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## The US Healthcare System

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Just as with the quality of US education, **most of what you are told about the superiority of the American medical system is just false propaganda and brand marketing.** The US spends more than twice as much as any other Western nation on a health care system widely considered to be the most dysfunctional in the developed world and where, in spite of the doubled total costs, much of the population has no access to health care. Many studies have demonstrated that the US has an enormous number of preventable deaths each year solely due to the dysfunctional nature of its health care system. The most credible estimate was a study carried out by Harvard Medical School Professors Himmelstein and Woolhandler in 1997, which concluded that about 100,000 people died in the United States each year because of lack of needed care.[1][2][3] And statistics confirm that an additional 50,000 Americans die each year while waiting for critical treatment because they have no insurance. [4] But these numbers, large as they are, are trivial compared to those of the patients who die after being admitted to American hospitals. Read on.

**In the United States today, life expectancy is 50th in the world** – just above Albania, and infant mortality 46th in the world – worse than Slovenia, in all cases far below all developed nations and far below China as well. Of 17 high-income countries studied by the National Institutes of Health in 2013, the US had the highest prevalence of infant mortality, heart and lung disease, sexually transmitted infections, adolescent pregnancies, injuries, homicides, and disabilities. **Together, these issues place the US at the bottom of the list for life expectancy.** [5][6][7][8][9][10][11] In 2000, the World Health Organization (WHO) performed an extensive study of health care systems in about 200 nations.[12][13] In that study, **the US health care system was ranked as the highest in cost, 37th in overall performance, and 72nd by overall level of health.** Another study by The Commonwealth Fund ranked the United States **by far the lowest in quality of health care among all similar countries, and by far the most expensive.** The Health Affairs journal performed a study in 2000, where it found that since 1970 all other nations had gained about six more years of life expectancy than did the US. According to the WHO and The Commonwealth Fund, the US spent more on health care per capita, and more on health care as percentage of its GDP, than any other nation in 2011, but ranked last in the quality of health care.

The root cause is a Right-Wing political conviction that government need not finance social needs which it claims are better looked after by the private sector, but the real reason is more commercial than ideological – the determination of a few wealthy industrialists to access the massive health care revenue stream. Due to extensive lobbying and virtual control by private-interest groups, the US government has largely abandoned medical services to the private sector, leaving corporations to provide society's social needs on a profit-maximisation basis. There are of course huge conflicts of interest when private corporations driven primarily by profit and self-interest are responsible for the delivery of a fundamental social need. The two major manifestations of this capitalist approach are that (a) much of the medical services field in the US, including **hospitals and medical offices, are operated as for-profit businesses** rather than being part of the social infrastructure of the nation as they are in Canada and Europe, and (b) **the involvement of insurance companies as profiteering middlemen.** This is one of the factors exacerbating the nation's increasing income

disparity. The insertion of private profiteers into public services serves only to drain wealth from the general public and concentrate it into increasingly fewer hands rather than recycling it through the government and overall population.

This is why Americans today have no government-funded universal healthcare system, as well as **the primary reason the US has thousands of private charities** collecting money for every cause. There are some health benefits for retired people and for some of the very poor, but everyone else must purchase coverage from an insurance company, which **costs American families nearly \$25,000 per year and expected to increase to more than \$35,000**, while single individuals often pay \$7,000, all for policies that fail to cover many illnesses or medical procedures, and in which **both insurance coverage and payment of claims are often refused.**

By contrast, families in Canada pay about \$1,000 per year for a universal government-funded single-payer system with no insurance company involvement, that covers everyone and everything, with no underwriting and few treatments refused. The insurance companies and American capitalists constantly deride this type of system as immoral socialized medicine, and attack Canada for caring more about the people than corporate profits. The criticism notwithstanding, Canada has (or had) one of the finest and least expensive health care systems in the world, resulting from two decisions: (a) the system is a government-operated single-payer social service and (b) private enterprise and the insurance companies have been eliminated as profiteering middlemen. Canada made the right decision; the US did not.

### **Some Cost Examples**

One American woman visited an emergency room complaining of abdominal pain, and spoke at great length with the attending physician about her symptoms and treatment options. Her condition was almost certainly a gall bladder problem, which indicated an ultrasound examination, but the hospital didn't have a functioning ultrasound machine that day. The physician expressed doubt about the gall bladder and insisted the woman have a CT scan instead. As it happened, the problem was indeed the gall bladder and the woman received a bill from the hospital for **\$4,000 for the CT scan** – which the insurance company then refused to pay on the grounds that this treatment was “not indicated by the circumstances”, and because the charge was outrageous, a CT scan being available at a public clinic down the street for only \$250. The consensus was that the doctor, having no ultrasound machine, either misdiagnosed or deliberately misrepresented the woman's condition so he could sell a CT scan for the hospital.

In another case, an American was charged **\$153,000 for a rattlesnake bite**, \$40,000 of this amount being the charge for 5 days in a hospital, and nearly \$85,000 for the medication that cost the hospital less than \$10,000.[14] Another American needed eye surgery which was quoted to him at about \$2,500 in Germany where it was a common 30-min outpatient procedure. He instead had it done in the US at a total cost of \$32,000.[15]

**A replacement hip costs between \$150 and \$350**, depending on the type and country of manufacture, but hospitals are charged between \$5,000 and \$10,000, and sales of imports are severely restricted to protect the profits of American manufacturers, and then add enormous mark-ups to their cost; for one American, a typical **US hospital demanded \$78,000** not including the surgeon's fee.

The man had his hip replaced at a private hospital in Belgium for \$13,660. That price included not only the hip joint but also all doctors' fees, operating room charges, crutches, medicine, a hospital room for five days, a week in rehabilitation, and a round-trip ticket from America.[16][17] By contrast, listen to one Canadian: "I had two hip replacements performed in Toronto, Canada, at a hospital specializing in joint replacement. **The only cost incurred was taxi fare to the hospital and telephone rental (\$4 per day) while in hospital.** We pay for our health care through taxes and never have to worry about receiving medical attention."

These examples are a perfect illustration of two of the three most serious flaws in the American health care system: the greedy and dishonest profit-mongering built into the system, and the freedom with which insurance companies refuse to pay claims. The third of course is the rampant professional incompetence that pervades the system, as we will soon see.

