Critical Overview and Premises of Health Care Systems within Different Social Paradigms: From the Real Causes of the Crisis in the Healthcare System and the Austrian Model to the Truth about Cancer

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Abstract

**Objective:** To indicate the real causes of the crisis in the health sector. Once indicating and understanding them, it introduces a political and philosophical approach in order to overcome them. It considers both systems: public and private in relation to different social paradigms and contemplates on the best one. In addition, it considers the premises of administrative knowledge in relation to every system and social paradigm. As a case study, is being considered the Austrian model - not because it is sufficient but because it is necessary in a world of miseducation, mismanagement and cyber war. It follows up by introducing one of our major diseases: cancer. It shows the nature of it by understanding better the nature of our cells and our body, in relation to our food, nature and the universe, and how it could be cured, by considering some recent approaches and developments in the field.

**Methodology:** Power, ontology and factology (i.e., facts).

**Results:** Beyond the actual once they may be accrued once the topic has been understood and adopted appropriately.

**Conclusion:** They are being summarised at the end of each section.

**Keywords:** Health care systems; Administrative knowledge; Cancer

Introduction

Critical overview and premises of health care systems within different social paradigms: from the real causes of the crisis in the healthcare system to the Austrian Model.

With the creation of the modern institutional framework-representative “democracy” and market economy-and the reproduction of the economic power at the hands of economic oligarchies during the last two centuries in the western world, the gradual undermining of the political power did not delay and together with it begun the undermining of the whole economy and of public services. The undermining of public services begun with the indirect ‘privatisation’ of the public university-with the parallel operation of private universities. Almost parallel with this process begun the privatization of the health sector and the building up of private medical universities and hospitals. During the social-democratic consensus European states had perpetually expanded their responsibility for the health sector through a variety of measures, including the planning of supply, the funding of research and innovation, the regulation and training of medical professions, the establishment and control of medical standards and, not least, the extension of health care funding, an orientation which pushed back the spending, and in some countries, health care provision, of the private sector [1]. The main cause of why western countries adopted the principle of public services for the health sector was the creation of the socialist bloc in the east. Communists at the time-following the Bolshevik revolution in Russia-saw the sectors of the economy and of services inseparable from the socialist state. In this direction has contributed decisively Lenin while Marx has not written anything for the health sector in particular and for the health of humans in general [2].

Socialized medicine, argued Lenin, is the keystone to the arch of the socialist state [3]. From the struggle of the soviet working class and of Lenin in particular benefited the working class of western countries and beyond, particularly after the end of the second world war [4]. The used argument by the elites was that a private hospital offers higher efficiency and better quality than the public one. This argument originates from the efficiency of private enterprises which developed particularly during the social-democratic consensus and generally during the 19th century. The lack of efficiency, in turn, raised the costs of hospitals. Parallel with the ‘efficiency’ of capitalist enterprises begun the expansion of the capitalist....
industry at the international level and the deregulation of the production process which caused the pollution of the ecosystem and together with it the rising rate of human illnesses, particularly after 1980s [5]. The budget of governments begun decreasing in the 70s and peaked with the adoption of neoliberal policies at the beginning of the third millennia, with the opening and liberalization of all markets: goods, capital, services and labour. With the neoliberal policies have been created the political and economic conditions for the relevant governments to be not able to cover the increasing costs of hospitals. At the same time global corporations see the health sector as the most profitable: in the sense that it has always demand since patients (the demand) would not be in shortfall-particularly in the framework of neoliberal policies where the pollution of the environment would continue to be at a great scale and the miseducation of the people (in food etc.) would be the same. This process has led to more concentration of economic power at the hands of the pharmaceutical industry particularly in US and at the same time, to the misery of the general population.

