

Medical Mayhem



De jure vs. De facto Medicine and the Path to True Healing

By: Robert Broe

Florida Assembly Medical Committee



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INTRODUCTION

The terms *de facto* and *de jure* are Latin expressions that have evolved into widely-used legal and philosophical concepts. They serve to differentiate between what is actually being practiced and what is traditionally and lawfully recognized. Each term represents a different facet of reality and legality, often highlighting the contrasts between what is considered lawful and what is practiced in everyday life.

WHAT IS DE FACTO?

Practices or norms that have become accepted without official endorsement.

WHAT IS DE JURE?

De jure refers to situations, conditions, or actions that are *lawfully* recognized and sanctioned, but not *legally* recognized. Thus, anything described as 'de jure' is aligned with laws, not legal statutes, codes, ordinances, and regulatory frameworks, reflecting the formal enactments of governance.

The land-based and lawful government we are all owed is *De jure*. The state and federal governments are corporations, and therefore the Congress, State Legislatures, City Councils, Municipalities and all State and Federal Courts are corporate entities, posing as Constitutional branches of government, and are *De facto*. They are operating under conditions of non-disclosure and color of law, but not actual Law.

Western medicine's greatest feats—life-saving surgeries, disease treatments—are overshadowed by its body count. No profession kills more people than allopathic medicine, yet its practitioners chant, "Trust the science!" like a cult mantra. The evidence? A trail of corpses: victims of toxic vaccines, chemotherapy, and psychiatric drugs, all rubber-stamped by medical boards infiltrated by Pharma agents. Any doctor daring to step outside these lethal boundaries is stripped of their license—a classic "silence the witness" maneuver.

"The Medical Cult" is a system deeply entrenched in corruption, malfeasance, and systemic failure. Hospitals and the medical establishment are dangerous environments where medical errors, harmful protocols, and profit-driven motives lead to widespread injury and death, effectively characterizing the system as engaging in a form of "soft genocide."

In any hospital room, the most dangerous person in the room is the doctor. By removing human doctors and replacing them with AI, not only will health care costs dramatically fall, but patient outcomes and survival rates will dramatically improve.

According to the World Health Organization (WHO), doctors around the world have killed more than 60 million people over the last 20 years. Not all of them were on purpose, of course, but many were caused by doctors' overall ignorance about health, brainwashing by pharmaceutical companies and a stubborn unwillingness (tied with arrogance) to learn about the true causes of health and wellness. Instead, they mostly just push prescription drugs, chemotherapy, surgery, and vaccine injury denialism, often while berating their patients for daring to learn anything on their own.

Allopathic medical doctors (MDs) represent the only profession that kills its own customers and then arrogantly berates non-customers for refusing to use its harmful services. Allopathic doctors would strongly prefer that all voices of reason and intelligence be censored, because then the child-mutilating doctors wouldn't have to defend themselves against the reality that they harm people. They prefer censorship, not speech. And they demand obedience and ignorance from their own patients, rather than knowledge and personal empowerment.

Allopathic doctors are predators, not healers, and their entire profession can only exist in an ecosystem of mass censorship, government monopoly protection (via state medical boards) and regulatory destructive of competition (such as the FDA attacking nutritional supplement companies). The entire industry of western allopathic medicine, it turns out, is a racket, and those who practice it are racketeers (in addition to being child mutilators).

The medical-industrial complex operates like a cartel, with Pharma as its enforcer. IG Farben, Bayer's predecessor, manufactured Zyklon B for Nazi death camps. Post-war, its executives seamlessly transitioned to Big Pharma, bringing their eugenics playbook with them. Modern "death scientists" (a term coined by Dr. Francis Boyle) now labor in 400+ U.S. bioweapons labs, masking weapons research as "public health."

The FDA, CDC, and WHO act as the cartel's PR team. Remdesivir, fast-tracked by Fauci for COVID-19, was dropped from Ebola trials for its 50% death rate—yet it became the U.S. "standard of care." Meanwhile, ivermectin and hydroxychloroquine, proven effective in peer-reviewed studies, were smeared as "horse dewormer" and censored by YouTube. The motive? Profit over patients. The modus operandi? Control the narrative, silence dissenters, and eliminate competition.

Autopsy reports reveal the victims' true cause of death. COVID-19 vaccines, laden with graphene oxide, snake and marine shellfish venom peptides, and lipid nanoparticles, triggered thromboembolic events at rates 400x higher than traditional vaccines. Pfizer's own documents admit 1,223 deaths and 42,086 adverse events within 90 days of rollout—yet the FDA still calls them "safe."

The medical establishment's response? Tamper with the evidence. Just as JFK's autopsy photos were altered to hide a frontal shot, VAERS data is dismissed as "anecdotal," and vaccine-injured patients are diagnosed with "anxiety." The CDC's "Propaganda Department" (a term borrowed from the AMA's 1913 playbook) floods journals with fraudulent studies, like the Lancet's retracted hydroxychloroquine hit piece.

Of all the people close to you—your spouse, your co-workers, your neighbors, your family members and friends—the person statistically most likely to kill you is YOUR allopathic DOCTOR, according to U.S. government numbers. Doctors make so many mistakes that according to published studies, doctors right now kill more than 780,000 Americans each year. Globally, according to the WHO, that number is 3 million people each year. That's equivalent to a "Medical Holocaust" every 2 years.