A Canadian travelled to the US on holiday and purchased from an American insurance company a policy that purported to pay all medical expenses incurred during his brief trip. As it happened, the man had a heart attack while in the US but the insurance company, claiming the man had made an error on his application, refused to pay the claim. After two weeks in a US hospital, the man was faced with **medical bills totaling \$348,000.** It was true the man omitted a bit of medical information, but it was trivial detail of which he had no knowledge and which was unrelated to his claim, but that was sufficient to deny payment. There are thousands of similar stories, which is why **most personal bankruptcies in the US result from an inability to pay overwhelming medical costs.** Another Canadian received similar treatment from the American health insurance company, receiving **a bill of nearly \$900,000 after a heart attack in the US.**[17]

### **The Million-Dollar Baby**

Another perfect example involves another Canadian couple who incurred a huge medical bill incurred when their daughter was born ahead of schedule while they were on vacation in Hawaii. Naturally, they purchased health insurance for their trip to America and were assured by the insurance company's underwriting employee that they were covered for all eventualities including the pregnancy. But the woman who was six months pregnant at the time had her water break while in Hawaii and spent several weeks in a hospital before her baby was delivered prematurely. The bill? **US\$950,000** – a million-dollar baby. And naturally the insurance company refused to pay the claim on the grounds that the event was due to "pre-existing conditions" which were not covered by the policy. **The assurances by the company's own employee that the pregnancy was covered were declared by the company as being "invalid and incurring no contractual liability".** The couple are now in the process of selling their new home they purchased in anticipation of their new arrival, and are preparing to file for bankruptcy.[18][19][20]

From personal experience, I had laser cataract surgery performed in Shanghai. I could have had it done in Canada where it would have been free, but my ophthalmologist strongly recommended I have the surgery done in China because the level of expertise was much higher than in Canada or the US, and told me his own colleagues travelled to Shanghai for the same procedure. And in the operating room, there were four American doctors watching and taking instruction – from a Chinese surgeon – on how to perform the process properly. And the cost? In the US, laser cataract surgery can easily cost between \$5,000 and \$7,000 per eye; the surgery in China, performed by Shanghai's pre-eminent eye

surgeon, was less than \$2,000 for both eyes. And clearly no evidence of the supposed American supremacy in medical care.

Because of this extreme profit-orientation, health care in the US is almost prohibitively expensive, with medical procedures often costing five to ten times as much as in Canada or most European countries. One day in a US hospital costs a minimum of US\$1,500, and can cost between \$6,000 and \$9,000 per day for complicated illnesses. **An MRI costs \$50 in Shanghai, less than \$300 in France but more than \$1,800 in Washington. A root canal that costs 200 RMB in Shanghai will cost \$1,800 in the US.** Physicians' incomes are artificially doubled or tripled compared to other countries, while medications and appliances cost far more in the US than elsewhere.

It isn't difficult to understand why. For any health care system, the hospital building is the same, the doctors are the same, the patients and their necessary treatments are the same. The main variables are that American privately-owned hospitals want an operating profit and a perpetual return on their capital investment, while the insurance companies collect administration costs, reserves and profit. This creates a system where patients are almost inevitably charged double the actual costs of providing medical care. In more simple terms, a hospital stay might cost **5,000 RMB**, including physician's costs, medications, and so on. But if the hospital is a private for-profit company demanding a return on its initial capital investment plus a high operating profit, the cost increases to **7,500 RMB**. And if we insert an insurance company into the middle, their overhead, sales expenses, reserves and profits will push the cost to **10,000 RMB**. Free-market capitalism in health care will double your costs for precisely the same product. How can it be otherwise? It should be apparent to even a child that inserting these profit-making entities into the middle of the system can result only in much higher costs to the public. The administrative costs alone for private health insurance plans in the US are substantial. Studies done by McKinsey and many other groups consistently estimate that excess spending on "health administration and insurance" accounted for between 20% and 25% of the estimated total costs.

Further driving up the costs, the US spends far more per capita on pharmaceuticals than any other country, largely because corporate control of the US government is so complete that the US pharma companies succeeded in having Congress pass a law that forbids the National Health Care Service to negotiate lower prices for medications, forcing them to pay whatever extortionate prices the companies demand, and it is further illegal for hospitals or physicians to prescribe generic medications even when available. Bribing physicians is traditional in America but is done differently because paying cash bribes is illegal while giving discounts is not. Pharma companies offer discounts of as much as 90% to a doctor or a hospital on the purchase of their medications, all participants aware the medications will be billed out to the patient or Medicare at the full retail price, effectively being a bribe of 90% of the value of all medications sold.**[21][22][23]**

Most American hospitals and physicians receive bribes, payments under the table, free vacations, expensive gifts, golf trips, flights on private jets, high payments for essentially fake studies, and other rewards for pushing the most expensive and dubious medications and products, that the problem has reached almost epidemic proportions. One private firm in the US is attempting to create a database of all hospitals and physicians that receive money from pharmaceutical and medical supplies manufacturers, and statements of all monies received, in an attempt to help patients protect themselves from unethical medical practices and from unnecessary and excessively expensive treatments.

Another major reason for the high cost of US health care is that since the early 1900s the American Medical Association (AMA) has lobbied the government to tightly limit physician education, which has led to (a) a great shortage of doctors and (b) doctors' wages being more than double those in Canada or Europe. Another factor is that American doctors are paid for procedures instead of results, which means they are not paid for attending to a patient, but instead paid for each and every small action taken. Moreover, aggressive AMA and AmCham lobbying have created many restrictions that require doctors to carry out procedures that could easily be done by nurses or others which, according to many studies, has substantially decreased the quality of health care while markedly increasing the cost.

## **Cash Cows**

According to an article in the WSJ, "Teaching hospitals have long been points of pride for major [American] universities", but they are more often described internally as "cash cows", with some teaching hospitals raking in billions each year in vastly overpriced medical care. The US has about 120 of these, composed of teaching hospitals with close ties to medical schools, **which comprise only about 5% of all hospitals but produce about 25% of all US hospital revenue.**<sup>[24]</sup> Most American hospitals are astonishingly profitable: As one indication, the most profitable hospital in the US, the Flowers Medical Center in Dothan, Ala., recorded "**an incredible 53% operating margin**", and the Del Sol Medical Center in El Paso had "**an astronomical 45% operating margin**".<sup>[25]</sup> <sup>[26]</sup><sup>[27]</sup>

During the 2008 economic crisis, millions of American families went bankrupt primarily from high medical costs and a lack of a national health care system. And it has long been true that the great majority of personal bankruptcies in the US are caused by excessive medical costs.

