



# OFFICE OF SPECIAL AFFAIRS

---

## OSA Network Order No. 29

OSA Int/Conts  
Execs  
Production Bureaux Staff

9 February 1988

*Confidential*

### **OBSERVATIONS ON THE GREAT HEALTH MONOPOLY**

(Originally written by LRH on 10 February 1973.)

The course of any monopoly or attempted monopoly in any field is similar.

Those attempting the monopoly, whether they have a product or subject or not, edge their way from obscurity into greater and greater dominance in their field by eliminating rivals, potential rivals and those they think are or might become rivals.

Using various means—black PR, capital, media control, real or false promises and other means—they come to a position where they are big enough to invite or use or suborn government cooperation.

Continuing their goal of monopoly they then more and more utilize government to maintain their gains and enlarge them.

Eventually the monopoly is being maintained at taxpayer expense.

The excuses invented as to why this course must be followed and the “public necessity” of the monopoly are many and varied.

The Great Health Monopoly has followed this course and has even begun to spend US taxpayer sums similar to the defense budget. It has defended itself so well with excuses of “public necessity” that it has even defied the US Congress and has flouted all and every antitrust law.

The Great Health Monopoly is linked by the AMA requirements that psychiatrists be MDs, that the psychologists and now even chiropractors all share the mantle. By directorates and other ways drug firms are also linked. This monopoly IS a monopoly, no matter what reasons of “public necessity” it may have. And it is behaving like a monopoly.

The case history recently accumulated re chiropractors, who, harassed for decades, are now part of the monopoly is a vital piece of evidence.

But the Great Health Monopoly has one flaw. It is NOT delivering health. And the cost of what it does say it delivers is beyond belief. It is NOT popular.

Laws exist against monopolies. The antitrust laws of the US are very severe. The Common Market has anti-monopoly regulations, so much so that England’s laws which favor monopoly are said to be scheduled for change as part of her entree program.

The Great Health Monopoly has so PRed the vast dangers of “unqualified persons” and “abuses” that people seem convinced it is all very usual and that they are just public benefactors.

That this monopoly is also international (as the part played by the World Federation of Mental Health and National Association of Mental Health show) is also witnessed by the control exerted by it over Health Ministers.

It does not differ from any other monopoly. Its pretenses that seek to excuse it are false. It is not delivering services required and is even limiting those which exist while greatly increasing price.

It cannot produce a stable RESULT and does not even try to in the field of the mind.

It has sought to reduce all things spiritual and mental to a physical and drug base. It is sufficiently greedy that it has attempted to crush every single possible opponent.

Although it may seem a very large task, it is open to attack through antitrust and anti-monopoly laws.

It is NOT admired by the public. It has not yet totally wrapped up Europe. It is NOT delivering. It IS increasing costs and it IS limiting service.

Its pretense of “public necessity” can be exploded.

Once TV stations thought they owned the air. A concerted grass roots action has all but destroyed these fancied rights. The hole that was attacked was federal licensing renewal.

Some such hole as this must exist in the Great Health Monopoly. Such as the “rights” of the AMA to limit or regulate who can train doctors. There must be other such holes.

Until this monopoly is cowed and disintegrated, there will be no health for this planet, no end of its crime and no chance for those it fancies, no matter how mistakenly, stand in its road.

It would seem upon examination that breaking this monopoly is the best long-range chance of survival.

And it is a matter of record that grass roots groups have successfully challenged and broken very firm and very vocal monopolies.

Anti-monopoly sentiment, anti-special rights public opinion are now very strong.

A monopoly that cannot deliver is very susceptible to being broken. Especially by those who can.

---

Example of a successful action: *United Church of Christ vs. Jackson, Miss., station WLBT-TV*, via the Federal Communications Commission and Washington, DC Court of Appeals. Everett Parker, director of Office of Communications of the United Church of Christ assisted by Earl K. (Dick) Moore, a Wall Street attorney, forced a new licensee to be found for WLBT-TV. It was giving black PR to civil rights. The FCC did not cooperate with the Church but was forced to by the courts. This broke down the whole chain or “permanent licensing” by negating automatic renewal. Other groups have brought other stations to heel. TV now plays it very carefully. It no longer black PRs. So a small group can force a monopoly (of a channel) breakage. State licensing or other monopolistic or some monopolistic abuse by any portion of the Great Health Monopoly on a basis of no-service or public interest can be found, probably innumerable ones can be found, that would force the antitrust authorities to act by bringing action through petition and then enforcing the petition via court action. In

short, a route has been pioneered to force a government to act to break down a monopoly and make monopolists be very very careful.

**L. RON HUBBARD**  
**Founder**