- Your doctor is 101 times more likely to kill you than your spouse.
- Your doctor is 94 times more likely to kill you than a non-spouse family member.
- Your doctor is 66 times more likely to kill you than a total stranger!

At the heart of the pharmaceutical business model is the reliance on chronic illness for recurring revenue. Unlike acute conditions that can be treated and resolved, chronic illnesses require ongoing management, often involving daily medication. This model ensures a steady stream of income for pharmaceutical companies, as patients remain dependent on their products for years, if not for life.

Conditions such as diabetes, hypertension, and even certain types of cancer are managed rather than cured, creating a perpetual market for pharmaceutical interventions. This approach is not merely a coincidence but a calculated strategy to maximize profits.

ROCKEFELLER MEDICINE

Western Allopathic Medicine, or what is referred to as “Rockefeller Medicine” refers to the transformation of Western medicine into a standardized, pharmaceutical-driven system, largely shaped by John D. Rockefeller and his allies in 1910—the dominance of Big Pharma and the medical-industrial complex.

The Rockefeller Foundation’s “philanthropy” funds the “education” initiatives that train doctors to prescribe, not heal, while their media investments ensure compliant coverage. The result? A population conditioned to equate “science” with corporate dogma, even as chemotherapy fails 97% of the time and statins accelerate dementia.

This shift was driven by a strategic effort to consolidate control over medical education, eliminate competing healing practices, and establish a profit-based model centered on patented drugs and medical technology. The Rockefeller-driven model prioritizes profit over healing. It discourages holistic, preventive care and promotes lifelong dependency on pharmaceuticals, with little incentive to cure patients.

Financial, political, and institutional manipulations took a diverse and eclectic range of healing modalities available to the North American public and summarily pared them down to a singular style of symptom-chasing with drugs that would become the predominant medicine of the Western world and a major force in global medical culture during the 20th century. This was brought about largely by the collaboration of the American Medical Association, the philanthropies of Andrew Carnegie and John D. Rockefeller, and the development of a revolutionary curriculum by the Johns Hopkins School of Medicine.

Key elements of this transformation include:

- **The Flexner Report (1910):** Commissioned by the American Medical Association (AMA) with funding from Rockefeller and Carnegie, this report assessed U.S. and Canadian medical schools. It declared non-allopathic practices—such as homeopathy, naturopathy, and herbal medicine—as “unscientific quackery,” leading to the closure or consolidation of over 100 medical schools and the standardization of medical education around allopathic (drug- and surgery-based) medicine.
- **Elimination of Alternatives:** A coordinated smear campaign discredited natural and holistic treatments. Some practitioners were jailed, and insurance coverage was withdrawn from non-pharmaceutical methods. This created a medical system dependent on prescription drugs, which could be patented and sold repeatedly.
- **Industrial and Financial Control:** Rockefeller leveraged his oil wealth to invest heavily in medical institutions, hospitals, and research. He also acquired stakes in I.G. Farben, a German chemical conglomerate, laying the foundation for the modern pharmaceutical industry. The goal was to promote petrochemical-derived drugs—which could be patented and monetized—over natural remedies that could not be patented.
- **Global Expansion:** The Rockefeller Foundation extended this model internationally, notably through the China Medical Board (CMB), which sought to replace Traditional Chinese Medicine with Western medical practices in China.
- **Legacy and Criticism:** While modern medicine has achieved significant advances in emergency care, surgery, and infectious disease control, critics argue that the Rockefeller-driven model prioritizes profit over healing. They claim it discourages holistic, preventive care and promotes lifelong dependency on pharmaceuticals, with little incentive to cure patients.

Notably, John D. Rockefeller himself reportedly used homeopathic medicine in his later years, highlighting a paradox in the narrative of his influence on modern medicine.

Lawyers have become purveyors of injustice and doctors have become purveyors of disease in the name of profit, and both these professions as well as many other occupations of common right have been unlawfully converted into privileges by registration and licensing programs foisted off on them under conditions of non-disclosure and color of law by the offending Municipal Corporation Subcontractors and their franchise operations.

The practice of law and medicine are both occupations of common right; but, the Municipal Corporation Subcontractors (De facto), operating under conditions of non-disclosure and color of law, issued legislation mandating that medical and legal professionals had to be licensed and pass tests if they wanted to be able to provide service to Federal Employees; but by use of deliberately vague terminology and omissions, they made it sound like this licensing requirement applied to treatment of the General Populace, too.

Having a license issued by the local Municipal Corporation franchise was promoted as a mark of excellence or guarantee of quality performance, so of course, physicians were coerced by self-interest if nothing more to become licensed as "Medical Doctors" and lawyers were similarly coerced to study the Law of the Sea and become Licensed Attorneys. These licenses were required of anyone practicing medicine in hospitals that received Federal funding and anyone practicing law in the Maritime and Admiralty Courts that had already been imposed on the General Public by the Military District Court System.

MILITARY CONSCRIPTION

Medical professionals in the United States are being used as conscripted "Uniformed Officers" by De facto medicine to kill Americans. This is allowed by Federal Code, effectively forcing them into military-like service through coercive licensing. This conscription compels doctors, nurses, dentists, and pharmacists to comply with political and corporate agendas, including issuing falsified birth certificates and promoting harmful medical practices such as unsafe vaccines and abortion.