In recent years, about 65% of Americans who filed for bankruptcy claimed high medical expenses as the cause, and a new study done in 2013 found that almost 50% of all retired people are forced to sell or heavily mortgage their home to pay medical bills, and that about 25% of all retired Americans declare bankruptcy due to unaffordable medical expenses. Where do you go when you are 75 years old, ill, and bankrupt with no home and no assets?

The US government and American medical care firms often claim that all US citizens have medical insurance available to them, but the claim is an outright lie. Americans seeking to purchase health insurance must undergo medical underwriting, and insurance companies – wanting to avoid claims – will heavily screen applicants for pre-existing conditions, rejecting many applicants and quoting unaffordably high rates for others, even for such common ailments as acne, being a few Kgs over or under weight, and old sports injuries. Many millions of Americans are unable to buy insurance because of even relatively minor and treatable pre-existing conditions.

**In one of the most damning studies of American health care, the Commonwealth Fund found that of all Americans aged 20 to 65 who sought individual health insurance during the previous three years, 65% did not buy insurance because they found it unaffordable, and only about 25% actually obtained insurance.**

With the American system, we must first purchase medical insurance, then visit the hospital, and then submit an application to the insurance company for approval and reimbursement of our medical expenses. It shouldn't be a surprise that this approval is not always forthcoming, that having insurance is not a guarantee that your medical bills will be paid. The reason is that **every American**

**healthcare insurance company has a huge department whose job is to examine each and every medical expense claim to look for reasons to deny paying the claim** – and they very often succeed. A mis-spelling of a name, an omission of a detail or a minor bit of health information, anything, is sufficient for them to refuse to pay your claim. **The American best practice in insurance as in any other industry is to maximise profits, and the best way for an insurance company to do this is to refuse to pay claims.** And these denied claims are not infrequent anomalies. The executives at AmCham and the US healthcare firms will of course deny these accusations, but you need perform only a brief Internet search on healthcare insurance in America to produce volumes of documentation and heart-breaking stories on this reality.

And it's even worse than this, because almost half of Americans who do obtain medical insurance are able to afford only a small policy that will pay for only simple and inexpensive procedures. Johns Hopkins University professor Navarro brought attention to this larger problem of underinsured people, referring to the many Americans who are able to obtain only minimal coverage that doesn't pay for the most-needed procedures. According to the study, about 40% of American adults reported that they had forgone needed medical care in the previous year because of cost. Also, numerous studies have documented large inequalities in the system between rich and poor and by educational level. Racism is also prevalent, with repeated findings that blacks and other minority groups receive less health care than white Americans, particularly when the care involves expensive technology.

### **Medical Care Quality in America**

The US experiences constant recalls of medications, medical equipment and products due to contamination, physical malfunctions, manufacturing defects and much more, often in life-threatening situations. We have catheters that disintegrate on insertion, saline drips that are not only mis-labeled but contain bacterial and physical contaminants, mis-labeled drugs and medications, widespread lack of sterility, contaminated transfusion blood products and other defects too numerous to mention. In the last ten years alone, the US government has levied fines of more than \$20 billion against US medical companies for making false and misleading claims about medications, for illegal marketing of unsafe and other products, promoting products and medications for unauthorised uses, for hospitals, doctors, and insurance companies systematically defrauding the Medicare system of billions of dollars in fake charges, and much more.

In 2010, the US FDA paid an inspection visit to **J&J's** main manufacturing plant in Port Washington that produced more than 50% of all the cold medicine in the US, plus most of the pain-killers and other medications. **The facility was discovered to be so filthy and non-sterile, with so many serious issues that within a day the government ordered the entire plant shut down. [28] [29][30]** Supposedly sterile areas had open holes in the roofs that fully exposed medications to outside contamination, and many statements were made about grossly negligent and substandard production and methods. In addition, J&J's procedures in their facilities throughout the US were of such low standard that **the FDA issued more than 50 product recalls. J&J were levied an enormous fine, but had sufficient influence to prevent the FDA from releasing any details of the case, and no executives were charged.** The government permitted the company to reopen its main facilities only with the permanent presence of a huge staff of FDA inspectors who would examine and verify every small batch of every J&J product before permitting shipment.

More recently J&J's baby lotion was discovered to contain a harmful mineral oil, used only because it was less expensive than the natural oils previously used. As well, many J&J baby products were found

to contain paraben and formaldehyde, chemicals used in preserving mummies and other dead bodies. **[31]** J&J's baby products produce 75% of the company's total consumer-care profit and more than 50% of the company's total profit. With J&J as with virtually all American firms today, the many shrewdly-planned violations of ethics and law have a high rate of success and, if discovered, are typically viewed as PR problems to be dealt with through media manipulation. J&J built their business during almost 100 years of branding, using Bernays' manipulative propaganda methods to build a veil of trust for their baby products in the minds of consumers but, as with most American companies and products, that reputation is today quite undeserved.

Federal authorities recently raided the **Sacred Heart Hospital in Chicago**, as well as the premises of its owner, executives and doctors, for what authorities called a "far-reaching" Medicare extortion and kickback scheme that included unnecessary, invasive and deadly medical procedures. **Doctors would deliberately over-medicate patients until they were unable to breathe on their own, then perform an unnecessary tracheotomy, for which they could charge the Medicare or insurance systems \$160,000 each. Fully 25% of the patients subjected to these procedures died, but the hospital was hugely profitable.** Edward J. Novak, the hospital's owner, arranged a massive "patient-hunting" scheme to unnecessarily transfer patients from nursing homes, regardless of medical need, solely to perform this procedure which was only one in a long list of crimes contained in a 100-page affidavit of charges.**[32]** Other American hospitals have exhibited similar criminality that included illegal organ removal and harvesting, unnecessary cardiac bypass surgery, excessive prescriptions for medication, excessively expensive treatments, and much more.

American nursing home operators are in a frenzy to obtain a beach-head in China, with their dreams full of sugar plums and revenue streams, but China, like many other nations, will have many decades to regret their presence if this onslaught is successful. One of the dangers of course is that many American "best practices" comprising their mantra of free-market capitalism are never listed in their Table of Contents, and are discovered only after it's too late to undo the damage.

**One of these practices, repugnant and anti-social as is most of American capitalism, is clever push to take full legal control over the bank accounts and assets of nursing home inmates.** In the US, and in many other countries, it is possible to be appointed as the legal guardian of a person who may have diminished capacity due to age or illness, giving one full power of attorney over that person's assets, including the freedom to spend them as one sees fit. **American nursing home owners are now pursuing this avenue with a vengeance, then ensuring they manage to deplete the victim's entire asset base before death.** When successful in obtaining these appointments, the monthly nursing home fees often double immediately as to charges for medication and other treatment. Of course, it's an abuse of the law which is meant to protect the elderly from the wolves, but in this case it's the wolves who become the guardians. For their part, the nursing home owners claim this is simply a practical matter of "bill collection", of ensuring the revenue stream accrues to them instead of a competitor, but this is based on the assumption that revenue stream is their property to be protected, and the driving force is blind greed, not safety.

