

THE MEDICAL-INDUSTRIAL COMPLEX

The Body Guards Of Lies

A look at Peter Duesberg's book *Inventing The AIDS Virus* shows the vast array of common interests that come into play in the process of protecting the obscure object of bureaucratic/ideological desire.

The uncontested and the most interesting part of Duesberg's book comes before he mentions AIDS directly at all. Here he describes the long history of official medicine falsifying the nature of many disease at many times. Despite these failings already being known, mainstream medicine has virtually the highest prestige of any section of the spectacle. David Ho's "pioneering research" that earned "Time Man Of The Year" has been quietly set aside in the years after was touted as the missing link proving the HIV hypothesis. Despite this or more like because of this, our ability to determine the exact cause

of the spectrum of conditions known as AIDS is quite limited. Duesberg and other "AIDS dissidents" (including the Internationalist Communist Group) give plausible arguments about this but, as we've said before, obscurity is a natural property of such large-scale phenomenon of bureaucratic society

Duesberg's book describes AIDS in detail as a product of the modern medical-bureaucratic agenda – with "genetic engineering" leading the way. The power of many of existing official lies comes as medicalization becomes a big part of all capitalist ideology (i.e. anything bad becomes "an addiction", etc).

Medicalization is strongly aided by

the centralization of all scientific research today. The stamp of research on findings about AIDS, genetic links, drug addictions, psychiatric medication or other social-medical ideologies appears incontestable. By that very fact, some of these turn out to be the most patent lies when viewed closely.



The magic of the modern spectacle comes from its hiding of a total perspective. *Anything can happen when no one knows what's happening in the next village.* The destruction of community and the falsification of daily life allows all other falsifications to take place. And we can judge the degree of media falsification by the degree of this falsification.

There are many parts of reality whose truth everyone knows but which one cannot prove in a laboratory: cops are jerks, work is unpleasant, stress can make you sick and so-on. Chemical pollution is ever-present today and clearly has a part in the rising cancer

rate. But research controlled by capital more and more orients itself to finding the genetic cause of all of these problems. Corporate feminists wonder what mysterious force destroys the confidence of teenage girls. While the spirit destroying qualities of school as such were well known to protesters in

the 60's, today we need something more mysterious and encapsulatable.

Yet just as much, there are situations where we really don't know the answers. The facing leaflet addresses the psycho-pharmaceutical complex. From this leaflet, hopefully the complex social relations coming out of this are clear. Notice that similar discussions of the lie system might be made concerning AIDS, genetically engineered agriculture, antibiotics, Alzheimer's and elder care, legal and illegal addictive drugs, the prison and justice system and so-forth.

But each of these technical-control systems is also uncertain. We lean towards believing Duesberg's theory, yet in this and many other situations, our ability to definitively say what is happening is limited.

Hopefully, our discussion makes it clear that we're not personally attempting to resolve these riddles. One more series of speculations is hardly needed.

Rather than attempting to sort out each of the processes, our perspective is to find a framework that can deal with all of them. Rather than going into full detail, we will step back and give a framework unifying all of these

complexes, showing them as one of the general method with which this entire system is growing.

Follow The Money – Keynesianism Economic Background

The history of the last fifty years has been the history of constructing monumental false fronts. This society must produce more and more lies just to stay in the same place. The modern marketing system has to constantly stretch the “ladder of success” – moving each rung further from the last. While a good percentage of folks live on \$1000/month, professionals can make \$5,000/month and save nothing. Reproducing this ladder of success is critical part of the system. All commentators hail the advancing economy, as this economy crushes the average person surviving inside it.



Altogether, the big investments of the modern time have been based on “throwing bad money after bad.” The untenability of capital’s present phase will first be visible within capital’s desperate race to plug the both minor and major cracks in its image. During the boom of 1999-2000, the Dow Jones average was altered to exclude poorly performing stocks, such as Westinghouse, and add better performing stocks, such as Hewlett Packard (Of course, these changes ultimately didn’t stop the internet crash).

The racket of the military industrial complex was based on Keynesianism. Excess government spending soaked up the excess production of industry and pushed further consumption.