Those who are licensed are being both threatened with the loss of their license to practice medicine and being offered tremendous financial rewards, both at the personal level and at the hospital level, to go along with this genocide program.

This De facto system allows medical personnel to be used in a "proxy mercenary war" against civilians, undermining public trust and violating ethical standards. Licensing bodies like the American Medical Association (AMA) function as closed-shop labor unions that enforce this conscription, stripping professionals of autonomy.

For many years the health professions in this country withstood the onslaught of the Municipal Corporations acting in tandem to gain coercive control and turn health care into another venue for profit-seeking, but during the Nixon Administration, our traditionally non-profit health care system was thrown open to commercial exploitation benefiting the same offending Municipal Corporation Subcontractors and their franchises.

Both the coercive control provided by the licensing and the regulation then imposed as a condition of licensing, combined with the creation of speculative investment in health care, has had the same corrosive and corrupting effect on the health care system, that giving attorneys and judges a cut of the profits from every conviction has had on the justice system.

The corruption of healthcare for profit has become deeply institutionalized in only a few decades. It's hospital administrations and Medical Doctors and Registered Nurses acting as Undisclosed Foreign Agents and Uniformed Officers that have been used to implement both the False Registration scams resulting in the infant decedent estates used to coerce and pillage, and also both pandemics.

These institutions and the professionals staffing them—all purportedly existing to promote health and well-being—have been perverted and used to cause more death and destruction than all the World Wars and other Mercenary Conflicts and political purges of the past century combined.

As many documents, facts, and direct testimonies prove, these institutions and the professionals staffing them, have been misdirected and goaded into this by the offending Municipal Corporation Subcontractors and their affiliates, franchises, subsidiaries, and agencies, seeking profit at the expense of the Public Good.

The Municipal Corporation Subcontractors, housed in the District of Columbia, have used a carrot and stick approach and various means of non-disclosure, omission, and fraud to attain their ends. We hear representatives of the Pfizer Corporation pleading in court that they only did what "the government" told them to do.

Neither of these Municipal Subcontractors are the actual government of this country. Their constant abuses and transgressions under conditions of non-disclosure and color of law, their own mindless profit-seeking, their administrative incompetence, and their total lack of moral compass, have resulted in all this death, pollution, and misery. These commercial corporations have deployed the deceitful Hegelian Dialectic (create a *Problem*, get a *Reaction*, offer a *Solution* to the problem they caused) to promote their own ascendancy over the living people they are supposed to protect and serve.

In the healthcare industry, this process of "creating problems to solve" not only includes the purposeful creation of new diseases and maladies as exemplified by the contents of the so-called vaccines deployed during this most recent genocide, but the purported discovery of new diseases, mostly created out of thin air and misapplied definitions.

The trademarked and patented drug is unleashed on the trusting public, causing multiple and often horrendous "side effects" which in turn generate their own entire secondary market for palliative drugs to counteract the side effects of the drugs already administered. To cover this up, the guilty parties define newly discovered diseases to describe the known side effects, which obscures the fact that these are side effects of the patented drugs and not any disease in-and-of themselves.

This whole cycle of foisting off dangerous or useless drug products on the public and then trying to pass off liability for the damage this causes, continues, and continues, and continues. It's time for this to stop and for these corporations to pay with their "lives" and profits for it.

What is needed is an entire overhaul of the healthcare system and a redesign of its economic base to promote actual health, a complete refocusing of the goals for this economic sector, a rethinking of professional roles, standards, and requirements, and a purging of all legislation that promotes and supports medical profiteering and lack of accountability.

Finally, in an effort to break the stubborn resistance of the private physicians in this country, the criminal Municipal Corporation Subcontractors pretended that they had authority to regulate prescription drugs and deprived the honorable private physicians of their right to access and prescribe drugs without a license

issued by the Perpetrators of these crimes and fraud schemes. We have been robbed and grossly disserved by our Federal Service Contractors. Their Principals are responsible for this.

There is not a single word in any treaty or contractual agreement that we have ever had with any of these Municipal Corporation Service Providers allowing them to regulate anything beyond the interstate manufacture, sale, and transport of alcohol, tobacco, and firearms.

There is no provision for any part of the Federal Government, Territorial or Municipal, to interfere with any private physicians' ability to prescribe drugs as needed for any patient under their care. Just like there is no provision for any of these Municipal Corporations to surveil us, poke their noses into our bank accounts, deny us service, or say one word about our health.

De jure medicine is free from federal control to restore lawful, ethical practice.

Learn more at www.tasa.americanstatenationals.org

THE FAILED PARADIGM OF WESTERN MEDICINE

Throughout history, the field of medicine has been marked by periods of dogma and resistance to truths that challenge the prevailing paradigms. This pattern of institutional resistance to new ideas has often delayed progress and, in some cases, led to the suppression of potentially life-saving treatments. The history of medical dogma is a cautionary tale about the dangers of entrenched beliefs and the importance of open-minded inquiry in the pursuit of health and healing.

The dichotomy between Eastern and Western medicine is dissolving. While Western medicine has achieved remarkable feats, from life-saving surgeries to effective disease treatments, there is a growing recognition that it is not the sole path to health.

