

Immunizations have become more controversial due to malpractice litigation, media exposes and Dr. Robert Mendelsohn. If you are breastfeeding your child, I would strongly urge you to delay immunizations, as is done in the United Kingdom and in Japan.

I hope you are breastfeeding this baby; it is well known in studies done around the world that breastmilk is the food of choice for premature infants. You should breastfeed this baby for as long as possible, avoiding introduction of solid foods during the first year of life.



**Introduction
to
John McKnight**

Like Bob Mendelsohn, his friend John McKnight, Associate Director of the Center for Urban Affairs and Policy Research at Northwestern University in Evanston, Illinois, stays within a system in order to criticize and change that system. For Dr. Mendelsohn, the organized system in need of change was Modern Medicine; for McKnight, a member of the Doctor's People Advisory Board, the system in need of change is the Modern University because it turns out professionals in need of clients. How does society react to all those professionals? According to McKnight, we react with awe, with fear, and with a loss of faith in our own community's ability to solve problems.

Years ago, Bob Mendelsohn was the pediatrician for the McKnight children. John McKnight recalls, "During pediatric visits, we found common interest in overprofessionalization and lack of trust in families and communities." Out of that common interest grew a friendship which spanned 20 years. "We got together for dinner or lunch once a month and tested our ideas on each other."

In this Newsletter, Professor McKnight shares some of his ideas on nursing homes. If you think nursing homes are the wave of the future for our elderly citizens, read his remarks carefully and think again. If you pray they're not the wave of the future, read McKnight's remarks carefully and start doing something to change the way we treat the elderly. For McKnight does far more than criticize—he points the way to commonsense solutions to problems all of us will face some day, if we aren't already facing them today.

**Elderly need
servants, not
services**

America is in a lot of trouble because we have forgotten that there are two very different ways of solving problems. One of these ways we call a system. It has an organization chart which is formally structured. The other way we call a community, and it is informal. A great many of our current problems are caused by our confusion in trying to make systems do what only communities can do.

Generally, systems are useful when you need to product a lot of something—cars or transportation services—that will be standardized, uniform and technical.

However, if you want something that is individualized, special and humanized with lots of feeling—care rather than service—then you need a community.

Today, we are creating millions of American tragedies by surrounding people with systems when what they really need is community. These system tragedies have such names as nursing homes, hospitals, day care centers, and institutions for the developmentally disabled and the mentally ill. These systems provide exactly what vulnerable people don't need—standardized, uniform and technical service. What they do need is special, individualized loving care.

Unfortunately, the policies of our government and the curricula of our universities are designed to force us to use more and more system services when America's future depends upon community care.

While government is prepared to pay a system called a nursing home to take care of an elderly person who doesn't have much money, it has not been prepared to provide economic support to the family of the older parent which probably needs additional money in order to keep that person at home.

Such monies could pay the cost of building an additional room, fixing up a bathroom, providing accessibility, providing home care or day support if members

*Systems
support
professionals*

of the family are working. Instead, universities are training more and more specialized professionals in geriatric care who are expensive and who need institutions and systems to employ them. This is deadly teamwork in which the government finances professionals and systems rather than supporting families and communities.

Professionals and government are in league to build an economic empire which needs old people to support it. Unfortunately, a tremendously powerful lobby of nursing home and geriatric professionals overpowers the interests of families and parents who have no lobby to speak for them.

*The extreme
has become
the mean*

One of the reasons Dr. Mendelsohn was so important was because his was one of the few voices from the professional world which lobbied for families and parents rather than for systems and services. Bob used to say that what really was wrong with Modern Medicine was that the extreme had become the mean. The same is true with vulnerable people: There are some, not many, who have no family, and they should be understood as being the extreme. Yet, our policies for the elderly are developed as though most old people are childless, relativeless and friendless. Those kinds of policies lead many families to feel that they aren't "expert" enough to take care of vulnerable people. That's exactly what the university-trained professionals want them to believe, and therein lies a bonanza for the social work field.

Even when we have extreme cases of elderly people who need help, our policy still should be one of fostering personal family-like relationships rather than institutionalized systems. For example, we could provide tax incentives or scholarships for young people so that they could live with old people, something like a Youth Services Corps. At Northwestern University, a program was suggested in which college students would live with old people or next to them and be available to them—a plan infinitely preferable to a nursing home.