Drug prices have been rising at an annual rate of at least 10 per cent since 2010 even as they stagnated in Europe. The US system allows drug makers to charge what the market will bear for products essential to human health and has made America by far the most lucrative place to sell medicines, accounting for about 40 per cent of global sales. Annual US per-capita spending on pharmaceuticals alone doubled between 2000 and 2012 to $1,010, compared with the $498 average among OECD members. The 10 biggest drug makers had an average net profit margin of 19 per cent in 2013-similar to banking and double the level of the oil and gas sector [6]. The crisis in the health sector in Britain, for example, obliged even Stephen Hawking, the well-known physicist, to contribute to the crisis of the NHS with an ‘approximate’ critic by pointing out that:

The NHS is in a crisis, and one that has been created by political decisions. These political decisions include underfunding and cuts, privatising services, the public sector pay cap, the new contract imposed on junior doctors, and removal of the student nurses’ bursary. Political decisions such as these cause reductions in care quality, longer waiting lists, anxiety for patients and staff, and dangerous staff shortages. Failures in the system of privatised social care for disabled and elderly people have placed an additional burden on the NHS. On the one hand, there is the force of the multinational corporations, driven by their profit motive. In the US, where they are dominant in the healthcare system, these corporations make enormous profits, healthcare is not universal and it is hugely more expensive for the outcomes patients receive than in the UK. We see the balance of power in the UK is with private healthcare companies, and the direction of change is towards a US-style insurance system. When public figures abuse scientific argument to justify policies, it debases scientific culture. On the other hand, there is the force of the public, and of democracy. Opinion polls consistently show a majority in favour of a publicly provided NHS, and opposed to privatisation and a two-tier system. Therefore, the best way to support the NHS is to empower the public. There are two priorities. First, clear information that public provision is not only the fairest way to deliver healthcare, but also the most cost-effective. Second, a loud voice and the political power to make politicians act on our behalf. If that all sounds political, that is because the NHS has always been political. It was set up in the face of political opposition. It is Britain’s finest public service and a cornerstone of our society, something that binds us together. People value the NHS, and are proud that we treat everyone equally when they are sick. The NHS brings out the best in us and we cannot lose it [7].

The administrative structure adopted by private hospitals was the same as that of public hospitals: hierarchical-though private hospitals have not a government above them. But they might have members of the government in the administrative board. So, in order to increase their efficiency private hospitals began to employ the “best” by giving them better income. The “best” came, at least when they began to be integrated into the system, from the public sector. But when they increase the income - they increase the costs. In order to cover the created cost, private hospitals increased the bills of services and aimed to cover the need of the wealthy class which had been created already. So private hospitals had not the ‘theoretical’ knowledge (or the administrative wisdom) when they lowered the costs. But they took the “best” from the public sector and got conformed to the new economic conditions that had been created. A core difference in the administration of hospitals, public and private, is the dynamic in which the personnel is being exposed: the final aim of the workers in the public sector is quality (since quality originates from a virtuous man) and the health of men and competition is secondary; in the private sector, the final aim is profit and profit and competition is primary or its driving force.

Thus, both quality and costs depend on the better management of the hospital and the better management depends on the theoretical, technical and empirical knowledge of the managers. It depends, moreover, on the virtues of the personnel and on democracy of the sector. The problem with the public hospital is that it is vulnerable to political power while private hospital is to a certain extend “immune”. But both hospitals, in different degrees, as public universities, are vulnerable to the interests of capital particularly when studies of the physicians are being sponsored by corporations, when budgets of public hospitals are being accrued from sponsoring of corporations, when budgets of public hospitals are being accrued from trusts and when, finally, in administrative boards of public hospitals are being included actors of the private sector. As a result, the sector of hospitals is being contained in the main dynamic of the system: profit, competition and the lack of democracy in the relevant institutions in a greater scale than in the past. Indicative to the latter is the American health system where, as the American author Ty Bollinger shows, not only democracy does not exist but the noble efforts of the American physicians (who are opposing conventional wisdom for some illnesses, cancer etc.) do not find space in the system. But in private hospital competition is being developed inside and outside of it; in the public hospital, mainly outside of it, particularly in relation to private hospitals. It would not be a surprise then that this dynamic to lead to corruption for all
forms of control and financing. But with differences in symptoms. As a study of the European Commission points out:

A healthcare system that is financed and controlled privately (e.g. US, Switzerland, Netherlands) or by the state (e.g. UK, Sweden and former Soviet Union countries, FSU) may give some indication of possible corrupt practices in private health systems corruption commonly manifests itself in the form of insurance fraud, unethical procurement and distribution of drugs and low-quality treatment. In state-controlled systems, low pay to health professionals coupled with poor control mechanisms (i.e. regulation) contribute to a high incidence of informal payments, absenteeism and drugs being diverted for resale [8].