The pharmaceutical industry, in collaboration with regulatory agencies like the FDA, often prioritizes profitable treatments over effective, natural cures. This suppression is driven by financial interests and a desire to maintain the status quo, where expensive, patented drugs are the primary means of treatment. The history of suppressed natural cancer cures is a stark example of this phenomenon.

Despite promising results, many natural treatments have been marginalized or outright banned, while potentially harmful pharmaceuticals continue to be promoted. The financial ties between pharmaceutical companies and medical journals further complicate the landscape. Studies funded by pharmaceutical companies are more likely to produce results favorable to their products, skewing the medical literature and making it difficult for healthcare providers and patients to access unbiased information.

This bias in research publication undermines the integrity of the medical community and misleads the public about the true efficacy and safety of various treatments. The result is a healthcare system that is often misinformed and a public that is misled about the best courses of treatment. The patent system, while intended to foster innovation, instead creates a barrier that protects the financial interests of pharmaceutical companies at the expense of public health.

No profession routinely kills more people than the allopathic medical profession. Yet they loudly proclaim, "Trust the science!" and absurdly declare "We practice evidence-based medicine!" Yet the evidence proves their system is a failed one that only produces mass suffering and death, not health. Their repeated homicide is state-sanctioned by state medical boards, which are universally infiltrated and run by Big

Pharma proxy agents who make sure that only toxic, deadly vaccines, pharmaceuticals and chemotherapy are "recognized" as medicine.

Any doctor who steps outside these boundaries is stripped of their license. This is how the medical racket is protected. It is a crime mafia that protects the medical industrial complex for profit, at the expense of human health and fundamental human dignity.

When Ignaz Semmelweis told doctors in the 19th century to wash their hands before delivering babies, he was mocked, dismissed, and professionally destroyed. He was right. Women were dying because doctors refused to listen. Truth did not fail—listening did. In medicine, progress has often begun with a single clinician saying, *"Something is wrong. This does not behave the way it should."* What determines the future is not whether a voice exists, but whether anyone is willing to hear it.

When a physician reports an unexpected pattern—whether one calls it *turbo cancer* or something else—the responsible response is not ridicule or silence, but *attention*. Medicine has never lacked voices. What it lacks—repeatedly—is the willingness to listen. Listening does not require agreement. It requires humility. The refusal to hear, on the other hand, guarantees repetition of the same error that has followed medicine through centuries: the protection of doctrine over the protection of life.

History shows that truth in medicine most often comes as a single, uncomfortable observation made by one clinician who notices that reality no longer matches the doctrine. The response of institutions is almost always the same: dismissal, ridicule, silence. Non-listening is not the exception in civilization; it is the rule.

In the world of modern medicine, the pharmaceutical industry (Big Pharma) stands as a towering giant, its shadow stretching far and wide. But what lies beneath this shadow is a complex web of interests, where the health of patients often takes a backseat to the relentless pursuit of profit. This is particularly evident in the realm of chronic illness and cancer treatment, where the suppression of natural cures and the promotion of lifelong treatments have become the norm.

Disease mongering is a particularly insidious practice where pharmaceutical companies invent or exaggerate conditions to sell drugs. Terms like 'pre-diabetes' or 'low testosterone' are examples of how normal variations in health metrics are pathologized to create new markets for pharmaceutical interventions. This not only medicalizes normal human experiences but also creates a dependency on drugs that may not be necessary, further lining the pockets of pharmaceutical companies.

Financial ties between pharmaceutical companies and medical journals also influence published research outcomes. Studies funded by pharmaceutical companies are more likely to produce results favorable to their products. This bias in research publication skews the medical literature, making it difficult for healthcare providers and patients to access unbiased information. The result is a medical community that is often misinformed and a public that is misled about the true efficacy and safety of various treatments.

The timeline of suppressed natural cancer cures is a sobering journey through history. Numerous natural treatments have been marginalized or outright banned, despite anecdotal and sometimes clinical evidence of their effectiveness. These suppressions are part of a continuing pattern where natural and often less expensive treatments are sidelined to protect the profits of the pharmaceutical industry. In light of these revelations, it is crucial for individuals to take charge of their health and investigate the financial disclosures of their healthcare providers. This is not about rejecting modern medicine outright but about demanding transparency and integrity in the healthcare system.

Despite promising results in treating cancer, the FDA has repeatedly targeted natural healers, subjecting them to numerous legal battles and attempts to discredit their research and treatments. This pattern of suppression is not isolated, but part of a broader strategy to maintain the status quo, where *profitable treatments* are prioritized over *effective cures*.

The FDA, along with other regulatory agencies, often acts as a gatekeeper, ensuring that only treatments that align with the financial interests of the pharmaceutical industry gain approval. The history of suppressed cures is a dark chapter in the annals of medical science. Despite promising results in treating cancer, the FDA has repeatedly targeted natural healing researchers and practitioners, subjecting them to numerous legal battles and attempts to discredit their research and treatments.

This pattern of suppression is not isolated but part of a broader strategy to maintain the status quo, where profitable treatments are prioritized over effective cures. The FDA, along with other regulatory agencies, often acts as a gatekeeper, ensuring that only treatments that align with the financial interests of the pharmaceutical industry gain approval.

