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Canadian Societal Depravity is Anchored in Medical Care

Where good will provides cover for predatory population enslavement

by Denis Rancourt / April 11th, 2018

A society of socially engineered individuals who cannot identify their own anthropological dissonance is a deprived society.

Its depravity is further established by its managers who do not experience profound discomfort in the face of the state's domestic and foreign perpetual mass crimes.

Here, I explore the role of so-called health care in maintaining Canadian societal depravity. Canada is a satellite state of the USA, which defines itself as a jurisdiction with public medical services.

The truth is Canadian "health care" has become a system in-effect designed to keep Canadians stupid and sick. This design serves the global-elite bosses, the political class, the medical profession and the Big Pharma predators, in what is a symbiotic mesh of enslavement. So Canada defines itself by one of its main systems of social control.

I'm driven to write this by a few recent events that point to a downward spiral.

First, in 2017 the Ontario government announced its new publicly funded "pharmacare" program for people 24 years old or younger, which includes virtually every patented "behavioural enhancement" drug. This was done in a total absence of scientific impact studies and in a total absence of independent studies of hierarchical needs and drug efficacy.

Then, last month, in a further cynical move to buy votes in time for the June 2018 election, the Ontario government expanded its "pharmacare" program to seniors, the most over-mediated segment of our drugged society.¹

On top of it all, I had the displeasure of reading the leading Left health-care guru's 2017 book *Better Now – Six Big Ideas To Improve Health Care for All Canadians* by Dr. Danielle Martin.²

Martin's book is superbly researched, authoritative and beautifully written. It is an essential current resource for medical care activists and managers. But it plays right into the hands of the said mesh of enslavement by recruiting Left organizers and people of good will to believe that fixing is possible — if guided by research, brave implementations and a moral desire for a fair society.

Such fixing by gradual change from within is not possible with the hydra that we are contemplating. Yet, Martin states:

“ In the anatomy of a system for change, clinicians are the feet that do the walking. They can also be the feet that drag. [...] Making change is always about the art of the possible. Sometimes it would be great to pass a piece of legislation requiring hospitals or doctors to do something, but it just isn't feasible. At other times it would be better to engage physicians and inspire them to drive change locally, but sometimes they're frankly unwilling or unable to do so.

You get the drift. It's on and on like that.

Martin's "six big ideas" are too many: (1) return of the patient-physician relationship, (2) too much prescribing of drugs too expensive, (3) get physicians to voluntarily "do less", to stop harming patients and to reduce costs, (4) do more with less, (5) eliminate poverty to improve health and reduce overall government expenditures, and (6) be smart about actuating change.

A realistic campaign would have just one idea: The medical-establishment-led so-called health care system does far more harm than good and is a system of exploitation and enslavement that must be dismantled. With one application note: The reform will have to be grassroots and culturally anchored or it will easily be hijacked.

Contrary to Martin's thesis, death by medicine is not some manageable feature that can be remedied by better procedures and more responsible practice. Rather, it is systemic and would require accountability and publicly documented enforced penalties, which exist on paper but are in reality foreign to the profession.³

In my 2015 critical review of the scientific literature, I summarized the problem of fatal medical "errors" this way:

“ In the words of Dr. Barbara Starfield, and many others, it is therefore incontrovertible that establishment medicine is the third leading cause of death in industrialized countries, after deaths from heart disease and cancer, which in turn are causes that medicine can do very little about. The next and fourth leading cause of death is cerebrovascular disease and its rate is far below that from medical-induced (iatrogenic) deaths, such that "medical manslaughter" is not about to give up its rank of third leading cause.

In concrete terms, I calculated that this means that between 6% and 8% of advanced Western state citizens die from medicine rather than any other cause, including both medical-error deaths and non-error medical deaths.⁴

In the West, medicine causes more deaths than all wars, violent crimes, car accidents... you name it. It is routinely referred to as an epidemic in the scientific literature, yet it is not on the radar of media-driven public policy concerns. The media is too busy telling us about the supposed dangers of self-administered cannabis.

You are at more risk walking into your doctor's office or into a community clinic than from virtually every other thing you will ever do.

You have been hoodwinked. To achieve this, it is necessary to continuously engineer and maintain a cultural veil that makes one fundamental biological truth impenetrable: almost always the body heals itself, and does a remarkably good job of it if dominance power does not interfere. The human body has been doing this for more than a million years; and this self-healing capacity has sustained the most successful species of large mammals on the planet, despite the opportunism of witch doctors and fortune tellers.

The only exceptions are the inevitability of old age and accidents that are fatal in the absence of crisis intervention. Medical crisis intervention means: Stop the bleeding and repair vital organs that will not repair themselves in time

to prevent death or permanent disability, without causing death by the intervention itself. Modern heart attack interventions and repairs following massive lacerations are examples.

Virtually everything else involves simply securing an environment that optimizes healing by ensuring security, alleviating stress and removing causal factors. Admittedly, these are difficult healing goals in a dominance hierarchy of lobotomized and exploited individuals being milked for service charges and drug dependence by a “health care” system.

The said biological truth has been replaced with a constellation of lies: That industry-recommended “medication” and interventions are required and beneficial; That pain plays no useful role and should be artificially suppressed; That drugs accelerate healing without diminishing the body’s ability to heal itself; That disconnected doctors know best; That technological tests and physical measurements are substitutes for self-knowledge; That it’s better to consult rather than try to be one’s own doctor; and so on.