But to fight it the European Commission suggests harsher legal measures and so on. It should be mentioned that corruption has been part of the health system even during the statist period, despite the rivalries of economic blocs: because corruption originates from the concentration of power and it is more intense when men who administer enterprises and institutions have power and have not developed sufficiently ethical and intellectual virtues. Practically, the process of privatization of the sector led in the deterioration of the needs of the people-as shows the experience of Germany: ‘the changes in the hospital financing system were aimed at putting considerable rationalisation pressure on hospitals in order to provide more efficient and cost saving health services. Indeed, the new forms of hospital financing set in motion a far reaching restructuring process of the German hospital sector – of which the most obvious results are the reduction of the number of hospitals and hospital beds (including the closedown of hospitals), the reduction in the average length of stay and a growing number of privatisations’ [9]. In fact, the mentioned reduction aims at lowering even more the costs of hospitals. From these practices we understand-even more-that it is not the ‘aptitude’ of the “best” that makes the hospitals more efficient and more qualitative. But are mainly administrative tactics in relation to the economic conditions that lower the costs. As a result, in the east, after the fall of socialism, the privatization of hospitals was easily adopted: because the big “struggle” for the privatization of the sector was carried out by western elites. For the mismanagement of the public hospital, then, are responsible the relevant political powers and the workers of hospitals: because the latter did not undertake any serious struggle in order to resist the privatization of the sector while the former never tried to understand the nature of hospitals in relation to the main dynamic of the system. Even worse becomes the situation when political professionals, in order to improve the situation of the public sector, are being satisfied by replacing the “priests” with “imams”! The prime minister of Albania, Edi Rama, for example, during August, the month through which the government of “Rama2” was being prepared to govern the country, removed the directors of regional hospitals and institutions of public health by excluding the directors of Tirana and argued that the new directors will be submitted to the “public contest”, even those who are not being removed. “Your removal from your duty”, argued Rama, “is not the solution of this problem but only the beginning of the solution”!

Before examining and understanding even more of why the health system has degenerated, it would be fruitful to reveal the contradictions of Rama’s approach for the “reformation” of the system. First, the government of “Rama2” has not realized any study for the sector, as it has not realized any study for the sectors of public services and administration and of the economy. For the same reason it is satisfied with the removal of the directors and their replacement with “better” directors by approving them in “public contest” by (inter)national ‘experts’! After such an “effort”, it integrated even an electronic “system”, which was presented as an “innovation”, for shortening the time of patients to see a physician, without considering the fact that such a system on internet would be vulnerable to cyber-attacks. Second, the sector of the healthcare suffers from its own physicians in the sense that they have not undertaken any serious struggle for the better administration of the sector. The situation in the health sector is in such a deep crisis that physicians are not able to address even their own health problems let alone to strive to understand the causes of the mismanagement of the sector from a systemic approach and to protest against them. Physicians are supposed to be ‘intellectuals’: because all their life they are being concerned with causes of human (and not only) illnesses. But they never relate the rate of illnesses with the system. It is not an accident that they mention any “lifestyle’ or ‘pollution’ of the environment as cause of illnesses but they stop at it: they do not go further!

The mental health of physicians, for example, is a ‘taboo’ and is not being examined not even in the public. Indicative to this situation is the case of some western physicians: “I cried every day at work: mental health among doctors is still taboo”, was the title of an article on “The Guardian”, after a call-out of the newspaper to Guardian’s readers to share their experience in relation to their health, by concluding that “doctors are being permeated by unrelenting pressure, inhuman working hours and brutal competition is driving health professionals to the brink of suicide depression and anxiety, burnout and post-traumatic stress disorder. Toxic mix of culture bravado, antisocial shifts and a feeling of not being able to show weakness and fragility in a profession that is expected treat to the most vulnerable of our society” [10]. The main reason of why this situation is not being discussed in public is related to public trust: it might lose its trust. And thus the health of physicians is being forgotten and scholars consider only the relation physician-patient! The record level and endemic violence of doctors on patients with mental problems, as in the case of the British public hospital [11], is just another symptom: because we must be concerned first of all for the mental condition of our doctors. And their mental condition depends on the continuous education and leisure. The continuous education, for example, requires funds and those funds usually are not being met by governments. So we have destroyed their leisure with the competition and profit we have imposed upon them: where would find leisure a physician when she/he works in order to realize sufficient revenues for a luxury life in both sectors: private and public?
Clearly, this is an issue that is solved by the political power because continuous education requires financing and appropriate spaces. Parallel with this process, physicians are being plunged in the world of profit and competition and from such a world where profit is the end goal of every one cannot be claimed health, honor and the oath of Hippocrates. In a world with such a dynamic these conceptions and objectives are abstract.

