

# CXLIX – Alternative Medicine Is Libertarian Medicine

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By Butler Shaffer

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How many of you own yourselves?

I ask my first year property students this question on the first day of class. I raise the question not simply as an abstract proposition, but to get them to focus on the functional reality of the property concept. If you do claim self-ownership, I ask them, why do you allow the state — or anyone else — to control your life? And if you do not claim self-ownership, upon what basis can you object if the state — or anyone else — decides to claim what you do not want?

This question leads us into the Dred Scott case, in which the slave, Scott, appealed to the courts to have his claim of personhood recognized under the law. His claim of self-ownership was, as we know, denied. Scott was the property of others. The reference that was made last night to Hitler's wrongdoings, failed to mention that der Fhrer was also an advocate of animal rights. He opposed the use of animals in medical research; but had no problem with human beings being used for such purposes.

From a libertarian perspective, the self-ownership question is what this conference is all about. Indeed, this is all that libertarian thinking comes down to. The war on drugs, conscription, taxation, compulsory education, war, . . . everything the state touches, comes down to a question of who owns you? Ownership is manifested by control, . . . who gets to make decisions about what?

State-licensed, state-mandated, state-standardized medical practice, are all at war with the concept and practice of self-ownership. Your body and your health have long been regarded by the state as an interest to be subjected to its control in satisfaction of its purposes. Lest you believe that the 13th Amendment abolished slavery — rather than nationalizing the practices — consider the dissenting words of U.S. Supreme Court Justice, John Harlan, who — in a 1905 case dealing with state legislation limiting the number of hours employees could work in bakeries — supported such legislation, declaring that long hours may endanger the health and shorten the lives of the workmen, thereby diminishing their physical and mental capacity to serve the state. . . (emphasis added). Things have only become worse since then.

I will not recount the numerous statutes, court decisions, administrative regulations, and other coercive state measures by which men, women, and children have been literally compelled to submit their bodies and minds to state-enforced standards of medical and other health practices. Neither will I detail the writings of various historians who have informed us of how the institutionalization and standardization of productive processes reduce the resiliency of societies to make creative responses to the processes of change, and eventually bring about the collapse of civilizations.

I will suggest to you, however, that our civilization is in such a state of collapse; that our social world is becoming increasingly decentralized and organized along horizontal lines, rather than the vertically-structured systems that have defined the state. The Internet is decentralizing the communication of information, with some twenty-two million blogsites in the world — of which LewRockwell.com has become one the most influential — providing the opportunity for horizontal, two-way communication among people through some one billion personal computers. For the first time in human history, each one of us has the technological capacity to directly communicate — bilaterally — with every human being on the planet, provided (a) they all have computers, and (b) they choose to communicate with us.

Business firms are discovering the profitability and other advantages of smallness and decentralized managerial practices, as well as the sense of profitability that is measured by more than material, bottom-line considerations. Government schools are being effectively challenged by private schools and home-schooling methods. Alternative religions are providing people with different avenues for satisfying their spiritual needs. Satellite radio, iPods, photocopiers, flash mobs, cell-phones, video cameras, and the rise of documentary film-making, all add to the decentralization of information. There is also the wonderful example of Wikipedia, the on-line encyclopedia that is both generated and corrected by untold numbers of individuals adding evidentiary and analytical interpretations to specific subject matters. There was a recent incident in which one man, apparently desirous of disparaging Wikipedia, worked some eight to ten subtle, factually erroneous statements into a number of Wikipedia subjects. He apparently thought his factual misstatements would remain undetected for weeks, months, or even years. To his chagrin, each error had been discovered and corrected within a matter of a few hours!

In matters of health care, alternative methodologies are appealing to men and women who have become disenchanted with traditional medicine.

Because ownership is reflected in identifying who has control over what is to be owned, it is encouraging that the movement from vertical to horizontal forms of organization is being accompanied by individuals exerting an increased control of their lives. And with increased control comes increased responsibility for one's decisions and actions. The Internet, for

example, places a greater burden upon users to validate the information received — rather than simply accepting authoritative pronouncements as truth. Alternative schooling requires parents to be more critical of the content and methodologies of their children's education, and to actively participate in their learning process. In alternative health matters, individuals exert a greater degree of influence in communicating symptoms and other information to a practitioner, and seeking out — via the Internet and various publications — alternative explanations and remedies of which one's physician might be unaware. In this way, individuals play a more active and centered role in their own health, rather than just passively submitting themselves to information supplied by faceless, mindless machines, and remedies offered by institutionally-defined experts.

At this point, I would like my wife, Jane, to tell you of a very personal experience we had in our family that ties in to the theme of this conference.