John Maynard Keynes had a simple answer to a simple problem. The problem capitalists had was that once they produced a huge amount of stuff in their factories, no one could really buy

much more and the whole of working, producing and consuming got harder to organize. Keynes’ answer was for the government to print money to buy all the extra stuff. *Artificial consumption is the key.*

Each era of capitalism has been characterized by the way it created this artificial consumption. The way that Keynesianism maintains production is to create an industry whose expansion

cannot be questioned. In the 50’s, 60’s and 70’s this was defense. In the eighties this was real estate. In the nineties, this is the medical industry. In the fifties, the military industrial complex was the locus of the “American Dream.”

The fifties model guaranteed survival within the exchange system for no longer living a rich, enjoyable life. To maintain the system of exchange, consumption would be guaranteed to increase as much as production, even if the consumption meant building planes and burying them in the desert. The military-industrial complex was financed by the government which printed and borrowed money for this purpose. The mix of “guns versus butter” was the boundary between the working class and the ruling class, in that workers traded off the insanity of nuclear blackmail for the promise that a certain number of mostly white, mostly male, “good” jobs would continue to exist.

The eighties and nineties model added lies and mis-direction to fifties model.

The idea of there being any alternative to life in America was simply ignored. The military industrial complex is growing more slowly but other scams have taken its place. The larger scams included the medical industry, real estate speculation and the police/prison industry. Since the system no longer has to guarantee survival, the idea of paying more and more just to survive an illness had a certain logic. The medical industry has grown at the rate of 10% per year for the last twenty years (this is adjusted for inflation!). This winds up with people paying more than seven times as much as they did twenty years ago.

Now all these models increase production more and more without the average person choosing to spend any money on them. Defense was and is directly government supported. The real estate boom was supported by the government ignoring investment scams and by corrupt diversions of Savings And Loan money to commercial Real Estate. The building of hospitals added further to this. Hospitals and prisons are perfect investments since their inmates have little choice about whether to leave.

Up to the present day, the medical industry is visibly supported by the government while being owned by corporations. This allows prices to increase indefinitely and pays a few of the ever-increasing bills for the poor. Beyond this, investors can see the obvious principle that a sick person has no choice but to pay whatever they have for medical treatment and patients are captive consumers, ready to be fleeced of everything. (at the same time, of course, a rhetoric of individualist consumerism is increased so as to prevent any sense of entitlement).

The general principle of Keynesianism has worked reasonably well for at least seventy years. But there were sometimes a few problems, like money getting less valuable since so much gets printed and so-forth. Still most of the world has been

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running on various versions of this system for the last fifty years. The problem is that by producing so much stuff, the absurdity of Keynesianism often shows through.

Ronald Reagan officially abandoned Keynesianism when he was president. But this only perfected the most modern accounting system – which is Keynesianism fortified with lies. Supply-Side Economics advocated the same policies as Keynesianism, but had absurd assumptions and absurd conclusions but this falseness was its useful element. Indeed, whether the government formally balances its budget is mostly a matter of organizing appearances since so many “Para-government” institutions such as banks also serve to manage the economy by running deficits and surpluses. And the size of the budget or even the results of arithmetic, can altered by decree (though all these measures have a cost to them).

Rather than balancing the level of consumption with the level of exploitation, the modern system of *negative consumption* must constantly increase the level of deception, fear and anger. It sells more protection now that no longer promises survival. Hospital culture is one visible area where people must depend on inscrutable technology for their personal soundness.

Falsifying the value of money is the most powerful force today in this “new economy.” The most obvious example is that government “inflation figures” stay constant while the price for food, gasoline and housing increase wildly. Once their numbers are fudged, the government plans seem to workout perfectly – and exactly against the proletariat. From secret currency transactions to bank and government collusion to the falsification of Social Security figures to vast scams, money is pushed in and out of the economy wildly and for the benefit of the largest controllers.

The economy of this negative consumption is real – its need for lies is very concrete. Capitalism remains an economy based on exchange. Some entity must pay for all of the stuff that is

now produced. Scams have a limited life – often the life-cycle of a given scam is managed by the higher authorities. These same folks clean up after the BCCIs of the world.

The system requires that lies be spread in even, predictable layers. And this is not guaranteed. World capital lost about 30% of its value at the end of October of 97 as the balance different lies reached a less controlled level. But even 1998, capital has been able to reconstruct an image of prosperity. The final end is uncertain yet closer.