But despite this dynamic, there are countries that are working for the public health with public savings. One of those is Austria, which, despite the fact that it is at the top ten of the world for its health services, has integrated recently an electronic system which aims and realizes many objectives: it lowers the general cost of the government, coordinates firmly the sector with the society and eliminate almost completely the corruption at all levels. The system is called “e-card”. The electronic card is being used for many functions in the health sector. It might be used even for an “e-Government”. The card represents the access key to system based services. The “e-card” system is a high security data network; it connects the public health services, e.g. social insurance, physicians, hospitals, pharmacies, nursing homes, ambulances, and medical supply stores. The system replaces the whole paper documents that are used in the relevant institutions and saves our crippled forests. The electronic card is being supported by a closed network e-card infrastructure and secures the system from cyber-attacks. From the system benefit particularly hospitals, radiologists and laboratories. Data can be taken directly out of physician’s software and standardized information sheet for the patient are always available and cannot get lost. The system could be integrated in every country particularly to those with high costs (America etc.). The recent cyber-attacks in America, Britain and Russia etc. showed, between others, how vulnerable are health systems in those countries and the need to fence off the sector from other cyber-attacks in the future.

Finally, the scholars of medicine do not study state systems and public administration parallel with their medical studies: when they do not study state systems they cannot understand the nature of political and economic power; when they do not study public administration, justice and human nature, they cannot have on their mind the different organizational synthesis through which to aim the continuous education of the personnel. For example, the physicians of socialism, not being clear on where could lead the economic power, linked the crisis of the sector almost exclusively with the political power. Inclusive democracy in the work place [12], democratic election of the sector and the virtue of justice for the administrators are preconditions for the successful progress of the sector. The physician-administrator, in other words, must be elected from the workers of the sector (because only they can judge them rightfully as they are in continuous interactions) and not appointed from the political power; neither must they be “elected” by contested commissions and the likes: because in the first case is implied that the administrators would be dictated by the political power and be ignored the powers of the sector; while in second case implies that the created commission from the political power would ‘evaluate’ the “best”! Again, love for serving humans as a physician or assistant, the lessons for the public administration and the development of the virtue of justice, are preconditions in the successful administration of the sector. Since medical science is concerned with the right judgment and actions in relation to the health of men, and the right judgment implies examination and contemplation (of duties, causes and consequences), it is easy to develop ‘just’ men among physicians: for the first one implies just judgment and actions in relation to the health of one’s body; the latter implies just judgment of one’s work and behavior. When there is no right judgment and action it causes even more pain in one’s body; and if there is no just judgment for one’s work and behavior - it causes pain in the soul. The latter may cause anger and anger other painful consequences. All this implies developing the virtue of justice in relation to both, medicine and humans, as a precondition for the just administration of the sector. The complete health of physicians, together with the health of Nature, therefore, could be realized through the mentioned process and order: for without the health of physicians we cannot secure the health of our societies and without the health of our Nature we cannot secure any health. In short, the education in the health sector creates health on the mind; the education in food, eating and medicine prevents and cures illnesses. These three public spaces are interconnected and must be developed in parallel. The fact that medicine and health is a public good, the budget of the sector must be covered from public savings and not from the narrow private interests. Only when we start to realize the health of Nature, of society at large and of humans, we can lower the costs of the sector in its lowest level. The best health system, therefore, is that which is based on the preconditions or premises outlined above.

**The truth about cancer: a revolutionary movement for humanity is being born in America**

America is a country where the economic power has usurped its health system and as such, could serve as a lesson for the people around the world. It should be mentioned once again that the health system is being attacked because of the general neoliberal policies adopted in the last four decades or so by almost all political parties in the western world and is just one sector of social services and of the economic system. Thus, I will examine here, both the orthodox approach about cancer and a new approach which is being developed in America. For the latter I will try to show that it could bring about a new hope for cancer in particular and for every major disease, in general.