As well, **the level of care for those admitted to many American hospitals is so appalling as to stagger our imaginations.** The famous **Walter Reed Army Medical Center** has been held out for generations as the epitome of high-quality medical care, especially for military veterans but, like so much else in the US, the stories were propaganda myths. The Washington Post published an investigative series of articles detailing severe cases of unsatisfactory treatment, patient neglect, and

shoddy conditions. Soldiers suffering from brain injuries or with amputated limbs would languish for months in vermin-infested quarters while waiting on financial approval for treatment. **The article described the facilities as rat and cockroach-infested, with stained carpets, cheap mattresses covered with black mold, the floor covered with feces, often no heat or water available,** and with drug dealers often perched outside. Many soldiers died from exposure to this ‘best practices’ American medical institution.[34][35][36]

And Walter Reed was by no means the worst of these. The US government built an enormously expensive medical hospital in Afghanistan, the **Dawood National Military Hospital** that proved to be more of a crime than the Afghan war itself, if such a thing were possible. According to the reports from investigators, **“Patients were lying in filth, in some cases starving and with grotesque bed sores. One patient was on the brink of starving to death.”** Patients were left for months with open and untreated wounds, left for weeks with infected and soiled dressings, given surgery without any anesthetic or pain relief, remaining conscious during the entire surgical process. Even in the operating rooms, conditions were never sterile, and a great many patients died. They produced photographs of **maggots crawling out of patients’ open wounds**, and open baths of blood draining out of soldiers’ wounds, the floors covered with feces. Many patients were abandoned until gangrene or other complications set in, but for years officials refused to address any of the problems. The hospital was available to the local public civilians, and **many Afghan families sold their farms and went heavily into debt to obtain “American-quality” medical care at the Dawood hospital.**[37][38][39]

The **Johns Hopkins Hospital in Baltimore, Maryland**, is one of the premier health care facilities in the US, ranked number three in the nation. It claims to be one of the top medical centers in the world, one that “sets healthcare standards in patient care and research”. **One of those world-class research activities would appear to be gynecological photography.** In 2014, the hospital agreed to pay \$190 million to more than 8,000 women and girls when it was discovered one of their physicians had been taking sexual photos of patients for almost 15 years. It appears that female patients were routinely called to the hospital for (usually unnecessary) vaginal examinations, during which the doctor surreptitiously used a mini video camera to photograph his more than 12,000 patients in exhaustive personal detail. The police later discovered more than 1,200 videos and a great many still images – what they described as “an extraordinary amount” stored on computers in his home. This is by no means the only case of this kind in the US.[40][41][42][43]

Large corporations have taken over the US government to the degree that corporate crimes are now considered detached from, and contain no personal responsibility on the part of, their executives and management. In the many cases like those I have detailed elsewhere, the companies paid fines but no executives were charged, in spite of the criminality and sometimes massive death tolls. These medical crimes, and legal claims, had become so prevalent in America that the large pharma companies successfully lobbied the US government for immunity from prosecution for their crimes. A few years ago, the FDA – the same FDA, it should be noted, that American corporations use as a health care and food safety “quality reference” – instituted a new federal policy stating that FDA approval overrides most claims for damages against medical device makers and pharmaceutical manufacturers, giving them full protection from lawsuits even if they were discovered to have submitted fraudulent clinical trial data to the FDA in their applications for approval. American consumers who experience serious health consequences from unsafe medications or faulty medical devices now have little recourse.



**Merck Pharma marketed their Vioxx medication for ten years knowing it was causing heart attacks and killing perhaps as many as 500,000 patients but refused to pull the drug because it was producing billions in profits.[44]** US-based **Medtronic** was selling its **faulty pacemaker** long after the manufacturer knew it was defective and there was great risk of patient deaths.[45][46] Medtronic is also famous for the gigantic fraud on its bone fusion product called **Infuse Bone Graft** where its clinical studies either ignored entirely or downplayed serious adverse complications from using the product in spinal fusion surgery. In all, 15 surgeons published 13 clinical studies for Medtronic that praised the product while failing to report any adverse reactions. The other thing they failed to mention was that **Medtronic had paid each of them from \$12 million to \$16 million for each study.** Industry insiders have testified that these firms often corrupt their own experimental data, recording fabricated results to justify marketing a profitable but toxic, or even lethal, product.[47][48][49]

In 2013 there were persistent reports that as many as **100 million Americans may have received polio vaccines that were contaminated with the carcinogenic Simian Virus 40.** The information was posted on websites of the U.S. Centers for Disease Control and Prevention, and then removed, but it appears that part of **the cause of the large increase in cancers may be due to contaminated vaccines** which, in at least this case, remained contaminated for about ten years.[50][51][52] In an unrelated case, a court case was initiated by two virologists formerly employed by **Merck** who accused the firm of **falsifying vaccine data for more than a decade** and thereby profiting hundreds of millions of dollars by selling useless medications through the health system. The virologists claimed in their submission that Merck falsified data, spiked blood samples with animal antibodies to create the appearance of human immune system responses, destroyed the evidence of their actions and lied to FDA investigators. They also claim to have been threatened by Merck with prison sentences if they reported the fraud to the authorities. But in spite of all this, it seems the US government avoided taking action and simply ignored the claim.[53][54][55] There are many documented reports of this kind emanating from the US medical community, all collectively putting the lie to American claims of medical supremacy.

In November of 2014, Tom Blackwell wrote a useful article in Canada's National Post in which he detailed the soaring number of alerts and recalls for **defective prescription drugs** that has hit Canada like an epidemic in recent years.[56][57][58] He didn't specifically mention the situation in the US but it is worse there than in other Western nations. The two most common defects were related to unstable packaged medications that degraded long before their expiry date, and bacterial and other contamination. Many doctors have expressed severe concerns that these flawed medications can produce not only severe and unexpected side effects but often result in death. With American pharma companies controlling such a large portion of the world's global drug-supply chain, and being so pathologically driven by profit-maximisation, it is not surprising that the quality of these American products, as will all others, suffers badly in this process. One accusation made of Indian pharma manufacturers – often owned by American firms – is that they are simply exporting their garbage. The landscape becomes even more treacherous when medical researchers discover that these same pharma companies, as well as their governments, are only too eager to launch massive lawsuits against anyone revealing these crimes to the public.