Vaccines don't prevent transmission of disease. Chemotherapy doesn't reverse cancer. Cholesterol drugs don't save lives. Prescription pharmaceuticals do not resolve root causes of anything. The entire façade of allopathic medicine is a fraud, hiding behind marketing smoke and mirrors, with lucrative kickbacks to the dishonest doctors who keep pimping the failed treatments for profit, all while condemning those who dare to question their "religion" of *pharmaceuticalism*.

The revolving door between pharmaceutical companies and regulatory agencies further complicates this landscape. Executives frequently transition between roles in pharmaceutical companies and positions within the FDA, CDC, and other regulatory bodies. This interchange creates a conflict of interest, where the individuals responsible for approving drugs and treatments have a vested interest in the success of the very companies they are supposed to regulate. This incestuous relationship undermines public trust and raises serious questions about the integrity of the regulatory process.

Patents play a crucial role in stifling competition from natural, non-patentable therapies. Pharmaceutical companies invest heavily in developing patented drugs, which can be sold at a premium. Natural therapies, such as turmeric or vitamin C, cannot be patented and thus, do not offer the same financial incentives. Consequently, these natural remedies are often sidelined, despite their potential effectiveness.

The patent system, while intended to foster innovation, instead creates a barrier that protects the financial interests of pharmaceutical companies at the expense of public health. The discrediting of natural therapies is another tactic employed by pharmaceutical companies. This strategy ensures that the focus remains on patented, profitable treatments rather than on potentially effective but non-patentable natural remedies.

We are never the same after surgery. Surgery is an assault with a knife. Surgery creates scars. These scars trap the inflammation designed to heal an injury. Scars permanently alter the structure of the body. Surgery interferes with the healing process on a larger scale.

The COVID-19 pandemic and the biowarfare injections alone killed 40 million people globally. And the lockdowns killed untold numbers in third-world countries. No profession in America kills more Americans than allopathic doctors. Not even serial killers, rapists, burglars or wartime soldiers. Up to 780,000 Americans a year are killed by doctors, according to published studies, yet they arrogantly swagger onto this platform and claim to be your medical overlords who must be obeyed.

According to the World Health Organization, doctors around the world have killed more than 60 million people over the last 20 years. Not all of them were on purpose, of course, but many were caused by doctors' overall ignorance about health, brainwashing by pharmaceutical companies and a stubborn unwillingness (tied with arrogance) to learn about the true causes of health and wellness. Instead, they mostly just push prescription drugs, chemotherapy, surgery and vaccine injury denialism, often while berating their patients for daring to learn anything on their own.

These statistics bear out the only rational realization: The more you want to NOT DIE, the more aggressively you should reject everything a doctor tells you, as they are purveyors of mass death at a truly Holocaust level (times ten). If any other profession inflicted such widespread death and destruction across America, it would be outlawed and condemned as a danger to society.

The correct reply to any such "doctor" is simply: *"Go pound sand. Stop mutilating children. Stop harming people. Stop killing your patients. Stop being an evil person who pimps vaccines and toxic pharmaceuticals."* Or *"There's something wrong with my eyes—I can't see you anymore."* Put them all in their place and remind them they are evil creatures who contribute nothing but pain, suffering and mass death to society.

The faster you get far away from your doctor, the safer you'll be, and your risk of death will plunge dramatically. That's because, of course, doctors claim to "treat" you with things that actually kill you: Vaccines, prescription pharmaceuticals, chemotherapy, risky but ineffective surgeries, and so on. In fact, across all professions in America over the last century, no profession has killed more Americans than allopathic medical doctors.

While the Israelis genocided more than 71,000 Palestinians killed there since October 7, 2023, understand that according to rigorous scientific analysis, U.S. doctors have killed as many as 500,000+ Americans in that same time period. For every bomb dropped on Gaza, U.S. doctors are killing about SEVEN TIMES as many people in the USA, with vaccines, chemotherapy, botched surgeries, deadly prescription drugs and other interventions that often have no basis whatsoever in safety or efficacy.

In Gaza, the Israeli Defense Force (IDF) bombs hospitals, but in the USA, state-licensed doctors carpet bomb patients with deadly chemicals, killing them just the same. Quietly. Covertly. No big explosions. No news coverage. Just lucrative kickbacks from Big Pharma while state medical boards rubber stamp their repeated homicides. If what's happening in Gaza is a crime against humanity, what do you call the failed medical system and its mass medical homicide in America?

Stop trusting the "experts," who have driven the public's health into the gutter. It's not any specific administration that destroyed scientific credibility—it is the scientists and bureaucrats who continue to sell their souls to the highest bidder. From the FDA to the CDC to the WHO, these institutions have not kept the world safe but rather ensured the slaughter of millions through failed paradigms, failed pharmaceuticals, and the chronic disease epidemic.

Hospital accidents kill more people than highway accidents. But when people die while they are receiving standard, but irrational and antiscientific treatments and "support," the deaths aren't counted as accidents. The numbers are large. Medical training and medical textbooks bear great responsibility for those unnecessary deaths.

Most medical research is done under the influence of mistaken assumptions and so fails to correct the myths of medical training. If the "consumers" or victims of medicine are willing to demand concrete

justifications before accepting “standard procedures,” they will create an atmosphere in which medical mythology will be a little harder to sustain.