In 1974, Ivan Illich put it this way and things have only gotten much worse since:

“ Within the last decade medical professional practice has become a major threat to health. Depression, infection, disability, dysfunction, and other specific iatrogenic diseases now cause more suffering than all accidents from traffic or industry. Beyond this, medical practice sponsors sickness by the reinforcement of a morbid society which not only industrially preserves its defectives but breeds the therapist’s client in a cybernetic way. Finally, the so-called health-professions have an indirect sickening power – a structurally health-denying effect. I want to focus on this last syndrome, which I designate as medical Nemesis. By transforming pain, illness, and death from a personal challenge into a technical problem, medical practice expropriates the potential of people to deal with their human condition in an autonomous way and becomes the source of a new kind of un-health.⁵

“The medical establishment has become a major threat to health” was true in 1976 and that threat has only dug itself in and widened.⁶ However, more is scientifically known now about the mechanistic cause of ill-health of the individual animal than was known in the 1970s.^{4,7,8} Therefore, then and now, in addition to hiding the truth about healing, the fundamental truth about the cause of ill-health must also be hidden from the individual and buried as deeply as possible.

Even at her most progressive, Martin in-effect plays this role admirably well. She points to the large area of health research known as “social determinants of health”. The researchers in this field avoid treating the harmful nature of establishment medicine itself and, instead, focus on the societal factors that statistically correlate with ill-health.

They find that the dominant factor that correlates to ill-health and mortality is poverty, and that this correlation is significantly modulated by a co-factor that is the magnitude of the income gap between rich and poor in the society. Martin concludes, therefore, that governments should eliminate poverty to improve public health and to reduce overall government expenditures.

Martin’s economic structural solution amounts to what doctors do best: Divert resources and attention towards suppressing the symptoms rather than addressing the cause, even though she firmly believes that she is addressing a cause. Eliminating poverty by systemic change is an honourable and just cause in itself and it should not be anchored in any ancillary goal, especially not one that relies on the medical profession for its accomplishment.

Of course, extreme poverty causing fatal nutritional and environmental deficiencies causes death. That is not controversial. However, all such extreme poverty has been structurally eliminated in Canada and the killer now is the subjective stress and self-image devaluation caused by the inherent violence of society's dominance hierarchy, including the violence from the medical enterprise itself.^{4,7,8} This is true to different degrees in all social classes, from professional workers to aboriginal reserve residents to urban homeless people.

Martin in no way is contributing to a solution. Rather, she is vying for partisan influence for good-will managers and enlightened professionals. However, the problem is deeper than anything addressed by establishment forces, including the progressive ones.

Both private (USA) and public (Canada) medical systems are networks of oppression and enslavement run by collaborating corporate, government and professional bodies whose members derive disproportionate and immoral benefits. Arguing which is best is akin to arguing about whether to vote Democrat or Republican, prior to the somewhat democratizing anomaly of Trump that was enabled by the technological opportunity of a temporarily free social media.

At its heart, individuals have been infantilized and reduced to following directives under paternalistic umbrellas. On the contrary, knowledge and individual responsibility must be distributed and accompanied by individual influence and power. The structures that have neutralized us in every sphere and the forces that keep us depressed are the factors that make us sick and keep us dependent.

The way forward is to fight for fundamental rights that ensure a measure of influence and power, starting with the most fundamental rights of free expression and free association.

Furthermore, those with institutional power must be accountable, rather than shielded. The professional associations, colleges and councils that shield lawyers, doctors and judges must be defeated and made to answer to their victims.

“Whistleblower protection” cannot mean tenuous protection for the few individuals who expose egregious abuses. It must mean broad effective protections for all employees who wish to disclose and complain about government and corporate employers and procedures. It must mean actual transparency by distributed impetus.

“Freedom of the press” cannot mean shielding government and corporate media from accountability and protecting journalist skills who serve interested publishers. It must mean distributed power to individuals to publish in social media without imposed constraints, with effective protection against establishment hijacking of technological venues.

Actual education is a collective and self-organized societal process, not a method to train and indoctrinate. Optimal freedom gives enlightened and healthy individuals. Excessive domination gives the opposite. This principle is increasingly painfully obvious.⁹

Everything else is a surreal argument about whether the organized oppression is fair or unfair.

1. News Release: [Making Prescription Drugs Free for People 65 and Over – Expanding OHIP+ Will Make Prescription Drugs Free for Nearly One in Two Ontarians](#), March 20, 2018, Office of the Premier. [🔗]

2. *Better Now – Six Big Ideas To Improve Health Care for All Canadians* by Dr. Danielle Martin, Penguin Random House, 2017, pp. 298. [🔗]

3. “[Psychiatrist Louis Morissette Should Be Barred From Practice](#)” by Denis Rancourt, *Dissident Voice*, April 5, 2018. [🔗]

4. “[Cancer Arises from Stress-induced Breakdown of Tissue Homeostasis – Part 1: Context of Cancer Research](#)” by Denis Rancourt, *Dissident Voice*, December 4, 2015. [🔗] [🔗] [🔗]

5. "Medical Nemesis" by Ivan Illich, *The Lancet*, vol. 303, no. 7863, May 11, 1974, pp. 918-921, at p. 918. [🔗]
6. *Limits to medicine: medical nemesis—the expropriation of health* by Ivan Illich, London: Marion Boyars, 1976, pp. 294. [🔗]
7. "The Influence of Social Hierarchy on Primate Health" by Robert M. Sapolsky, *Science*, vol. 308, no. 5722, April 29, 2005, pp. 648-652, DOI:10.1126/science.1106477. [🔗] [🔗]
8. "Self-Image-Incongruence Theory of Individual Health" by Denis Rancourt, *Dissident Voice*, October 26, 2014. [🔗] [🔗]
9. "Cause of USA Meltdown and Collapse of Civil Rights" by Denis Rancourt, *Dissident Voice*, September 7, 2017. [🔗]



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