**The Physicians' Oath: First, Do No Harm**

An important feature of the American medical landscape is malpractice insurance, which all US physicians need to cover them when they are sued for either doing something illegal or criminal to their patients or when they remove the wrong kidney or amputate the wrong leg – mistakes that happen more often than you might imagine. The court awards for such serious medical errors can be large, so it isn't a surprise all physicians want a malpractice insurance policy. What is a surprise is that this insurance can easily cost \$300,000 to \$400,000 per year – if an insurance company will give it to you at all. Surely one reason for the high cost is the large court awards, but another factor is the frequency of these claims against incompetent physicians and dishonest hospitals, of which there are countless thousands in the US every year.

China is flooded with claims about American medical standards being international world-class, the best in the world. Surely it isn't true that American doctors make so many mistakes that many of them can't even buy insurance? But it is true, and it seems everyone but the Chinese know that it's true. American doctors are just as sloppy, careless, unprofessional, uneducated, negligent and criminal, and just as prone to making stupid mistakes as are doctors in any other country. In July of 2014, the UK Independent reported an event that somehow never made the news in the US. A patient was suing doctors and a hospital in Birmingham, Alabama, for 'missing body parts'. It seems that **when he awoke from the anesthetic after what was to have been a simple circumcision procedure, he discovered that his penis had been mistakenly amputated** and that nobody at the Princeton Medical Centre was able to explain why.[59] The hospital vowed to "vigorously defend" itself against the lawsuit, on grounds not immediately clear.

If you think that's bad, consider Duke Hospital, which is ranked very high nationally and No. 1 in North Carolina, and connected with the world-famous Duke University which is now bringing its "best practices" to China. The hospital was recently [2015] sued for medical malpractice after Dr. Christopher Mantyh, Duke's head gastrointestinal surgeon, removed a small portion of a patient's intestine as a "constipation treatment", but then somehow **connected the woman's intestine to her vagina instead of her anus**. True to form, Duke's physicians maintained that this event "**did not meet the requirements for a medical negligence claim** because it did not conform to a legal doctrine that says that . . . only an expert would be able to determine whether malpractice occurred." The court disagreed, stating that "it requires no expert testimony to understand that feces are not meant to be excreted from the vagina". And, in further dissembling, Duke said "the hospital had the utmost confidence in the doctors who operated", ignoring the question of whether the patient shared this confidence.

The situation with hospital errors and malpractice is so bad that **the US Medicare system now has a list of several thousand American hospitals for which it refuses to reimburse charges and expenses due to the high rate of medical errors discovered after discharge**. These include surgical complications, failed treatments, problems from inappropriate medications, and even death, all resulting from physician error, incompetence or negligence. The problems with medical errors and incompetence have reached such an epidemic stage that patients checking in to US hospitals will now be refused treatment unless they first sign a contract that legally prohibits them from ever revealing the existence of medical errors and incompetence by the hospital or the physician. In addition, if you are the victim of a medical mistake and seeking payment for damages, **hospital lawyers will demand as a condition of any settlement that you never speak publicly to anyone about your injuries resulting from the incompetence of the doctor and the hospital**.

The rate of “**patient rebound**“, that is, those patients requiring readmission to the hospital soon after discharge because of faulty treatment and medical errors has become virtually an epidemic of its own in America. One recent study documented that in the US, twenty percent of all patients will land back in the hospital within a month. According to one American healthcare expert, this problem of re-admission (rebound) is fueled by the brutal determination for profit maximisation by privately-owned for-profit hospitals. In addition to the sloppy medical care and incompetent staff, hospitals eager to fill their beds and earn more money will often **deliberately discharge patients prematurely since they receive extra payments for every new re-admission.**

Another American “best practice” is one known as “**Patient Dumping**“, a procedure that normally terminates with a patient dying in a hospital’s parking lot for lack of treatment. US law forbids even privately-owned, for-profit hospitals from refusing emergency medical treatment to a patient in distress, regardless of that patient’s ability to pay. But investigators produced a list of more than 500 hospitals that regularly violated the law by ‘dumping’ their patients – hospitals determined to avoid a financial loss by refusing treatment and ‘referring’ the patient to another hospital. Most hospitals refused even cursory examinations and often misled patients on the availability of free emergency care. As you would expect, the results are often tragic, with women having miscarriages in hospital waiting rooms or in a taxi on the way to another hospital, or patients dying of heart attacks in waiting rooms while being refused treatment. Many women have lost their babies or watched their children die while being shunted from one American hospital to another in a search of a human doctor who will treat them without a VISA card.

There is an even more sinister side to this practice. It apparently occurs with some frequency that **patients desperately needing immediate (but expensive) care are instead given some powerful painkillers and discharged to return home – where they often die by the next morning as they were expected to do.** Of course, this is criminal recklessness if not outright murder, but American hospitals are not charities and they can usually avoid legal liability by claiming ignorance of the patient’s condition. The truth is that throughout the entire United States, thousands of individuals with potentially life-threatening conditions are denied basic medical services at many, if not most, hospital emergency rooms. In most cases, they enter an interminable cycle of ‘referrals’ from one hospital to another until they eventually die in the parking lot or the taxi. **This is the true face of the American for-profit medical system.**

In 2012, An American doctor named Marty Makary wrote a devastating article on the quality of American health care, titled, “**How to Stop Hospitals From Killing Us**“, in which he detailed the carelessness and professional incompetence that pervades the system, extending throughout the most well-known medical institutions.[60][61][62] Here is a brief excerpt from his article:

“When there is a plane crash in the U.S., even a minor one, it makes headlines. There is a thorough federal investigation, and the tragedy often yields important lessons for the aviation industry. Pilots and airlines thus learn how to do their jobs more safely. The world of American medicine is far deadlier: Medical mistakes kill enough people each week to fill four jumbo jets. **U.S. surgeons operate on the wrong body part as often as 40 times a week. Roughly a quarter of all hospitalized patients will be harmed by a medical error of some kind. Medical errors are the sixth leading cause of death in America.**” As doctors, we swear to do no harm. But on the job we soon absorb another unspoken rule: to overlook the mistakes of our colleagues. Because of this, these mistakes go largely unnoticed by the world at large, and the medical community rarely learns

from them. The same preventable mistakes are made over and over again, and patients are left in the dark about which hospitals have significantly better (or worse) safety records than their peers.”

