

Dermatology's Disastrous War Against the Sun

Analysis by [A Midwestern Doctor](#)

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STORY AT-A-GLANCE

- > Sunlight is crucial for health, and avoiding it doubles mortality rates and cancer risk
- > Skin cancers are the most common cancers in the U.S., leading to widespread “advice” to avoid the sun. However, the deadliest skin cancers are linked to a lack of sunlight
- > The dermatology field, aided by a top marketing firm, rebranded themselves as skin cancer (and sunlight) fighters, becoming one of the highest-paid medical specialties
- > Despite billions spent annually, skin cancer deaths haven't significantly changed

I always found it odd that everyone insisted I avoid sunlight and wear sunscreen during outdoor activities, as I noticed that sunlight felt great and caused my veins to dilate, indicating the body deeply craved sunlight. Later, I learned that blocking natural light with glass (e.g., with windows or eyeglasses) significantly affected health, and that many had benefitted from [utilizing specialized glass that allowed the full light spectrum through](#).

This ties into one of my favorite therapeutic modalities, [ultraviolet blood irradiation](#), which produces a wide range of truly remarkable benefits by putting the sun's ultraviolet light inside the body.

Once in medical school, aware of sunlight's benefits, I was struck by dermatologists' extreme aversion to it. Patients were constantly warned to avoid sunlight, and in

northern latitudes, where people suffer from seasonal affective disorder, dermatologists even required students to wear sunscreen and cover most of their bodies indoors.

At this point my perspective changed to “This crusade against the sun is definitely coming from the dermatologists” and “What on earth is wrong with these people?”



Meghan Bell The Cassandra Complex 33 mins ago

This is a wonderful article, I'll be sharing it lots this summer. I remember in the early days of COVID, articles came out claiming that people needed to wear sunscreen even if they were going to be INDOORS all day to protect their skin from damage. I was horrified. I live in Canada and it shocks me how many dark-skinned people (women in particular) have bought into the belief that they need to wear sunscreen every day, all day. **Sunlight and Vitamin D prevent COVID-19**

Note: *[This comment](#) I received perfectly illustrate the dysfunctional status quo.*

The Monopolization of Medicine

Throughout my life, I've noticed the medical industry will:

- Promote healthy activities people are unlikely to do (e.g., exercising or quitting smoking).
- Promote unhealthy activities industries make money from (e.g., eating processed foods or taking a myriad of harmful pharmaceuticals).
- Attack beneficial activities that are easy to do (e.g., sunbathing or consuming egg yolks, butter and raw dairy).

Much of this issue appears rooted in the controversial history of the American Medical Association (AMA).¹ In 1899, the struggling organization revitalized itself by offering the AMA seal of approval to manufacturers who simply disclosed their ingredients and advertised in AMA publications.

This strategy boosted AMA's advertising revenue fivefold and its physician membership ninefold in a decade. For example, the AMA widely encouraged cigarette smoking, even when it was known to be dangerous:

According to repeated nationwide surveys,

More Doctors Smoke **CAMELS** than any other cigarette!

Doctors in every branch of medicine were asked, "What cigarette do you smoke?" The brand named most was Camel!

You'll enjoy Camels for the same reasons as many doctors enjoy them. Camels have cool, cool mildness, pack after pack, and a flavor unmatched by any other cigarette. Make this sensible test: Smoke only Camels for 30 days and see how well Camels please your taste, how well they soothe your throat on your steady smokes. You'll see how enjoyable a cigarette can be!

THE DOCTORS' CHOICE IS AMERICA'S CHOICE!



MARION V. BERRY, M.D., L.A. - "I like Camels. They taste rich and smooth with subtle mentholation."



DR. BRUCE W. BERRY, M.D., L.A. - "I like Camels. They taste rich and smooth with subtle mentholation."



MURDOCK B. BERRY, M.D., L.A. - "I like Camels. They taste rich and smooth with subtle mentholation."



For 30 days, test Camels in your "T-Zone" (T for Throat, T for Taste).

The AMA then monopolized medicine by establishing a general medical education council, that allowed them to become the national accrediting body for medical schools, effectively eliminating the teaching of competing medical practices like homeopathy, chiropractic, naturopathy, and, to a lesser extent, osteopathy, as states often denied licenses to graduates from "low-rated" schools.²

The AMA then further solidified this monopoly by having the media widely promote AMA campaigns against "medical quackery" (e.g., treatments they couldn't buy the rights to) and mobilizing the FDA or FTC against competitors.³ Many remarkable medical

innovations hence were successfully erased from history and part of my life's work and much of what I use in practice are the therapies the AMA erased from history.