**Physicians and corporations in the frenzy of profiting from “gene therapies”: complications and crimes**

The Food and Drug Administration of America approved a treatment that supposedly reboots a patient’s own immune cells to kill cancer. It is being considered a “gene therapy” and
uses drugs or genetic tinkering to turbocharge the immune system to fight the disease. But it causes side-effects that can be life-threatening (high fevers, crashing blood pressure, lung congestion and neurological problems). Of course, once the drug was developed and controlled by a private company (Kite) in cooperation with the federal government’s principal agency (NCI) through the PPP concept...despite the fact that two patients died during the same period and their results to other patients are very uncertain as only 54% had complete remissions (their tumors disappeared) and another 28% had partial remissions (tumors shrunk)...without being certain whether tumors will reappear or not! The process of killing tumor cells is long and very contradictory: it removes millions of T-cells, freezes and ships them to the company (Kite) to be genetically engineered to kill cancer cells. Once reprogramming them - they are frozen again and shipped back to the hospital to be dripped into the patient! The same company aims at producing cell therapies for solid tumors like the lung, prostate, breast and colon, which account for about 90% of all deaths from cancer. It has applied for approval in Europe, and if granted, it will build a plant there too [13].

Another “gene therapy” is being developed by another company: “Spark Therapeutics”. It replaces the faulty DNA that is causing the disease and helps the body to fix it. But only for the eye: because it is a closed system that gives to the biological equivalent a free pass by the immune system—meaning that the danger is greatly reduced. To this “therapy” have invested billions of dollars big pharmaceutical groups such as Novartis, Sanofi, Bristol-Myers Squibb, Pfizer et al. Wall Street investors snapped up its shares by sending the stock up almost 70% in large part because of promising data from the haemophilia trials. And since healthcare systems tend to look at the cost of a treatment in aggregate rather than per person, analysts predict that the products will generate millions. But when a virus or any other biological substance is inserted directly into the body, our immune system tries to destroy the virus is destroyed, rendering the ‘little’? no risk [15]. How ‘little’? They don’t tell us! The only ‘story’ they tell us is that we are exposed in radiation anyway! The “blood test” for cancer, on the other hand, a recent “discovery” by some ‘scientists’, does not prevent cancer since it just follows the mess of a body to “cure” it after the event has occurred! Thus, not only they’re searching in vain for the treatment of major diseases as it will be examined here but they’re destroying other animal’s life in the name of “human health” just as American astronauts experimented last century on monkeys and chimps and the Russians on dogs in the name of space exploring and dominance!

World Health Organization and medical institutions in complete blindness

The World Health Organization warned in 2014 that cancer is a “global threat”. Globally, one in five men and one in six women will develop cancer before the age of 75 and one in eight men, and one in twelve women, will die from the disease. Currently, 14 million people a year are diagnosed with cancer. The rate of cancer will increase to 19 million by 2025, 22 million by 2030 and 24 million by 2035. More than 60% of the world’s total cases occur in Africa, Asia and Central and South Africa. Worldwide cases are expected to soar by 70% over the next 20 years. Cancer is the second leading cause of death globally accounting for 8.8 million deaths in 2015. While the ratio of cancer for the general population is expected to increase global cancer drugs spending will exceed $150 billion by 2020 from $107 billion in 2015. As for the causes, WHO says that cells change their nature as a result of the interaction between a person’s genetic factors and 3 categories of external agents, including:

- Physical carcinogens, such as ultraviolet and ionizing radiation.
- Chemical carcinogens, such as asbestos, components of tobacco smoke, aflatoxin (a food contaminant), and arsenic (a drinking water contaminant).
- Biological carcinogens, such as infections from certain viruses, bacteria, or parasites.

By adding ‘aging’ as a fundamental factor as it is combined with the tendency for cellular repair mechanisms which are less effective with the aging. Tobacco and alcohol use, unhealthy diet, and physical inactivity are major cancer risk factors worldwide and are the 4 shared risk factors for other non-communicable diseases [16]. In other words, WHO connects the ‘genetic’ factors with external agents, ranging from physical carcinogens (ultraviolet and ionizing radiation), chemical carcinogens (asbestos, tobacco, aflatoxin and arsenic) and biological carcinogens (infections from certain viruses, bacteria and parasites). This is a view adopted since the ’70s
and has been established in all medical institutions. It originates from the nature of cells, which, when divided, carry on the corresponding genomes in it (Oswald Avery: 1944). From this process researchers have inferred that genes ‘control’ our cells. And since genes control our cells - they control their health too! But this approach is wrong since genes are part of the cell and not the other way. As such, they control their “end functions” and not their health.