Medicine as Activity

All of these systems of consumption management are also ways in which this society defines people’s activity – they redefine survival, achievement and reproduction. The “American Dream” of forty years ago designated that an obedient working class would not be pushed beyond a certain lowering of income, humiliation etc.. Thus the transformation of consumption today has resulted in a transformation of how we maintain ourselves.

We can begin with the broad view of health. The development of civilization over the last 10,000 years has been altogether disastrous for human health. Diseases and malnutrition developed as a consequence of people being pushed closer together and of agricultural empires which extracted a surplus crop from peasants or slaves.

Still, many peasants and farmers of pre-industrial society often retained traditional health and medicinal practices. In medieval society, wise-women and midwives still maintained a body of knowledge in parallel to any church practices concerning health. So looking at either primitive or agricultural society, humans took care of their health and well-being in a relatively self-sufficient manner compared to today (though, it worth saying that Europeans were least healthy after agriculture and before civilization). This included both traditions of healing passed through midwives and herbalists as well as each person’s sense of connection with their environment. Today, simply not using

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your body and mind in a reasonably active and natural way is known to be a factor in many of today’s epidemics of degenerative disease (cancer is associated with toxics, Alzheimer’s associated with television¹, heart disease strongly associated with stress and inactivity, etc.).

The modern medical system began with the founding of medical schools, with the rise of doctors against midwives and traditional healers, and Pasteur’s discovery of germs and the germ-theory of disease. From its beginning, modern “allopathic” medicine has had a strong dimension of social control aside from whatever scientific basis it had. Unlike midwives, early doctors did not take cleanliness as being important to health. This dimension of social control has not ceased, and modern for-profit research can be as questionable as many earlier approaches.

There’s documentation showing allopathic offering both improvement as well as detriments to total human health. The improvements are well known – antibiotics now can prevent infections that previously would often kill people, etc.. The detriments are less well known – doctors treated scurvy as a germ-born disease long after the British navy learned to treat it with lime juice, the germ-theory of disease lead and still leads to neglecting other forms of ill-health.

The rise of modern medicine came at the same time as the rise of “public health.” Public health was a movement of doctors, planners and public officials which introduced clean water, safe food, better nutrition, adequate housing conditions and sewage disposal to modern cities. In many ways, these measures made more of an impact than the rise of medical interventions, though measuring such things are certainly difficult. Given that allopathic medicine is much less certain and less scientific than either physics or even laboratory biology, a consideration of uncertainty must be woven into this article. We won’t be trying to sort-out the exact value of the disease-model versus the preventative model. Rather, we will be

discussing medicine as a dimension of the entire transformation of life under civilization and under capitalism.

In the role of either improving or of worsening health, allopathic medicine has created a world in which people are more dependant on experts and an institutional frameworks for their health and their conception of health.

As previously mentioned, the development of modern medicine followed the entire world of Keynesianism and guaranteed survival. Hospitals the world over served as a model of the modern state, university or corporation taking care of the citizen.

In this process, what was generic "health care" was offered to people freely or relatively cheaply. It was part of various "social contracts" offered by the state. The better-off US workers of the 1950's had health insurance offered by their employer, hospitals were reasonably affordable and so-forth.

For something to become a commodity, it must be seen as outside of a person. Medical commodities range from phenomena that had previous been outside the circle of human controll, to those things which communities once managed themselves but which now are controlled by experts – a key example is doctors of obstetrics replacing mid-wives in delivering babies.

A human being is both subject and object. Capital's progress alternately use one and then the other condition of a person to commodify their reality. As object, a person is taken in an Ambulance to the hospital, not given a choice about emergency life-saving measures (whether useful or pointless). As a consumer, the person is expected to choose various medical commodities, various "health care plans" as a being expected to consider the medical plans offered by

The growth of medicine as racket is most visible at the point the medicine becomes a commodity. The 1960's and 70's saw an expanding "war on cancer" which consisted in randomly trying an immense number of compounds to see there cancer-fighting properties. This

program was hugely expensive, defined "big medicine" yet could show few gains in its long history. The program was reincarnated as the "war on AIDS" in the eighties – with no measurable improvement in public here either.