Two years ago I was present when our youngest daughter gave birth to our first grandchild. Our granddaughter was born with an abnormally long umbilical cord, a true knot in the cord and the cord wrapped around her neck. None of this was known prenatally, but there was some concern with fetal distress during delivery. She was, however, delivered safely.

A year later, our oldest daughter in her 39th week of her first pregnancy, saw the doctor for her weekly visit and was told that everything was fine. Two days later, our grandson's heart stopped beating. When he was stillborn, it was evident that this was an umbilical cord accident. He also had an abnormally long cord and it was wrapped around his body several times, at some point compressing the cord and shutting off his blood supply. An autopsy confirmed there was no other cause of death.

The doctors insisted that this was a very rare occurrence and highly unlikely to happen again in subsequent pregnancies. But this baby's aunt, the mother of our granddaughter, looking forward to more children for herself and her sisters, was skeptical and went to the Internet for more information. Her search regarding umbilical cord accidents kept coming back to a doctor in Louisiana, Dr. Jason Collins and his [Pregnancy Institute](#). She immediately called him from her sister's Brooklyn apartment and he spent an hour talking with our two daughters and their husbands about cord accidents and his method of identifying and saving at-risk babies.

Officially, umbilical cord accidents account for approximately 7,500 infant deaths out of 30,000 stillbirths per year in the United States. And it is thought that some of the unexplained stillbirths might also be due to cord compression. In addition to these deaths, two to three per 1,000 of live births are severely disabled due to cord compression accidents. There are a variety of cord problems that can result in difficulties for the fetus: from problems within the cord itself, to knots, torsion, wrapping and looping, too long a cord, too short a cord, the location of the placenta in the uterus, the location of the cord insertion into the placenta, and more.

Because of the possibility of problems, Dr. Collins thinks that cord assessment should be part of every pregnancy's care package. Besides his own OB/GYN practice in Slidell, LA, he has spent over 15 years researching cord accidents and working with pregnant women who have previously lost a baby. Because fetal heart rate monitoring reduces the risk of death during labor, he suggests that the application of fetal heart rate monitoring can be applied to prelabor high-risk patients to reduce stillbirth risk. With a high-risk mother, he does an assessment at 28 weeks to identify potential umbilical cord problems and sends her home with a hospital-grade fetal heart rate monitor and instructions on how to monitor her baby's heart rate for 30 minutes every night until delivery. These heart rate recordings are transmitted via the Internet to the Pregnancy Institute where Dr. Collins observes patterns in the baby's heart rate and thus can identify umbilical cord compression patterns. If the evidence shows that the fetus is compromised, early delivery is considered.

The recordings are also e-mailed to the woman's managing physician. And therein lies a problem. The majority of medical doctors don't seem to believe that cord problems can be predicted or managed prenatally. Fortunately there are a few who are willing to work with their patient and with Dr. Collins.

Butler's talk is titled [u201CAlternative Medicine Is Libertarian Medicineu201D](#). . . certainly Dr. Collins is using an alternative approach in his practice. Butler also talks about owning ourselves, being responsible for our lives. In my example, the pregnant woman is definitely taking control of her own pregnancy and the responsibility for her unborn child, by monitoring that baby's heart rate every night and finding doctors who will work with her and with Dr. Collins. . .and as most libertarian-minded people know, it's not easy to go against accepted truths in any field. Plus, my example supports Butler's ideas about the world becoming more decentralized. What is more decentralized than one woman searching the Internet for help in delivering a healthy baby, one woman dealing with one doctor miles away who just might be able to provide the information that could save her baby' life. And now, back to Butler.

The collapse of external authorities is taking place in other ways as well. On a broader scale, the most dramatic example — thus far — of the decline and fall of vertically-structured systems has been the collapse of the Soviet Union, and its breakup into smaller states. The further subdivision of Czechoslovakia into the Czech Republic and Slovakia, and of Yugoslavia into five smaller states, provides additional examples of the decentralization of systems. Throughout the world, secession and separatist movements are on the rise while, at the same time, people are climbing out of their cannibal melting pots of [u201Ce pluribus unumu201D](#) and identifying themselves in terms of racial, ethnic, nationalistic, religious, lifestyle, and other smaller collective subdivisions.

As the French learned in Algeria and Indo-China; and the Soviet Union learned in Afghanistan; and America learned in Vietnam; and the entire world learned on 9/11; and Israel learned in Lebanon; and America is having to re-learn in Iraq, war itself has become decentralized; and u201Call the king's horses and all the king's men, will be unable to put Humpty-Dumpty back together again.u201D

These and so many other examples illustrate an emerging truth: u201Cbignessu201D is dead! The last of the dinosaurs are becoming extinct, and the little mammals that once hovered in fear at the feet of reptilian-brained giants now scurry in pursuit of their varied self-interests in a multitude of alternative ways. I don't even have the time to discuss how the dynamics of chaos and complexity are providing explanations for this transformation.