These monopolistic tactics never stopped. For example, after Dr. Pierre Kory testified to the Senate about using ivermectin to treat COVID-19, he faced intense media and professional backlash. Professor William B. Grant, then emailed Kory, stating that the same thing had been done to vitamin D research for decades.⁴

Note: *A few doctored trials were published that “debunked” ivermectin,⁵ thereby allowing the AMA to erase the vast body of evidence supporting the use of ivermectin – a standard tactic **identical to what they did 72 years ago to bury Ultraviolet Blood Irradiation.***

The Benefits of Sunlight

One of the oldest proven therapies in medicine is sunlight exposure, which effectively treated the 1918 influenza,⁶ tuberculosis,⁷ and various other diseases.⁸ The success of sunbathing even inspired the development of **ultraviolet blood irradiation.**

Given its safety, effectiveness, free availability and lack of a lobbyist to protect it, it's hence plausible that those aiming to monopolize medicine would seek to restrict public access to it. Medicine's campaign against sunlight has been so effective that many are unaware of its benefits, including:

- 1. Mental health** – Sunlight is crucial for mental well-being, notably in conditions like seasonal affective disorder, but its benefits extend further, as unnatural light exposure disrupts circadian rhythms.
- 2. Cancer prevention** – A large epidemiological study⁹ discovered that women with higher solar UVB exposure had half the incidence of breast cancer, and men half the incidence of fatal prostate cancer. This 50% reduction greatly exceeds the effectiveness of current prevention and treatment approaches. Likewise, unnatural light has been repeatedly observed to worsen cancer outcomes.¹⁰

3. Longevity and heart health – A 20-year prospective study of 29,518 Swedish women found that sunlight avoiders were 60% more likely to die overall (and 130% more likely to die than the highest sun exposure group).¹¹ Notably, smokers who got sunlight had the same mortality risk as non-smokers who avoided the sun as the greatest benefit of sunlight exposure is a reduction in death from cardiovascular disease.

***Note:** The link between losing natural light and conditions such as infertility, diabetes, cancer, poor circulation, depression, ADHD, and poor academic performance is discussed further [here](#).*

Skin Cancer

According to the American Academy of Dermatology,¹² skin cancer is the most common cancer in the United States, with current estimates suggesting that 1 in 5 Americans will develop skin cancer in their lifetime. Approximately 9,500 people in the U.S. are diagnosed with skin cancer every day.

The Academy emphasizes that UV exposure is the most preventable risk factor for skin cancer, advising people to avoid indoor tanning beds and protect their skin outdoors by seeking shade, wearing protective clothing, and applying broad-spectrum sunscreen with an SPF of 30 or higher.¹³ The Skin Cancer Foundation states that more than two people die of skin cancer in the U.S. every hour,¹⁴ which sounds alarming. Let's break down what all this means.

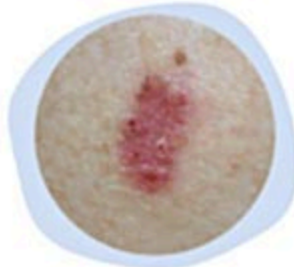
Basal Cell Carcinoma

Basal cell carcinoma (BCC) is the most common skin cancer, making up 80% of cases,¹⁵ with about 2.64 million Americans diagnosed annually. Risk factors include excessive sun exposure, fair skin, and family history. BCC primarily occurs in sun-exposed areas like the face.

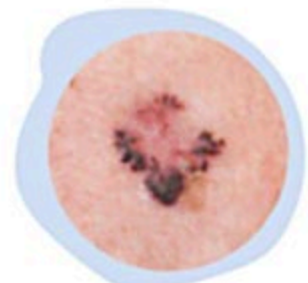
BASAL CELL CARCINOMA TYPES (BCC)



Nodular BCC



Superficial BCC



Pigmented BCC



Morphoeic BCC



Basosquamous BCC

BCC rarely metastasizes¹⁶ and has a near 0% fatality rate,¹⁷ but it frequently recurs (65%-95%) after removal. The standard excision approach often doesn't address underlying causes, leading to repeated surgeries and potential disfigurement.