*Helpers
should be
rewarded*

On the other hand, many single elderly people presently receive significant care from other elderly people who are informal helpers, and incentives should be provided for them to continue giving such care. For example, these individuals could receive taxi money so they could shop at the grocery store for their elderly charges. Many people have the ability to respond to the needs of others, but our policies ignore and undervalue that community responsibility while rewarding professional irresponsibility by financing systems and institutions.

A study in northern Wisconsin revealed that community people were ready to act responsibly in order to provide all kinds of care. But most community people cannot be relied on for two things—preparation of meals and immediate personal care, such as changing beds or dealing with incontinence. This tells me that people

*“But
doctor,

about
that shot...”*

In his lifetime, Robert S. Mendelsohn, M.D., the leading critic of Modern Medicine, prepared 10 People's Doctor Newsletters dealing with the risks of immunizations and how to avoid them.

These 10 Newsletters are now available in a folder for the special price of \$15 (regular price \$2.50 per Newsletter), a \$10.00 savings over the regular price of the Newsletters alone.

(Subscribers please note: The Newsletters are Vol. 2, No. 4; Vol. 4, No. 5; Vol. 6, No. 12; Vol. 7, No. 10; Vol. 8, No. 12; Vol. 9, No. 6; Vol. 10, No. 5; Vol. 11, No. 10; Vol. 11, No. 11; Vol. 12, No. 6.)

Please send _____ sets of 10 People's Doctor Immunization Newsletters in a folder to:

Name _____

Address _____

City/State/Zip _____

\$ _____ Total enclosed

Mail to: The People's Doctor • 1578 Sherman Ave., Suite 318 • Evanston, IL 60201

(Please make check payable to The People's Doctor. Please remit with U.S. funds only. Allow 2-4 weeks for delivery.)

with no relatives or kin need what used to be called a servant. But our governmental, medical and university policies focus on providing professional services rather than servants. Therefore, we pay exorbitant salaries to professionals who aren't needed, then saying we can't afford somebody to cook a meal. In fact, what we need to do is pay these kinds of servants decently and only pay professionals at extreme times. Servants should be the mean, and services should be the extreme.

*Independence
is
overvalued*

In our society, we've placed so much emphasis on independence and individualism that we hear people say, "I don't want to be a burden to my children," or "Dad can't live with us because he couldn't stand to be around children all the time." Thus, we've developed a set of values which feed older people into the service industry. The alternative would be a society in which we understood that our family would care for us in our old age. If that were the case, we would be more likely to honor families and to treat one another with the respect necessary for lifelong commitments. Our vaunted, overvalued independence has disabled us from developing effective families and communities. The price we pay for this exaggerated independence is child abuse, divorce, and nursing homes filled with parents of absent children.



**Clomid can
cause DES-
like changes**

According to *Medical World News* (March 14, 1988), "In a study of human fetal tissue grafted to mice, University of California researchers [in San Francisco] have found that the widely prescribed fertility drug clomiphene [Clomid] may induce changes in the developing female genital tract that are like those caused by diethylstilbestrol (DES)."

When the researchers examined the fetal tissue, they found "differences in gland formation, uterine mesenchymal segregation and fallopian tube development" between the specimens that were grown in mice that had been treated with clomiphene, tamoxifen or DES versus mice who were untreated. The researchers were concerned that such changes could lead to structural anomalies of the uterus and tubes of women who conceive while on this powerful estrogen drug and that these anomalies, in turn, could produce the same conditions seen in women who were prenatally exposed to DES—increased incidences of tubal pregnancy, spontaneous abortion and premature birth.

One doctor who criticized this research did so on the basis of Clomid's use in treatment of "millions of women" without any reported increase in anomalies. However, that physician, Dr. Williams Andrews, medical director of the American Fertility Society, did concede that genital tract abnormalities might not show up until the daughters began having children of their own.

What does the researcher who headed the study team see as the next step? "While it raises some concerns, our study in no way calls for drastic action. It is a call for more research."

Of course it is.

**Medical advances
kill, says
Wall Street
Journal**

An article in the July 27, 1988, issue of *The Wall Street Journal* has caught the eye of so many of our readers that innumerable copies now flood my desk. For those of you who missed it, the story eye-catchingly headlined, "How Medical Advances Often Worsen Illnesses and Even Cause Death," contained the following hair-raising statistic from Ralph Nader's Health Research Group: "Based on published studies, we estimate that well over 200,000 Americans are injured or killed each year as a result of negligence by doctors."

Advises Dr. Eugene Robin of Stanford University, "Unless you absolutely need them, doctors are good people to stay away from, and hospitals very good places to stay out of."

John Ball, executive vice president of the American College of Physicians,