We're creating cancer patients out of healthy people, treating cellular adaptations as if they were death sentences, and in the process, causing more harm than the "cancers" we claim to prevent. The very foundation of oncology—its definition of what cancer is and why it occurs—represents a catastrophic misunderstanding of cellular biology, evolutionary adaptation, and the quantum biophysics of life itself.

This misunderstanding has created a medical-pharmaceutical killing machine that profits from fear, while suppressing the profound truth: cancer is not a genetic mistake, but an ancient survival program, not an enemy, but a messenger, not irreversible, but capable of spontaneous resolution when we address its true causes.

Widening the boundaries of illness and lowering the threshold for treatments is creating millions of new patients and billions in new profits. This, in turn, is driving up personal drug bills and threatening to bankrupt national health systems all over the world.

The killer won't confess—but the clues are everywhere. From the 13,000 "death scientists" engineering pandemics to the FDA's revolving door with Pharma, the system is rigged. The solution? Natural health, decentralized medicine, and the courage to question "authority." This era will be remembered as the "Dark Ages of Medicine." The case is closed—but the verdict is ours to deliver.

THE ANCESTRAL DIET AND THE MODERN DIET

The Native American indigenous people survived many millennia before the arrival of the European settlers to “the New World.” Tribal nations across the country consumed the food that was available to them, and it is well documented that there was an abundance of animal fat and protein in the primitive diet. And nobody was getting their cholesterol checked on a regular basis.

14,000 years ago, people functioned without knowing their blood pressure or their resting heart rate. Yet they managed to survive as a culture for thousands of years. Of course, the food was devoid of pesticides and herbicides; what today we would refer to as a totally organic diet.

The carbohydrates that were consumed by early humans were in their complex form since refined carbohydrates would not exist for another 13,400 years. Somewhere in that span of time, our diet, and our way of thinking about food changed radically.

The modern hunter-gatherers in the 21st century are conscientious shoppers who spend a lot of time reading the labels on the food for sale, looking for foods that are safe to eat and nutritious at the grocery store. Today, this kind of food can seem more elusive than a mastodon. As consumers, we must decipher, from reading labels on packages, whether the contents are something we really want to put into our mouths.

The Native American ancestors 14 millennia ago, had no such worries. Whatever maladies they may have suffered as a culture, cancer was probably not one of them. Now we live in a world where it comes as no surprise to learn that something we have been eating, breathing, or cleaning with is a known or possible carcinogen. While regulatory agencies try to limit the exposure of the known carcinogens that we consume, these limits often come only after decades of exposure to the offending substance.

Big agribusiness and the chemical industry introduce thousands of new artificial chemicals into the food supply and the greater environment every year. Much of this is done without testing to evaluate the risks of exposing the population to potential threats. Regulatory agencies claim that extensive safety studies are not practical; it would be too expensive, and it would slow the progress of new products to the market. While we may believe that delaying the marketing of new chemicals is a great idea, it is likely that DuPont and Dow Chemical do not. Rather than proving the *safety* of a new product, prior to its introduction to the public, the product must be proven to be *unsafe* before it is “pulled” from the market. In the meantime, we are all exposed to it. This is not the recipe for another 14,000 years of survival.

Fourteen millennia ago, nature provided enough of what was needed that Native American Tribal Nations still inhabit the same areas today. Animal protein sources were the primary sustenance including foods from the ocean. Some tribes ate from the forest early in the day and ate from the ocean late in the day.

THE GREAT DIET CHANGE

Many dietary changes have come about since the white man entered the scene on the northwest coast approximately 150 years ago. At that time, a dramatic alteration in the traditional diet was thrust upon the native people. Although a few of the elders can still recall some of the traditional eating practices, much of what is known about the ancestral diet was learned from archeological sites.

The changes in dietary habits also affected the settlers, as it was coincidentally about 150 years ago when food processing changed across America as a whole, becoming gradually more industrial and less nutritious. Comparing traditional diets of primitive societies with the diet of modern America was explored extensively by Dr. Weston Price in the 1930s. Dr. Price was a practicing dentist who was disturbed by a trend he saw in his patients. Over three decades, the integrity of the dental structure in the public seemed to be deteriorating. He was particularly disturbed with the increase in dental caries (cavities) and weakening of the jaw structure.

Dr Price theorized that the origin of these problems coincided with the increased consumption of commercial food. As the population in the early 20th Century ate more refined and processed foods. These “foods of commerce” (De facto) did not provide the nutrients required for a strong healthy body. He theorized that food degradation was the reason for the increasing dental deterioration. He was interested in finding the secret of which type of diet would consistently provide true health.

For 10 years, Dr. Price and his wife traveled around the world looking for populations of people from societies that remained untouched by the new commercial world. In his quest to learn and document the diets of the healthiest people throughout the world, the Price’s visited hundreds of settlements in 14 different countries. This same research project would be almost impossible to repeat today, given the reach of the processed food industry.

DR. PRICE’S FINDINGS

Dr. Price’s 10-year research project led to the creation of an inventory of dietary factors present in every traditional food supply. This list contains immutable rules that must be obeyed in every society for long-term health and propagation of the species. It has been adapted to address the dietary options of today.