While BCCs can grow large if left untreated, they aren't immediately dangerous. Treatment is necessary but not urgent. Alternative therapies **can effectively treat large BCCs without disfiguring surgery.**

Note: *Since the COVID-19 vaccines came out, I have heard of a few cases of BCC metastasizing in the vaccinated, but it is still extraordinarily rare.*

Squamous Cell Carcinoma

Cutaneous squamous cell carcinoma (SCC) is the second most common skin cancer, with an estimated 1.8 million cases¹⁸ in the U.S. Its incidence varies widely due to sunlight exposure, ranging from 260 to 4,970 cases per million person-years. Previously thought to be four times less common than BCC, SCC is now only half as common.



Unlike BCC, SCC can metastasize, making it potentially dangerous. If removed before metastasis, the survival rate is 99%; after metastasis, it drops to 56%. Typically caught early, SCC has an average survival rate of 95%.¹⁹ Around 2,000 people die from SCC each year in the U.S.²⁰

Note: Unlike more lethal skin cancers, it is not required to report BCC or SCC. Consequently, there is no centralized database tracking their occurrence, so the official figures are largely estimates.

Melanoma

Melanoma occurs at a rate of 218 cases per million persons²¹ annually in the United States, with survival rates ranging from 99% to 35% depending on its stage when diagnosed, averaging out to 94%. However, despite only comprising 1% of all skin cancer diagnoses,²² melanoma is responsible for most skin cancer deaths. In total, this works out to a bit over 8000 deaths each year in the United States.²³

Since survival is greatly improved by early detection, many guides online exist to help recognize the common signs of a potential melanoma.



What's critically important to understand about melanoma is that while it's widely considered to be linked to sunlight exposure – it's not. For example:

Patients with solar elastosis, a sign of sun exposure,²⁴ were 60% less likely to die from melanoma.

Melanoma predominantly occurs in areas of the body with minimal sunlight exposure,²⁵ unlike SCC and BCC, which are linked to sun-exposed regions.²⁶

Outdoor workers, despite significantly higher UV exposure, have lower rates of melanoma compared to indoor workers.²⁷

Many sunscreens contain toxic carcinogens^{28,29} (to the point Hawaii banned them to protect coral reefs³⁰). Conversely, existing research indicates widespread sunscreen use has not reduced skin cancer rates.³¹

A mouse study designed to study malignant melanoma found mice kept under simulated daylight develop tumors at a slower and diminished rate compared to those under cool white fluorescent light.³²

There has been a significant increase in many areas from melanoma, something which argues against sunlight being the primary issue as it has not significantly changed in the last few decades. For instance, consider this data from Norway's cancer registry on malignant melanoma:³³



Note: In addition to these three cancers, other (much rarer) skin cancers also exist, most of which have not been linked to sunlight exposure.³⁴

The Great Dermatology Scam

If you consider the previous section, the following should be fairly clear:

- By far the most common “skin cancer” is not dangerous.
- The “skin cancers” you actually need to worry about are a fairly small portion of the existing skin cancers.
- Sunlight exposure does not cause the most dangerous cancers.

In essence, there's no way to justify “banning sunlight” to “prevent skin cancer,” as the “benefit” from this prescription is vastly outweighed by its harm.

However, a very clever linguistic trick bypasses this contradiction – a single label, “skin cancer,” is used for everything, which then selectively adopts the lethality of melanoma, the frequency of BCC, and the sensitivity to sunlight that BCC and SCC have. This has always really infuriated me, so I’ve given a lot of thought to why they do this.

Note: *I must emphasize that some skin cancers (e.g., many melanomas) require immediate removal. My point here is not to avoid dermatologists entirely but to consider seeking a second opinion from another dermatologist as there are many excellent and ethical dermatologists out there.*

The Transformation of Dermatology

In the 1980s, dermatology was one of the least desirable specialties in medicine (e.g., dermatologists were often referred to as pimple poppers). Now however, dermatology is one of the most coveted specialties in medicine as dermatologists make 2-4 times as much as a regular doctor, but have a much less stressful lifestyle. A relatively unknown blog³⁵ by Dermatologist David J. Elpern, M.D. at last explained what happened:

“Over the past 40 years, I have witnessed these changes in my specialty and am dismayed by the reluctance of my colleagues to address them. This trend began in the early 1980s when the Academy of Dermatology (AAD) assessed its members over 2 million dollars to hire a prominent New York advertising agency to raise the public’s appreciation of our specialty.