Thus, instead of seeing the cell from a broader perspective, namely, its actual health in relation to the health of one’s body and mind, and its role, they related it to genetic factors: because it is the growing of an organism and the health of a cell and the death of another that causes the division of it and, it is the health of a cell that secures continuous health. In this sense, cells have a unique role: not only to grow an organism but to secure health to it. Yet, since health is not ‘active’ and is set into motion mainly through food, the nature of it will be examined later, it is food that sets into motion the health of cells. As Aristotle rightly points out: “the art of healing corresponds to an ‘originative source’, while the food corresponds to ‘the last’ (i.e., ‘continuous’) mover”. The lack of food, therefore, will keep cells unmoved, and if we move with unmoved cells, we destroy them: because we burn its fuel. The approach of seeing the health of the cell in relation to genes and exterior factors, rather than to its own health and the ways it is being maintained healthy, is clearly wrong. Rightly, therefore, the approach of physicians who took place in the conference of “The Truth About Cancer” (TTAC: 2017): because they see the problem in the cell itself in relation to exterior factors and not in relation to genes.

From the nature cells to the nature of food

Accordingly, cancer in not a genetic disease. Rather, it originates from an immune-deficiency system and a cell with genetic mutation that is caused by a ‘change’ in the immune system. No wonder that Aristotle points out that ‘motion (not coming to be) is the primary form of ‘change’ coming-to-be and passing-way happen to things continuously and motion causes coming-to-be. That being so, it is evident that, if the motion be single, both processes cannot occur since they are contrary to one another: for it is a law of nature that the same cause, provided it remain in the same condition, always produces the same effect, so that, from a single motion, either coming to be or passing-away will always result. The movements must, on the contrary, be more than one, and they must be contrasted with one another either by the sense of their motion or by its irregularity: for contrary effects demand contraries as their causes. This explains why it is not the primary motion that causes coming to be and passing away, but the motion along the inclined circle: for this motion not only possesses the necessary continuity, but includes a duality of movements as well. For if coming-to-be and passing-away are always to be continuous, there must be somebody always being moved (in order that these changes may not fail) and moved with a duality of movements (in order that both changes, not one only, may result). Now the continuity of this movement is caused by the motion of the whole: but the approaching and retreating of the moving body are caused by the inclination. For the consequence of the inclination is that the body becomes alternately remote and near; and since its distance is thus unequal, its movement will be irregular. Therefore, if it generates by approaching and by its proximity, it this very same body destroys by retreating and becoming remote: and if it generates by many successive approaches, it also destroys by many successive retirements. For contrary effects demand contraries as their causes; and the natural processes of passing away and coming to be occupy equal periods of time. Hence, too, the times i.e., the lives—the of the several kinds of living things have a number by which they are distinguished: for there is an Order controlling all things, and every time (i.e., every life) is measured by a period. Not all of them, however, are measured by the same period, but some by a smaller and others by a greater one: for to some of them the period, which is their measure, is a year, while to some it is longer and to others shorter.

So, the relationship between a cell with genetic mutation and the ‘change’ in the immune system or conversely, the ‘change’ in the immune system which causes a genetic mutation in the cell, is crucial in understanding cancer. Even if we see the cell from an atomic point of view, which in its center has a nucleus composed by protons and neutrons and around it the electrons the diverse composition of them creates a variety of physical elements with other characteristics and functions and in order to balance itself it has to have an equal amount of energy, matter and gravity and it has a dual character, that is, it interacts with other atoms in the universe of atoms, by causing changes, both to itself and to others, and the cell has the same nucleus in an enclosed membrane with organelles, in which mitochondria infuses the cell with energy by synthesizing proteins and other elements and such proteins and elements are the result of food, water and oxygen, and it has a dual character, that is, an interior world separate from the outside world but at same time part of it, we may easy see the causes of any ‘change’ in the cell: for if there is not food in the stomach of an animal there is not energy for mitochondria and the cell and if there is no energy - there is no balance in the body. The only difference between an atom and a cell is that the former makes up the latter and not the other way while the character of them is the same: dual they interact as separate bodies with the universe and its motions. But while the state of one’s mind cannot affect body’s atoms – it can affect its cells. This is why cells are prone to the state of mind too. The state of our mind and of our cells, therefore, is a precondition for a healthy body. But the state of our cells is most important than the state of our mind, at least in our youth, since they are the primary cause of health – in the sense that our body is prior in the order of generation than mind, soul and social activities.