Mandating "minimum standards of care" for each particular disease forces each hospital to purchase a new machine for each medical "advance" as well as imposing control systems to assure that they adhere to these standards. The decreasing ability of many people to pay for medical insurance has caused more and more people to use the emergency room as their "medical provider of first resort" while the emergency rooms themselves increase in cost by the need for fancy gadgets. Legal maneuvering over nursing home deaths forces nursing homes to take dying residents to hospitals to allow them to die more slowly, using the latest expensive "life support system" (more accurately called *death support systems*). Hospitals speculate, build extra hospital beds and then can pass the cost onto patients. Finally, to maintain constant corporate profits, direct medical care to patient must be rationed and hospital worker's salaries attacked.

Still in larger terms, this vast money extraction complex has come as medical commodities have shown themselves to be the ideal model of modern consumption. The patient is forced to consume medical care while they themselves become the product through research performed on them and the patents thereby obtained.

The phase of the institutional of medicine taking full care of a person was a necessary part of removing various kinds of self-sufficiency (though preventative medicine certainly offered some cures beyond traditional medicine).

Now that this self-sufficiency has ended, the medical system along with the entire system, no longer guarantees any survival.

Valorizing Code

"The Information Age" in Against Sleep And Nightmare #4 looked at this,

the economic logic driving the expansion of information. As the information economy expand to different aspects of existence, it follows a natural cycle of surveillance, repression, falsification, and colonization – from software piracy to software cops. All code must be given a price. Many of the projects of modern capitalist development reduce to this struggle to turn activity into information and to buy, sell and control this information. From music to education to medicine, information is the universal product.

But the form of comoditized *information* is, in fact, pure obscurity. The use of code for capital is to create unquestionable commodification of each person's life. There is the code of world pricing, the tax code, software code, the coded racism around "welfare mothers" or crime, the code of universal product seals.

Nuclear energy was sold not on the basis of producing value but ultimately on the basis of tremendous money having been invested in – if it is not necessary for the world, then the world will be remade for it. The same logic is followed by computer programming, art, biotechnology or surveying. If "the map is not the territory," then the territory will be destroyed and reconstructed in the image of the map. Any code, any piece of information that people are being paid to produce and consume becomes the ultimate authority by the logic of survival.

The marketing of "genetic engineering" has followed the same logic of enforced survival. The workings or supposed workings of life must be altered to conform to the logic of control systems. A valuable product is genes for the alteration of seeds so they cannot produce further seeds. This allows seed companies to maintain their monopolies. *"We had to destroy this life to make it sellable."*

The rise of the medical industrial complex shows all of these trends rather baldly. The American health care horror is undoubtedly the model for the world, regardless of its visibly horrific qualities

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– considering this system exemplifies the progress of capital as a whole. The medical cost spiral mentioned in a earlier section comes as Medicine experiences a spiral of intellectual property, both in its obsession with DNA, in the more mundane spiral of medical paper-work, law suits and insurance databases.

With Humans as subjects, the model of the medical system is the programming of the body. Naturally, it is absurd that the system can charge us seven times for care without anyone getting seven times as well (in fact, people are getting notably sicker today than twenty years ago. Note a recent Canadian study which found pharmaceutical side-effects as the fourth leading cause of death in America – ahead of homicide, suicide, and AIDSⁱⁱ. *And even this is likely an underestimate*).

We have defined a negative commodity as one that creates more misery while being sold as the relief from that misery. While a drug like heroin is the most obvious example, the entire medical industry perfects this model.

The negative commodity is not simply a matter of people being hoodwinked into various panics and rackets. It is a principle of the capitalist world. The commodity already dominate the landscape. If the process of marketing is reworked to involve buying death – whether poisonous AZT, toxic Christmas toys or equally poisonous schemes – the hapless consumer must simply keeps consuming what is in front of them. More than this, the consumer even at Disney Land ultimately accepts that their life is worthless simply by the fact that they buy their existence – their life is just things. From modern day radiation experiments to the Heaven's Gate suicides, this has meant that consumer is expected to buy their death as the ultimate product of normal life. Of course, those most willing to accept death consumerism are the ideologues of consumption and not average consumer. Here we remark that *“The world of the supermarket is the world of the concentration camp”*, in solidarity with

Giles Dave (Jean Barrot) who has been ruthlessly hounded in the French media for this insight.