Our vertically-structured world is collapsing into horizontal networks of alternative, autonomous, and spontaneous systems of order. It is, I believe, a desperate effort on the part of the u201Cold orderu201D to forcibly resist its collapsing fate that is the underlying purpose of the u201Cwar on terror.u201D The political establishment — well aware of the decentralist trends confronting it — has been busy trying to reinforce the crumbling walls of its citadels: NATO and the European Union are prominent examples of this effort, although when the EU has been subjected to popular ratification in some nations, it has been overwhelmingly rejected.

It is just such an awareness — and the purpose of preventing the collapse of the statist monolith — that now leads George W. Bush on a campaign — without the support of the American people or even any involvement by a supine Congress — to create a North American super-state, comprised of the United States, Canada, and Mexico. So much for the myth of u201CWe, the People.u201D Being further aware of Randolph Bourne's observation that u201Cwar is the health of the state,u201D the American state desperately seeks to overcome its terminal condition by attacking — and threatening to attack — any harmless nations it finds useful in its campaign to restore the support of Americans.

The state is like a chicken that has just had its head chopped off: it flaps and flails around in a noisy and messy display, spreading blood in its trail. But its fate has already been determined.

Into the void are arising new, informal, and relatively unstructured systems that serve the interests of those who choose to associate with them — rather than the dying practice of conscripting people into the service of institutions. The decentralized nature of the emerging social systems is well-reflected in the words of the 2003 Nobel Peace Prize recipient, Shirin Ebadi. She described the organizational model that has been successfully used by Iranian feminist groups in these words: u201CThey are very strong. Their approach is unique because they have no leaders. They do not have a head or branch offices. . . . The movement is made even stronger by not having leaders. If one or two people lead it, the

organization would weaken if these leaders were arrested. Because there is no leader, it is very strong and not stoppable. Such is the emerging model in which liberty and variability will flourish in a decentralized world.

Perhaps the most encouraging consequence of this movement toward more individually-centered, alternative systems, is the emergence of an increased willingness of men and women to take the responsibility for their lives. Liberty and responsibility are obverse sides of the same coin, inseparable from one another. Each of us is responsible — in a causal sense — for the consequences of our actions because we were in control of those actions. In the same way that a tornado can be said to have been responsible for the destruction of Smith's barn, being in control of our energies makes us responsible.

Dividing liberty from responsibility is but a political trick that leads only to personal and social conflict. As long as people allow themselves to believe that others control their lives and, therefore, bear the responsibility for what happens to them, we shall continue to witness the proliferation of victimhood in our culture. After all, if I am not responsible for what happens in my life, then why would I not be inclined to look upon myself as a victim of other people's wrongdoings? This mindset helps us explain not only the adversities in our lives, but our opportunities for successful undertakings. If I am not responsible for my own life, then whatever good fortune is likely to come my way must be regarded as the product of luck — a mindset that helps to explain the increased popularity of lotteries. Victimhood and the opportunities for fortuitous wealth combine to play a role in the growth of personal injury lawsuits: if I am not responsible for the consequences of my lifetime of smoking or alcoholism, then the tobacco companies and distillers must be to blame, and ought to compensate me with millions of dollars in damages. (It helps, of course, to have the medical profession define my behavior as a disease, which helps reinforce my sense of victimhood.)

There are a number of factors contributing to this decentralization in health care. (1) The rapidly increasing costs of traditional medicine, much of that promoted by the rigid control of entry (i.e., licensing) and the accompanying regulation of medical practices by the state. (2) An awareness — fostered by expanded sources of information — that equally or even more effective health alternatives and remedies are available, and at significantly lower costs. (3) An attraction to the more individualized treatment afforded by alternative methods, and a movement away from tendencies, in traditional medicine, to prescribe collective and state-monopolized remedies. Members of our family go to a homeopathic physician. Our dealings with her require a much greater degree of personal involvement in reporting symptoms and other behaviors to her; of being involved in a two-way relationship in which we bear a greater degree of responsibility for developing our appropriate remedies than is the case with traditional doctors. (4) A growing awareness of the role of self-healing and individualized health maintenance practices. A psychiatrist friend once brought to my attention a study showing that men and women with psychological problems had a slightly

better chance of overcoming their disorders by themselves than with the help of a psychiatrist. Since alcoholism, drug addiction, and obesity are just a few examples of other personal problems best resolved through the willful efforts of the person suffering from such habits, it is not surprising that more and more people are discovering that good health — like other beneficial behavior in society — derives from within individuals, rather than being imposed from without by self-styled authorities.