That was all about the conference: not only to show us that the problem must be seen in the light of a healthy cell within a healthy body but how to cure and prevent cancer. In this sense, cancer is a symptom of an immune-deficient body. Cancer, therefore, must be seen in our cells in relation, first of all, to our food, and second, to exterior factors: in relation to ‘our food’, because an efficient-immune system is supposed to have the power to resist any exterior factor. The
interdependence between our food, an efficient immune system and healthy cells is therefore sine qua non for a healthy being. Hence the proposition of Hippocrates, the father of the early medicine: “let food be thy medicine and medicine be thy food”. Aristotle gives us a better account when he examines the nature of food and refutes the orthodox views of his time, one being the one (‘Darwinian’) adopted in modern times that is, “each is food to the other” and includes food in his treaty “On the soul”, because food is related to what has soul and power:

Nutrition and reproduction are due to one and the same psychic power food is essentially related to what has soul in it. Food has a power which is other than the power to increase the bulk of what is fed by it; so far forth as what has soul in it is a quantum, food may increase its quantity, but it is only so far as what has soul in it is a ‘this–somewhat’ or substance that food acts as food; in that case it maintains the being of what is fed, and that continues to be what it is so long as the process of nutrition continues. Further, it is the agent in generation, i.e., not the generation of the individual fed but the reproduction of another like it; the substance of the individual fed is already in existence; the existence of no substance is a self-generation but only a self-maintenance. Hence the psychic power which we are now studying may be described as that which tends to maintain whatever has this power in it of continuing such as it was, and food helps it to do its work. That is why, if deprived of food, it must cease to be.

Yet, the nature of the food must be understood in relation to the nature of the cells in order to secure healthy cells for a healthy body: they must be compatible. But this is not enough since the health of the body depends on the health of the mind. Even the ‘discovery’ of Warburg, that the prime cause of cancer is the lack of oxygen in normal body cells, must be seen in a broader context in the body, since oxygen is part of a powered body by our food, exercise and the state of mind (immune system) and not the other way. It would not be a surprise then the conclusion reached by some researchers that “food may influence cancer spread”. Judging from the pollution of the environment and from the orthodox practices of the medical system in America and around the world, the conference lectured detoxification, kitogenic diet, which improves mitochondrial function the very power of a cell and generally food and practices that empower and heal the cells of a body. It lectured even fasting for the production of stem cells. For the latter, scientists from different countries are in a process not only to monopolize the production of them but to produce only for some illnesses and not for the whole needs of a body.

Conclusion

The conference was the result of the work of Ty Bollinger and colleagues. It started more than a decade ago when Ty lost his parents from cancer. It is a work that is being caused by pain, compassion and love. Ty backs up his research with physicians and patients who have been cured from cancer. As such, it has been transformed a social movement. Its motto is “join the movement, support the mission and save lives”. It rightly opposes conventional practices (surgery, radiation and drugs). As such, it is a revolutionary movement and could be transformed a political movement. Particularly in America where the health system is being usurped by the economic power (Rockefeller et al.) since Reagan gave corporations free hand. As a result, new discoveries and approaches are being marginalized and fought. The international mass media, for example, did not report the event! Aware of this situation, they are faced with two choices: either pressing the political establishment to adopt a democratic and scientific approach for the health system or to lead a political movement. To be honest, they have the power to forward both. Since its launch in 2015 with nine series of documentaries for cancer and seven for vaccines. It is ready to launch another documentary for pet cancer. Their approach is to educate people and to help them with practices and solutions without side effects. They are orienting the American society towards science while the food industry towards organic production: this approach is indeed pedagogical and revolutionary at a time of complete dogmatism and counter-revolutionary policies. The only “test” therefore, scientists and men must aim at, is a balanced powered body in a “healthy mind”, a subject I will explore next to this.

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