Makary related the story of one internationally-acclaimed American hospital that had heart surgeons whose patient mortality rates were one in six, while other good hospitals had only one death per hundred patients. One study that appeared in the Journal of Internal Medicine stated that **each year about 200,000 US patients experience cardiac arrest while hospitalized and fewer than 20% of them survive to discharge** – a death rate greater than 80%, for heart attacks that are either hospital-induced or were otherwise preventable. An examination of medical errors and mortality rates at American hospitals reveals enormous differences in staff competence and general care quality. In one case a study was done on the survival risks from strokes in Atlanta, Georgia, concluding that **a patient’s risk of dying increased by about 20 times in the poor-quality hospitals.** Unfortunately, patients seldom have sufficient information available on the death rates of various hospitals.

Makary again: “I encountered the disturbing closed-door culture of American medicine on my very first day as a student at one of Harvard Medical School’s prestigious affiliated teaching hospitals. Wearing a new white medical coat that was still creased from its packaging, I walked the halls marveling at the portraits of doctors past and present. On rounds that day, members of my resident team repeatedly referred to one well-known surgeon as “Dr. Hodad.” I hadn’t heard of a surgeon by that name. Finally, I inquired. “Hodad,” it turned out, was a nickname. A fellow student whispered: “It stands for Hands of Death and Destruction.” Stunned, I soon saw just how scary the works of his hands were. His operating skills were hasty and slipshod, and his patients frequently suffered complications. This was a man who simply should not have been allowed to touch patients. But his bedside manner was impeccable (in fact, I try to emulate it to this day). He was charming. Celebrities requested him for operations. His patients worshiped him. When faced with excessive surgery time and extended hospitalizations, they just chalked up their misfortunes to fate.”

Doctor Makary went on to state that as he rotated through other hospitals during his training, he discovered his experience at Harvard was “no aberration”, and that many prominent hospitals had a “Dr. Hodad” on staff, and often several of them. But he discovered also that **blowing the whistle on incompetent physicians could be a career-ending move**, and he wrote, “So, as a rookie, I kept my mouth shut. Like the other trainees, I just told myself that my 120-hour weeks were about surviving to become a surgeon one day, not about fixing medicine’s culture.” And he noted, as I have also done, that patients are increasingly being forced to sign a gag order prior to admission, promising never to say anything negative about their physician online or elsewhere, if they prove to be victims of a medical mistake. **This is Harvard, the supposedly fabled institution that the Chinese love to love – without ever checking facts.**

In 2013, Dr. John T. James, Ph.D., prepared an extensive investigative report on the American hospital system titled “A New, Evidence-based Estimate of Patient Harm Associated with Hospital Care”.<sup>[63]</sup> <sup>[64]</sup> This study was more believable than most because it had no external source of funding, meaning the results were not, as in so much other American so-called ‘research’, paid for by a corporate sponsor who dictated the results. Dr. James’ investigation was of the extent to which patients suffer physical harm and death due to errors and malpractice in the American healthcare system. He referred to an older study performed by the Institute of Medicine in 1984 which indicated that about 100,000 Americans (and foreigners) died in US hospitals each year from medical errors, after which he collected an enormous amount of new evidence and updated the study. His methodology seemed

exemplary in that it examined all medical records in a search for abnormal laboratory, medication or other results that might have indicated “an adverse event” that might have harmed a patient, and he further conducted patient interviews and obtained the physicians’ concurrence on these events before they were entered into the study as data for classification.

The most notable, and frightening, evidence produced by Dr. James’ study was that “the true number of premature deaths associated with preventable harm to patients was estimated at more than 440,000 per year” in the US, and further that physical “serious harm” was done to patients at the rate of ten to twenty times this number. In other words, **440,000 patients die each year in American hospitals due to physician error and incompetence, and an additional four million to eight million patients suffer “serious, non-lethal harm”**. He further stated that these figures do not include the tens of millions of “near misses” that could have killed patients, but luckily did not. Dr. James stated bluntly in his study that to put this figure of preventable deaths into correct perspective, “this is roughly one-sixth of all deaths that occur in the United States each year”. What more damning indictment could we have of the American medical system than this: that **between 15% and 20% of all deaths that occur in the US each year result from incompetent medical treatment?**

He also stated that in this study, “**the investigators found only those errors that patients were aware had happened**”, and that there certainly were many more serious errors that went undocumented and were unknown to patients. In another similar study, Weismann discovered that evidence of many serious adverse events were not known because medical records were not available to clinicians and the malpractice “only came to light during autopsies”, which revealed that **deaths resulted from complete misdiagnoses of the patients’ conditions in as much as 40% of all cases**. In particular, James openly faulted American physicians and hospitals for egregiously causing an estimated 100,000 premature deaths from heart failure alone each year, simply from a negligent failure to prescribe necessary medication.

His conclusion was that the increasing demands for “production” in **the American for-profit hospital system had created “an epidemic of patient harm”** that he claimed was largely ignored and that “must be taken much more seriously” if this epidemic were to be curtailed. He insisted that patients, and perhaps their lawyers, needed to be “fully-engaged” during their care, to the extent of interviewing every patient to identify errors that might otherwise be hidden, and that there must be instituted a nationwide policy of “transparent accountability for harm”. He stated that the picture was complicated by “a lack of transparency and limited accountability for errors that harm patients”. He concluded that the for-profit aspect of the American hospital system was largely driving the increased risk in preventable medical accidents and deaths, and that these preventable events were “frighteningly common” in what he described as “this poorly integrated industry”.

More ominously, Dr. James quoted a national survey showing that “**physicians often refuse to report a serious adverse event to anyone in authority**”. He stated that cardiologists were the highest non-reporting group and that “two-thirds admitted that they had recently refused to report at least one serious medical error, of which they had first-hand knowledge”. He said “It is reasonable to suspect that clear evidence of such unreported medical errors often did not find their way into the medical records of the patients who were harmed.” There has also emerged substantial evidence of medical and legal fraud in concealing these medical “errors and accidents” on the part of American hospitals. Dr. James wrote that there had been many anecdotal accounts of “**data altering or omission of critical data**” when medical errors or malpractice were alleged, and stated that this

epidemic of medical and hospital errors and malpractice “must emerge from behind the ‘Wall of Silence’” and be brought into the open. As one example, “In a study that broke past the “wall of silence” of medical errors that were missing from medical records, Weissman found that 6 to 12 months after their discharge, **patients could recall 3 times as many serious, preventable adverse events as were reflected in their medical records. To make matters worse, most American hospitals apparently delete all records of deaths and serious injuries caused by their incompetence and malpractice**, to the extent that only 14% were ever entered into the hospitals’ incident reporting system. If this isn’t clear, the studies documented that in all the cases of errors, mistakes, accidents and other events resulting from carelessness, incompetence and malpractice, **over 85% of the patients’ records were falsified**, either deleting the events altogether, or altering the factual record. This was so true that patients identified three times as many serious preventable accidents than were recorded in their medical files, that 75% having been deleted, and with patients by no means being aware of all medical errors inflicted on them.

