that there may be something wrong with the theories on which the entire medical system is based’. I wish the following resounding statement could be framed and placed on the wall of every medical

consulting room: ‘**Shared prejudices, unanimity, suppression and silence are not appropriate foundations for true “science”.**’

It’s great that you’ve named expertise and responsibility-taking. You make what for me is a momentously important point when you say that

scientists almost invariably begin their studies from the assumption that the disease is known to have been caused by a specific ‘germ’. Any investigation is therefore restricted by that assumption to the examination of the mechanisms that may initiate the disease process... *[I]t is unscientific to start from the basis of an unproven assumption.* (my italics)

How true! Actually, what *is* surely ‘insane’ (if I can myself indulge in a bit of name-calling for a moment!) is to found a gargantuan, multi-trillion dollar global system of medicine (with all its toxic collateral effects that you poignantly outline) on assumptions that are not only highly questionable, but which many reputable authorities believe to be just plain false, *scientifically* speaking! Or as the old saying goes, ‘Garbage in, garbage out’. At this point it really does become hard to make all this up, and how on earth we’ve got to ‘the state of medicine we’re in’ today (to coin a phrase).

You write that mainstream medicine does not possess ‘a true understanding of the nature of “disease” or of the human body’. This point easily shades into a discussion about the metaphysics of materialism (e.g. Hardtmuth & House, 2022). But I wonder whether one way forward might be to set up open public conversations between modern allopathic medicine’s proponents and people like yourselves, in a mutually respectful conversation that goes as deeply and non-defensively as possible into these quintessentially ‘ontological’ questions. I’m sure there must be eminent, modest, big-hearted people in mainstream medicine who would be open to such a conversation; and I’m wondering whether you might try to set something like this up? But please tell me if I’m being hopelessly naïve... – in a world in which, as you say, ‘corporate interests and “professionalisation” have become so intimately intertwined that they are virtually

inseparable, and they certainly reinforce each other'. I do wonder whether you can see any light beyond this dire situation.

I could converse with you two great researchers indefinitely, but the finitude constraints of this interview mean that this must, alas, be my final question. As well as picking up on any of the above that feels important, can you succinctly summarise the 'capture' of modern Western medicine, and what the effects of this capture have been, and continue to be, for modern medical science; and, finally, just what we might conceivably do about it.

Thank you for this enthralling interview, Dawn and David. I'm honoured that you've taken so much time and care in engaging in this vital conversation. Your brilliant book *What Really Makes You Ill?* deserves to become a best seller (in fact, I see it already is! – as I write, it currently has an extraordinary 1,260 ratings on Amazon), and a key element of the paradigm shift in health and medicine that is so desperately needed in late-modern culture. I can only urge all readers of this interview to read it from cover to cover. My heart-felt thanks again to you both.

D & D: Sadly, there are many reports of vaccinations having been used for sterilisation purposes. Usually, such atrocious acts are attributed to regimes that are deemed the 'enemies of civilisation', such as the Nazis under Hitler; but, as you correctly cite, the US, and Britain too for that matter, have been equally guilty of such acts. Eugenics began in the UK; the term was coined by Francis Galton, Charles Darwin's cousin, who believed that humankind could be 'made better' and that traits like intelligence were inherited. The association of eugenics with Hitler and the Nazis caused it to undergo a name-change to 'genetics', which is based on the same underlying beliefs that certain traits, including various diseases, are genetic and heritable.

But genetics is yet another discipline that is based on a flawed theory, as our ongoing research demonstrates. In our book, we refer to *epigenetics*, which shows that genes do not determine a person's state of health, and cite the

work of Bruce Lipton, who explains in his 2012 article entitled 'Epigenetics', 'Conventional medicine is operating from an archaic view that we're controlled by genes. This misunderstands the nature of how biology works.'

The adverse effects of Thalidomide provide clear evidence that maternal exposure whilst pregnant to toxic substances that disrupt the endocrine system can cause serious damage to the normal development and growth of the baby within the womb. This can also apply to mental 'problems' that are perceived to be the result of faulty or defective genes. Unfortunately, whilst the medical establishment continues to blame 'genes' and 'germs', attention is diverted from the real causes of disease.

Amidst the obviously non-existent Covid 'pandemic', many people who were speaking out against the measures being employed, including vaccines, were not aware of the fallacy of the germ theory. This can even be seen in the work of Mateja Čerňič, who, on page 318 of her book *Ideological Constructs of Vaccination*, refers to the 'contamination' of vaccines by SV40 (simian virus 40) that is claimed to be associated with cancer. There is, however, no evidence that any form of cancer is caused by a 'virus'. More importantly, as we explain in painstaking detail in our book, the particles that have been labelled 'viruses' have never been proven to cause any disease.