But beyond these — and other — pragmatic explanations is to be found another contributing factor in the rise of alternative health practices, one which underlies much of the decentralizing dynamics occurring elsewhere in society. Institutionalized decision-making tends to be quite dehumanizing, and at war with the autonomous, spontaneous, and spiritual nature of being human.

Institutionalized health-care has tended to deal with people in a very mechanistic fashion. Medical technologies now permit life to be both engineered and extended in ways that far exceed the forms imagined by Mary Shelley and Aldous Huxley. As we come to regard ourselves as extensions of machines; as the substance of our medical care is determined less by the judgments of a personal physician and more by faceless insurance company clerks; as politicians, judges, and governmental bureaucracies insist upon their authority to define when life both begins and ends; and as the control over one's life increasingly slips away; there is a gnawing sense, among many people, that the nonmaterial qualities that give life its deeper, spiritual meaning, have become immaterial in an institutionalized world.

These sentiments were roused, I believe, in the Terry Schiavo case that drew so much attention last year. Passing over the vulgar exploitation of this sad affair by politicians and the media, this case seems to have struck a nerve that helps explain the transformation in thinking that is helping to dismantle organizational structures in general, and helping people seek out alternative health-care practices in particular. What is life, and what is it not? Those who prattle about the sanctity of life often overlook the fact that life is self-directed activity; that all of politics is premised upon forcing life to go in directions it does not choose to go; and, therefore, that all of politics is anti-life. Thus have we born witness to the contradictory and confused babblings of people who pretend to be pro-life even as they whoop up campaigns for war and capital punishment. At the same time, men and women who mount the soap-box as champions of pro-choice have their grocery-lists of favored government programs that deny to others their choices as to how to use their property, spend their income, or conduct their lives.

The statist will, of course, continue to resist the efforts of men, woman, and children to liberate their lives from the state power structure. Let me offer just one caveat, however: when Hillary and her crowd make additional proposals for governmental intervention in health care, please do not refer to such efforts as socialized medicine.

u201CSocialismu201D has a pejorative tone to it, and we should be wary of overstating our objections lest we be accused of hyperbole. What we have in government-regulated health-care is not socialism. Under socialism, the state owns all the facilities: the hospitals, clinics, machinery, etc., and the medical staff are paid employees. Under our present system, most hospitals are privately owned, as are the clinics, medical offices, and machinery. Private parties — not the state — must pay for medical malpractice claims and insurance premiums. A system in which property is privately owned but regulated by the state is not one of socialism, but of fascism. So, please, for the sake of accuracy, and to avoid being charged with exaggeration, let us refer to our existing system — and its myriad proposed additions — in more exact terms, as fascist medicine!

In life and death issues, as in other areas of human endeavor, it is essential for us to continue moving to alternative ways of conducting our lives. In an unpredictable world of interconnected complexities — wherein decisions are made and communicated throughout the world in a matter of seconds — the plodding and reactive nature of the conflict-ridden state has become irrelevant to the realities of human action. The state has no creative role to play, but operates only as a hindrance. As its emphasis on u201Cderegulationu201D and u201Ctax cutsu201D demonstrates, the state's only claim to facilitating human well-being is to get out of the way of self-directed people!

Like the headless chicken, the state is brain-dead. Its power derives from inertia (i.e., the unwillingness of a well-conditioned populace to consider alternative systems) rather than from intelligent conviction. There is nothing coming from within its halls that would engage the mind of any thoughtful human being. It has become as meaningless to the modern world as a slide-rule in an age of pocket computers; as out of place as an ice-truck on a residential street; as irrelevant as legs on a snake. As its actions throughout the world — including America — demonstrate, it is capable of nothing more than the infliction of violence, threats, torture, and fear upon innocent and productive men and women. It produces nothing more than tools of death and destruction. All of its actions place it in a state of endless war with the health of people.

In all aspects of their daily lives, more people are becoming aware of the irrelevance of political systems, other than as a danger to be avoided. Rather than attacking these state agencies of death and destruction, men and women are, in increasing numbers, walking away from their hallowed halls, in search of alternatives that serve their interests. As this progression continues, these liberated souls will give real-world expression to the prognosis offered by one of the most thoughtful of all libertarian thinkers, the late F.A. Harper. In words that underlie the sentiments of all who seek those alternative ways of living that best suit their individual interests, Harper observed: u201Cthe man who knows what freedom means, will find a way to be free.u201D

The Best of Butler Shaffer