Dr. James stated that many physicians have made the US Congress aware that “the hospital peer-review system has widespread failures that permit negligent care by physicians”, and concluded that the only safety and protection for patients in the American hospital system was for[1] full patient involvement in every aspect of their care, so that the patients themselves could “take the lead” in reducing the risks of fatal mistakes to themselves, and[2] patients participating in “rigorous follow-up investigations” after their care, so as to identify these errors and their causes. This is tragic indeed, when a leading physician informs the American public that their only protection from incompetent medical treatment and outright malpractice, is for the patients (perhaps with the presence of their lawyer) to take full responsibility for their treatment including “a rigorous investigation” of any unfavorable details of that treatment. Dr. James concluded that American hospitals “are simply not going to heal” without this systematic listening to their harmed patients “or their survivors”.

To add fuel to this fire of safeguarded incompetence that has for so long insulated physicians and hospitals from responsibility for their actions, is the fact that 40 years ago California imposed a low upper limit on compensation payments to patients who had suffered serious injuries or death due to medical errors and malpractice. This cap was created primarily to protect insurance companies from what would have been a massive and increasing flood of claims, but also to limit the premiums doctors and hospitals would have to pay for malpractice insurance. In late 2014, Ralph Nader wrote an excellent article on what he called the epidemic of “deadly and destructive medical negligence and incompetency” that plagued the state, and encouraged voters to eliminate this financial cap. California Governor Jerry Brown was quoted as blaming “insurance company avarice” and stating that the laws had “an arbitrary and cruel effect upon the victims of malpractice”. He further stated that this had “not lowered health care costs, (but) only enriched insurers and placed negligent or incompetent physicians outside the reach of judicial accountability”.

New proposed legislation contained yet another devastating indictment of the American medical system, that of medical incompetence due to alcohol and drug use on the part of the physician, which was identified as a “serious factor in rampant medical negligence”. In other words, doctors performing operations while drunk, stoned, or at least with their judgment impaired by drugs or alcohol. The new California law proposed stringent random drug and alcohol testing of all physicians who worked in a hospital or had admitting privileges. Even more distressingly, immediately upon the discovery of any medical error, hospitals would have to perform mandatory drug and alcohol tests on all physicians who had attended that patient during the prior 24 hours. The legislation proposed to increase

compensation for people “harmed by careless or reckless healthcare providers” and to “protect patients against doctors who are substance abusers”. **This is the true picture of the American medical system environment today, a far cry from AmCham’s absurd and patently false claims of “best practices” and “cutting-edge” medical procedures.** And true to form, the corporations that control all branches of American government had great support from the media in condemning these proposals for legislation to protect the public, **the LA Times claiming that the proposed legal measures to protect patients from criminally-negligent physicians and hospitals were “too flawed to be enacted into law”.**

### **If you Don’t Die in the Parking Lot, You May Well Die in the Hospital**

The number of needless and preventable deaths in American hospitals has reached epidemic proportions. Preventable deaths in hospitals, due to simple mistakes, sheer negligence, and physician incompetence, are now the leading cause of deaths in America. One popular article claimed, with some documentation, that **doctors and hospitals killed nearly 800,000 people each year.[65]** It claimed that an average American is 65 times more likely to be killed by a doctor than by a gun, a rather surprising statistic since the US has only 700,000 doctors but 350 million guns. Even the very cautious ProPublica stated that the minimum of such deaths is at least well over 200,000 to about 450,000 per year.[66] The truth is that no one knows for certain because there’s never been an actual count of the number of patients in the US who experience preventable harm, and because of consistent and often gross inaccuracies in medical records and the reluctance of doctors and hospitals to report mistakes. The stated research said that **“hospital reporting systems and peer-review capture only a fraction of patient harm or negligent care”.**

This is of course a difficult area to research, since few physicians when completing a death certificate will enter under ‘Cause of Death:’ “I made a mistake”, or “removed heart instead of kidney”, and indeed physician and hospital errors are known to be dramatically under-reported, usually to deflect financial liability and avoid criminal prosecution. Researchers must therefore collect and examine a great deal of detail (which may not always be available) on each death and make independent assessments. Allen’s article ended with one medical executive saying that debating precise numbers was pointless because the real issue is that “even the lowest estimates expose a crisis” in US healthcare and that “Way too many people are being harmed by unintentional medical error, and it needs to be corrected”. In 2014 the UK Guardian ran an article titled **“Licensed to Kill”**, referring to the so-called “shield laws” in much of the US that free hospitals from legal liability for the mistakes of dangerous doctors and their fatal ‘mistakes’. The situation is that **hospitals in the US typically cannot be held liable for patient deaths unless it can be proven they instructed a doctor to kill a patient.[67]**

Further, the so-called side effects of new and poorly-understood medications are increasingly cutting a wide swath of death through the populations of Western countries, especially including the US and Canada. These events are now termed “adverse drug reactions” or, more innocently-sounding, “ADRs”, and are estimated to cause well over 100,000 deaths per year in the US alone, making them one of the leading causes of death in America. According the Journal of the American Medical Association, **the incidence of “serious and fatal adverse drug reactions was found to be extremely high”.** Researchers at the University of Toronto performed an analysis of studies at US hospitals for the past 30 years, to determine the frequency of harmful and unintended effects of medications, and found that nearly 10% of all hospitalised patients experienced at least one of these events every year, which would make this the fourth-largest cause of death in the country. The researchers noted their estimates are

conservative, with no allowance for the administration of the drugs or other therapeutic failures. In other words, the deaths did not result from physician or pharmacist error, prescriptions of the wrong medication, or accidental overdoses, but simply due to the already-known and often fatal side effects.

The Americans, apparently without shame, frequently introduce the question of medical ethics, lecturing the Chinese on the need for public confidence and of the dangers to patient health and life posed by unethical practices. They are eager to inform us that, by adopting their recommendations, China would be following the “clear rules and industry codes of conduct that exist in developed markets like the US” where medical decisions are based only on “the best interests of the patients”. One of AmCham’s annual reports solemnly claimed that US companies are “subject to US regulations” and that this “holds US companies to a high standard of conduct while operating in China, which domestic Chinese companies do not necessarily follow”. When I read this, I didn’t know whether to laugh or cry.