The current state of 'modern medicine' can only be described as appalling with respect to its ability to be a health-care system. Fortunately, though, it is becoming increasingly obvious to ever-greater numbers of people, especially since the spring of 2020, that it is a failing system. It is an indescribable tragedy that millions of people around the world every year become ill, and many even die, as the result of the so-called 'health-care' system. But it seems that we have needed the extreme nature of the alleged Covid 'pandemic' in order to help people see the extent of the problem. The world certainly needed something to show everyone that we have all been indoctrinated into a false belief-system that claims 'modern medicine' has all of the answers to our health problems.

It is indeed a bitter pill to swallow (pun intended) to discover that this is not the case; but it would be an even more bitter pill for doctors whose livelihoods depend on the practice of modern medicine. But it is not just their livelihood that's at stake when physicians realise that they may have been harming and perhaps even killing their patients, albeit unwittingly, through their use of pharmaceuticals. It takes immense courage to face this realisation, which may be one of the main reasons that so many doctors, such as the one who called us 'insane', refuse to even contemplate facing the possibility that this is the case.

Interestingly, although perhaps not entirely surprisingly, doctors are reported to have higher rates of depression and suicide than the general population. So perhaps there is a growing awareness of their failure to practise genuine 'health-care', although the main reason reported for their depression is 'burnout' as a result of working long hours under demanding conditions.

We understand your reason for the suggestion of an open discussion, but we do not feel it would be at all appropriate for us to engage with devoted proponents of allopathic medicine. There are a number of reasons for this, not least of which is that they would need to read our book first, which we feel few would do. But even if they did read it, it is highly likely they would reject our research because we would be viewed as 'unqualified' and therefore unable to understand 'medical science'.

There is much that could be said about the 'capture' of 'modern medicine', and we think we have covered much of it during this interview, including our foregoing comments. A succinct summary of this problem would be that 'medical science' does not operate from a correct understanding of human biology because it is based on flawed, or even false, theories and assumptions. Because of this, it is not a health-care system that benefits humanity, but a 'disease management system' that benefits those in control of it, especially the 'vested interests' that control the pharmaceutical industry, medical education and medical research.

These 'vested interests' ensure that no 'research' is conducted from first principles or asks basic questions without relying on assumptions, because they do not allow such research to be funded; or, if it is conducted privately, they try to prevent such research from being published in medical journals, which they also largely control.

Although people will proclaim that science proceeds through researchers who 'stand on the shoulders of giants', it often takes huge leaps forward by mavericks who take an unorthodox view of a problem. Furthermore, it is extremely important not to stand on the shoulders of *false* 'giants', such as Edward Jenner, Louis Pasteur and Robert Koch, to name just three of the false heroes lionised by modern medicine.

You correctly raise one of the key questions which is, of course, what we can do about the situation in which we find ourselves. We know that many people feel helpless, and this is how the 'vested interests' want people to feel so that they will continue to look to authorities and experts to guide them; but this is not the solution.

The real solution requires people to understand that they have been deceived about matters pertaining to their health, so they need to stop deferring to the 'authorities and experts' who have deceived them, and take back control over their own health. People need to understand that the human body is an amazing self-regulating and self-healing organism; it is perfectly capable of looking after itself. But people also need to appreciate that they must assist their bodies to perform its natural functions by addressing the real causes of illness, which we explain in detail in our book. This does require a paradigm shift in thinking, but it is a necessary one for people who are concerned about their health, especially in the context of the prevailing situation.

It has been a pleasure to work with you too, Richard; we thank you for your kind words about our work and for this opportunity to engage in such an interesting discussion with you.

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About the interviewees



Dawn Lester and **David Parker** have backgrounds in the fields of Accountancy and Electrical Engineering, respectively – fields that require an aptitude for logic, which proved extremely useful for their investigation involving over ten years’ continuous research to find answers to the question: what really makes people ill? A popular saying, often attributed to Albert Einstein, claims that problems cannot be solved by using the same way of thinking that created them. By extension, we can say that a problem can often be better understood by people outside of the discipline in which it occurs, as they are not bound by any dogma or biases inherent within that discipline.

The authors’ research was conducted from a different perspective from that of the medical establishment, and was therefore free from the dogma and biases inherent within ‘medical science’. This unbiased, logical approach enabled them to follow the evidence with open minds, and led them to discover the flaws within the information about illness and disease promulgated by the medical establishment. The results of their investigation are revealed in their 2019 book, *What Really Makes You Ill? Why Everything You Thought You Knew about Disease Is Wrong*. Their website can be found at <https://whatreallymakesyouill.com/>, and Dawn and David write regularly for *The Light* newspaper.