THE 11 CHARACTERISTICS OF TRADITIONAL DIETS

1. The diets of healthy, non-industrialized peoples contain no refined or denatured foods or ingredients, such as refined sugar or high fructose corn syrup; white flour; canned foods; pasteurized,

homogenized, skim, or low-fat milk; refined or hydrogenated vegetable oils; protein powders; artificial vitamins; or toxic additives and colorings.

2. All traditional cultures consume some sort of animal food, such as fish and shellfish; land and waterfowl; land and sea mammals; eggs; milk and milk products; reptiles; and insects. The whole animal is consumed—muscle meat, organs, bones, and fat, with the organ meats and fats preferred.
3. The diets of healthy non industrialized peoples contain at least four times the minerals in water soluble vitamins and 10 times the fat-soluble vitamins found in animal fats as the average American diet.
4. All traditional cultures cooked some of their food, but all consumed a portion of their animal foods raw.
5. Primitive and traditional diets have a high content of food enzymes and beneficial bacteria from lactose fermented vegetables, fruits, beverages, dairy products, meats, and condiments.
6. Seeds, grains, and nuts are soaked, sprouted, fermented, or naturally leavened to neutralize naturally occurring anti nutrients such as enzyme inhibitors, tannins, and phytic acid.
7. Total fat content of traditional diets varies from 30% to 80% of calories, but only about 4% of calories come from polyunsaturated oils naturally-occurring in grains, legumes, nuts, fish, animal fats, and vegetables. The balance of fat calories is in the form of saturated and mono-unsaturated fatty acids.
8. Traditional diets contain nearly equal amounts of Omega-6 and omega-3 essential fatty acids.
9. All traditional diets contain some salt.
10. All traditional cultures make use of animal bones, especially in the form of gelatin-rich bone broths.
11. Traditional cultures make provisions for the health of future generations by providing special nutrient rich animal foods for parents to be, pregnant women, and growing children; the proper spacing of children; And by teaching the principles of right diet to the young.

Weston Price's research has given the world a great gift by identifying a cross-cultural baseline for a nutritious sustainable diet is allowed for the survival of the species for thousands of years. He published these findings in 1939 and his landmark book, "Nutrition and Physical Degeneration." This book is a must-read for anyone looking for answers about the nutritional needs of the human body.

Doctor Price's 11 item inventory can be used to assess any diet for nutritional completeness. Along with a comprehensive literature review, interviews with tribal elders, and investigation of local ethno-botanical resources, the above list served as a model by which to evaluate the known traditional diet of the indigenous people. Research revealed that their eating habits were consistent with doctor price's findings in every respect.

The existence of fermented foods was verified by a tribal elder who explained how salmon eggs were put into baskets and buried underground for the winter to ferment. There was a traditional ceremony held annually where the fermented eggs a sort of caviar would be consumed with the fresh new green sprouts in the spring.

Fermented sources included wine from cranberries berries stirred and baskets and consumed after turning brown from fermentation, and crabapples cooked in water and then store it for later use in a fermented state. Other elders related oral traditions that included the fermentation of both whale blubber and seal oil.

In the typical modern American diet, beneficial bacteria may come to us in this form of foods such as live-culture yogurt, sauerkraut, pickles, or sourdough bread, provided they are made in the traditional, lacto-fermented method. Fermented foods provide a multitude of digestive advantages, a fact that even the American Dietetic Association acknowledges. However, most of the options available on supermarket

shelves are impostors. To find authentic, lacto-fermented foods, consumers must be savvy enough to discern the difference or creative enough to make their own.

Another feature of doctor price's research is the inclusion of raw or undercooked protein as an important nutritional source. The current predominant belief is that all bacteria need to be killed by the cooking process for fear that consuming undercooked meat could have dire consequences.

This sphere was magnified by a well-publicized case of E. coli infection originating from a fast food restaurant in 1993, where undercooked hamburger was implicated as the cause of the outbreak, and thoroughly cooking it was stressed as the solution in the news reports at that time. The origin of that E. coli outbreak was discovered, yet the core problems with the fast-food supply infrastructure remain largely unaddressed.

Fast food restaurants utilize factory-farmed beef as their source of hamburger. In the commercial world of cattle rearing, cows are kept in a small enclosure called a "feed lot," which is an unnatural environment for them. Cows are traditionally pastured animals that eat grass, not grain. Grain-fed cattle, raised on feed lots, are prone to bacterial infections, which are controlled by the periodic application of antibiotic therapy. The antibiotics also make their way into the meat.

The resulting commercial meat has an energy signature quite different from that of beef that has been naturally raised, grass fed, and pastured, without the use of antibiotics. While Dr. Price's study tells us that there is a nutritional benefit to consuming undercooked meat, eating animals raised in a perverse factory-farmed environment can indeed be harmful to your health. Overcooking is a prudent way to ensure that the microbes that tend to be present in commercial meat are eradicated.

Excessive overcooking of meat can have negative health consequences over the long term. Overcooking can destroy certain heat label amino acids which are necessary for building the protein in our bodies. Protein is made-up of chains of amino acids, all of which must be available during the protein creation process in the body. If the required amino acids are unavailable due to overcooking physical degeneration can result.

Dr. Price's observations of the necessity of some dietary source of raw or undercooked meat have since been confirmed in other research. The most well-known studies on the subject were performed in the 1940s by Dr. Francis Pottinger, who demonstrated extreme physical degeneration in cats fed diets deficient in heat-labile amino acids.