To suggest that US medical companies have a higher standard of conduct than do Chinese firms, is to be a liar of truly bizarre proportions. For any American, but especially an organisation like AmCham that knows the truth about American medical ethics, to have the gall to promulgate such rubbish is almost too surreal to comprehend. On a matter as critical as health care, lies of this magnitude border on being criminally irresponsible and should be punishable by heavy fines and imprisonment.

The Americans tell us, and I think too many Chinese have a tendency to believe, that many Chinese cities are lacking in quality medical services, at least when compared to the US. It is true that in large US cities high-level medical care is available to anyone with enough money to pay for it. No argument there. But I can make the same claim about any of the world’s largest cities, including those in China. In every country, medical care in the very large cities is always better than in any small town, but this statement misses the real point, which is that the Americans invariably compare their best to China’s worst, essentially claiming that their highest level of anything exists universally throughout America, while implying that China’s worst exists uniformly throughout China.

To dispel the foolishness of this notion, I would be happy to take a group of Chinese officials on a tour of some of America’s small towns or into the poor quarters of cities like New Orleans, Detroit or Chicago, and show them the difference between China’s best and America’s worst, in terms of medical care.

The Americans flaunt their alleged supremacy by insinuating that everything in China – at least everything the Americans might see as a profit source – is somehow of lower quality, and that only by allowing the Americans free rein to bring in their practices and standards will China be able to survive. It is long past time to expose this foolish American ideology for what it is: disingenuous and self-serving propaganda meant to put China on the defensive and obtain yet more freedom for Americans to plunder the nation. **For China to inflict the incompetent and destructive American privately-owned for-profit healthcare system onto its own citizens would constitute a perverse collective punishment of the Chinese population. It is reckless and irresponsible to make the Chinese people pay the price of someone’s foolish and misguided worship of things American.**

**As with everything else American, the image of superior health care is a lie, a product of propaganda and brand marketing.** The Americans compare all portions of their medical system not to the real world of facts, actions and results but to yet another utopian ideal that exists only in



their imaginations, and it is this ideal they proselytise to themselves and the world. Not only are the facts and actions ignored, but the propaganda machine spares no effort to promulgate reams of fictional mythology on which Americans and others base their view of the US. **One such myth was created and published in China by the despicably-seditionary Western mouthpiece Caixin Global News to encourage wealthy Chinese to travel to the US for their (usually expensive but often fatal) medical treatments:**

The story was lovely, a beautifully-penned comparison of the tragically-primitive level of Chinese medicine with the almost supernatural healing powers of American physicians and hospitals. In the story, a beautiful and caring Chinese wife was distressed to learn that both her husband and her best friend had contracted a serious life-threatening illness at the same time. Her friend, who had some money but was unwise and stingy, chose to enter a Chinese hospital for treatment which lasted an entire year. During most of that year, the poor woman suffered terribly due to neglect, to incompetent Chinese physicians who repeatedly mis-diagnosed her illness and frequently could do no better than compensate with excessive medication which left the poor girl barely coherent, lying in her bed like a zombie, part animal and part vegetable, floating in and out of consciousness and constantly racked with pain.

But this lovely caring woman and her husband were fortunate to have not only money but wisdom so she, smart and caring as she was, decided to risk their savings on American-quality health care. Having made this decision, she packed up her beloved husband and shipped him to one of the many 'internationally-acclaimed' American hospitals where he was immediately smothered with loving care by pretty nurses and handsome doctors. His condition was accurately diagnosed the first time and, though his illness was indeed life-threatening, the overly-qualified and even more overly devoted American professionals never left his side. To cheer him up, they told him stories and sang songs, celebrated his birthday with a genuine Mickey Mouse cake, and never once gave him the wrong medication. Finally – no surprise – he was pronounced cured and permitted to return home after one year. It's true he was poorer by 36 million yuan, more or less, but the important thing was that he was alive and healthy again. And then, in a truly remarkable coincidence of fate, this loving Chinese woman and her dearly beloved husband celebrated their first day of good health back in China by attending the funeral of the woman's best friend who had finally paid the price for trusting Chinese medical care.

**Cute story. Too bad it never happened. The Americans are experts at producing this kind of ideological tear-jerking bullshit and then paying both a reporter and a newspaper a lot of money under the table to get the story published. They do it at home, they do it in Canada, in Hong Kong, and they certainly do it in China. And, I'm sorry to say there are too many people in China who will read this rubbish, wipe the tears from their eyes, and resolve to head straight for the airport at the first sign of a headache.** And none of them will apparently think to consider the credibility of the story, to check the facts, or to follow the money. Caixin appears to have had considerable coaching in promoting medical tourism in China for the benefit of their American/Zionist sponsors.

In spite of all the above, the Americans and the Zionist media owners (who also own or control much of the US healthcare scene) are very busy publishing false propaganda that praises the US while denigrating China, like an article in the WSJ – "China's Healthcare System Plagued By Unprofessional Doctors", [68] claiming that patients in China are a "cash cow" and informing us that "China needs to install a moral compass in its doctors". And another titled "Falling Through the Cracks of China's Health-Care System", telling us that "Millions of Migrant Workers Can't Pay Their Medical Bills or Tap

Insurance Benefits”, neglecting to mention the countless thousands dying in the parking lots at American hospitals because they have no medical insurance or VISA card.[69] The article moans that in one case, “Despite a lifetime of work, the 26-year-old waitress couldn’t pay for [a bone-marrow transplant]”. Perhaps I’m being picky but, for a 26 year-old, her ‘lifetime of work’ would likely span about two years after graduation. Not much time to save the \$30,000 necessary, but the article’s (unnamed) author neglected to mention that the cost of such a procedure in the US is about \$800,000 and almost never covered by insurance, leaving us to wonder how many Americans could have saved this much “despite a lifetime of work”.

**There are far too many Chinese who are much too eager to believe that anything done in the West must somehow be superior to things in China.** They aren’t superior; this flood of American propaganda is becoming obnoxious and dangerous, and needs to be silenced. China leads the world in many medical practices, and is equal to any Western nation in most areas. **In the vast medical grasslands of America, there are only two mountains: one is a pile of cash and the other is a pile of dead bodies. Everything else in the landscape is just little hills like you see everywhere.**

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