Another important part of hospital marketing is reconstructing the human body in the image of capital. On the direct level, this reconstruction ranges from the materially “useful” laser surgery to dubious and dangerous cosmetic surgery. On an indirect level, this has involved imposing a mechanical and information model on human life.

The initial principle of big science marketing for medicine was that the body consisted of parts needing replacement with the hospital as the point of replacement. This was back in the 60's when transplants were seen as the wave of the future and before the dire consequences of these procedures became widely understood.

Naturally, this image has given way to the body as a repository of codes with those owning and altering the codes as the masters. Here we can see the rise of genetic engineering as the ultimate industry. It is quite useful to look at Peter Duesberg again to see how *spectacular* genetic engineering ultimately created the present landscape.

Naturally, a world which is reconstructed along the lines of the medical code makes the procession, control and generation of medical symptoms into a powerful aspect of people's over-all social existence. Codes become the repository of social meaning. Twelve-step programs have become a key social outlet for millions of people. Elaine Showalter's book *Hystories* chronicles the quest for legitimacy of believers in alien abduction, chronic fatigue syndrome, satan ritual abuse, recovered memory, gulf war syndrome and multiple personality disorders. All of these represent individual patient's efforts to wrest control of medical coding away from doctors yet they generally remain within the medical coding of the body.

Key factor is that capitalism's dynamics move to reduce life to code whether the reduction solves problems or the reduction creates problems. We cannot say for certain the degree to which modern genetics has falsified its own results but there are many examples of substantial lying.

Chronic fatigue syndrome victims fight for their condition to be considered real in a physical sense while Alcoholics Anonymous ideologists simply seek to have their behaviors be contained within the constellation of medical diagnosis. Either way, the struggle for a worthwhile existence become subsumed in the struggle for a representation. This is a world in which continuous irritation through work, chemicals, isolation and stress makes it uncertain that anyone could be considered fully well (see ASAN #3 article about

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Chronic Fatigue and alcoholics anonymous).

Certainly, the principles of original science – proof and evidence – have been replaced with the principles of specialization and feedback. **Specialization** means the power of related specialists must be respected. Statistically verified results are blended with whatever *big lies* happen to be related. **Feedback** means that if the result can be defended with evidence and fits the financial agenda of the your masters, then it is a truth of the moment. In this order, organizations producing massively complex and effective machinery can co-exist with massive lies, illusions and fabrications.

Indeed, the greater the success of the codes, the less pressure any codes have to accept reality. Drugs more and more are “for” a condition without any comment about whether they cure a condition. “AIDS drugs” are simply “what you take” without a patient having much idea of the intended result. There are “Alzheimer's doctors” at a moment when medicine admits to not knowing any particular cure or treatment for the condition – these illustrious specialists simply have the task of sedating the patients.

The modern techno-structure has essentially abandoned the original spirit of science – moving towards the truth through observation. Its principles of feedback and specialization merely produce short-term proscriptions lacking a coherent over-view of even the system it studies. And naturally, this seamless organization of blind alleys is unchallengeable except for its total lack of historical sense. AIDS science consists of a blend of panic, simplistic generalities, incomprehensible results and moral calls. It is surely also **real contemporary** science just because it has been recycled quickly into the science curriculum and is what up-coming student believe.

But the haphazard approach actually has a unity. The spectacle must code on the principle of maximal obscurity. One technology may truly meet its amazing publicity while another may be simply the tissue of lies. This circulation of code is the purest production of spectacle.

ⁱ Friedland, R.P., et al. 2001. **Patients with Alzheimer's disease have reduced activities in midlife compared with healthy control-group members**. *Proceedings of the National Academy of Sciences* 98(March 13):3440

ⁱⁱ Source: Jason, et al. (Lazarou et al), **Incidence of Adverse Drug Reactions in Hospitalized Patients**, *Journal of the American Medical Association (JAMA)*, Vol. 279. April 15, 1998, pp. 1200-05. Also Bates, David W., *Drugs and Adverse Drug Reactions: How Worried Should We Be?* *JAMA*, Vol. 279. April 15, 1998, pp. 1216-17.