Although there were other factors tested, Pottinger's study found that overcooked protein accelerated the process of physical degeneration to the point where, within 3 generations, the cats could no longer reproduce. Consequently, the testing came to an end.

Based upon his findings with cats, Dr. Pottinger predicted similar reproductive issues may arise in the human population within a few generations. According to noted fertility specialists, infertility is now an alarming epidemic, affecting more couples than ever. One out of six couples today have trouble getting pregnant. What was once seen as a woman's problem, is now known to affect men equally.

THE VALUE OF THE TRADITIONAL DIET

In analyzing the diet of the indigenous people, the once called the northern Indians, doctor price formed some of his conclusions about the nutrition levels available to that population versus that of a modernized diet of the 1930s. It was noted that the Northern Indians diet contained 5.8 times the calcium, 5.8 times the phosphorus, 2.7 times the iron, 4.3 times the magnesium, 1.5 times the copper, an 8.8 times the iodine of

the modernized diet. In these indigenous people, the percentage of teeth with dental carries was less than 1/5 of 1%.

This is striking when compared to the modernized diet of the 1930s, where 21.5% of teeth had cavities. This translates to an epidemic of cavities over 80 times greater than the modern civilized areas. Although these primitive people did not have access to the modern dental hygiene habits that we take for granted, such as brushing, flossing, rinsing, and regular checkups, they naturally had incredibly strong teeth because of a diet that did not promote tooth decay.

If the traditional diet of primitive people could create this kind of result in dental health, it raises the question: what about the other systems of the body? The high-quality nutrition of the indigenous people allowed for equally high-quality dental health. We know that all systems of the body require high-quality nutrition, because the nutrients in food are the building blocks of the body.

Today, almost 80 years after Dr. Price completed his research, it is well documented that the nutritional value of our current food supply is less than half of what it was back then. Commercial soil is so depleted of minerals that it now takes 65 cups of spinach to provide the level of iron that one cup provided in 1945. An orange that contained 50 mg. of vitamin C complex in 1950, now contains 5 milligrams.

Modern agriculture practices have done nothing to reverse this trend, so based on this pattern, we can extrapolate that overall, we consume approximately 10% of the nutrients ingested 150 years ago. Today, most of us have been shopping at the “white man's store.”

The lure of refined commercial products is everywhere, and no one is immune to the intense marketing gimmicks. Everyone has the option to improve themselves or waste away as they choose, but those choices should be based upon knowledge of what is healthy or unhealthy. In the matter of modern junk food, the manipulative nature of the marketing makes it difficult for people to make good choices, and government endorsement of unsound farming practices leaves us all confused as we attempt to find our best options.

THE MODERN FOOD CHALLENGE

Modern food processing and industrial agricultural practices have altered our genetics, our teeth, and every aspect of our health. Sadly, this decline has been happening on a routine basis in the United States for over a century. In 1906, President Theodore Roosevelt instituted the Pure Food and Drug Act. This resolution was based largely upon a scientific work of Dr. Harvey W. Wiley, chief of the USDA's Bureau of Chemistry.

Although enacted to protect the American consumer, the law was soon radically changed by commercial interests with great political influence. While Supreme Court rulings upheld the Food and Drug law, the ruling was effectively ignored by USDA Secretary James Wilson. By 1931, Dr. Wiley's Bureau of Chemistry had evolved into the Food and Drug Administration, headed by Dr. Elmer M. Nelson. Dr. Nelson became notorious for pushing court decisions that blocked health food manufacturers from differentiating the quality of real food from that of processed or synthetic food to the public.

The intention of President Roosevelt was to ensure that future generations would not have to be concerned with the safety and quality of their food supply. Fortunately, President Woodrow Wilson's cabinet operated to protect the commercial Food and Drug industries at the expense of the people.

Since that time, political appointments to these regulatory organizations have often been derived from political contributions, alliances, and cronyism.

Despite campaign promises made by Obama to push for legislation to require the labeling of genetically modified foods, no such legislation was ever introduced. In fact, in an act that seemed to contradict the campaign promise, Obama instead appointed Michael Taylor as foods czar at the FDA. Mr. Taylor has a rich history with Monsanto, the giant chemical corporation that created many of the genetically modified seeds in current use. It was Michael Taylor who, in 1992, authored the FDA policy on genetically modified foods. The statement of policy reads:

“The agency is not aware of any information showing that food derived by these new methods differs from other foods in any meaningful or uniform way.”

This policy has remained intact for the past 40 years, despite strong vocal opposition from the FDA's own scientists, who expressed dismay that this obvious political statement was not backed by any valid science. Many of them were fired or censured for openly questioning a policy that has been proven to be erroneous in multiple studies done by a variety of entities, including Monsanto.

Mr. Taylor was an attorney at Monsanto prior to writing the FDA policy on GMO's in 1992. Afterward, he returned to Monsanto on the role of vice president. Then he was back at the FDA serving as the man in charge of our food safety. Lack of integrity and government agencies is nothing new, but this corporate-to-agency revolving door creates incestuous relationships that breed perverse policies.

It has become increasingly clear that the people of the United States of America cannot depend upon the corporate government regulatory agencies that were supposedly created to protect our health and our environment.