The mad men recommended ‘educating’ the public to the fact that dermatologists are skin cancer experts, not just pimple poppers; and so the free National Skin Cancer Screening Day was established [through a 1985 Presidential proclamation³⁶].

These screenings serve to inflate the public’s health anxiety about skin cancer and led to the performance of vast amounts of expensive low-value procedures for skin cancer and actinic keratosis (AKs).

At the same time, pathologists were expanding their definitions of what a melanoma is, leading to 'diagnostic drift' that misleadingly increased the incidence of melanoma while the mortality has remained at 1980 levels. Concomitantly, non-melanoma skin cancers are being over-treated by armies of micrographic surgeons who often treat innocuous skin cancers with unnecessarily aggressive, lucrative surgeries."

This heightened awareness led to a dramatic increase in skin cancer screenings and diagnoses, fueled by fears instilled in the public about sun exposure. Alongside this, there was a significant expansion in the incredibly lucrative Mohs micrographic surgery,³⁷ promoted as a gold standard for treating skin cancers due to its precision and efficacy in sparing healthy tissue.

However, critics argue that Mohs surgery is often overused, driven by financial incentives rather than clinical necessity,³⁸ contributing to immense healthcare costs.³⁹

Note: *We frequently see patients who developed complications from these surgeries.*

The commercialization of dermatology was further amplified by the entry of private equity firms into the field.⁴⁰ These firms acquired dermatology practices, sometimes staffing them with non-physician providers to maximize profitability.

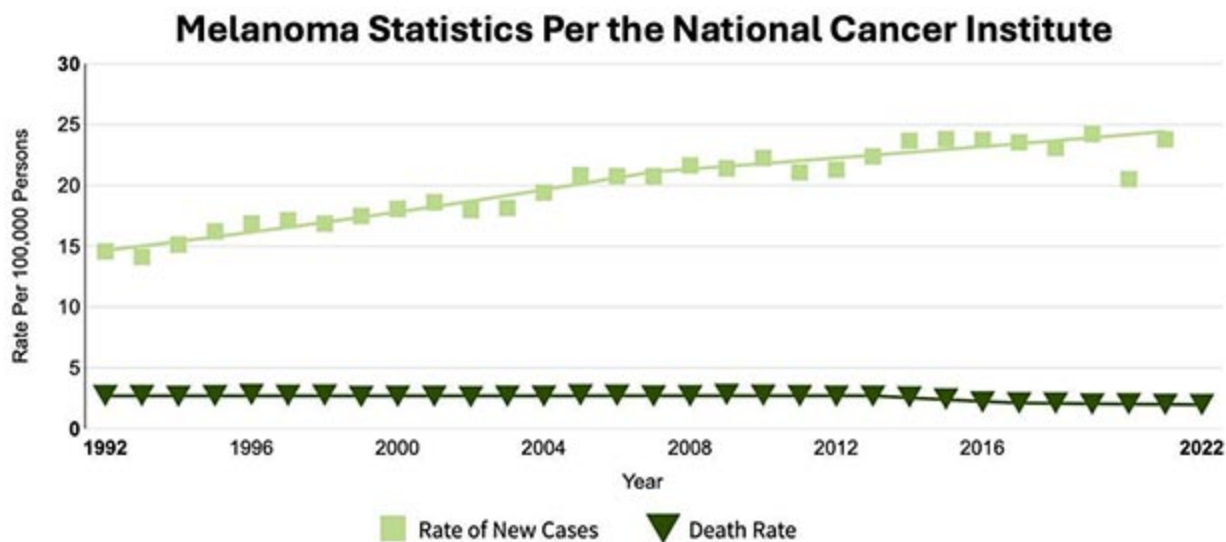
This trend raised concerns about quality of care, with reports of misdiagnoses and over-treatment,⁴¹ particularly in vulnerable populations like nursing home residents – to the point the New York Times authored a 2017 investigation on [this exploitative industry](#).

Moreover, the shift towards profit-driven models in dermatology has sparked ethical debates within the medical community. Some dermatologists have voiced concerns over the commodification of skin cancer treatments and the erosion of traditional doctor-patient relationships in favor of more transactional interactions. Despite these challenges, dermatology remains a lucrative field, attracting both medical professionals and investors seeking financial gain from skin care services.

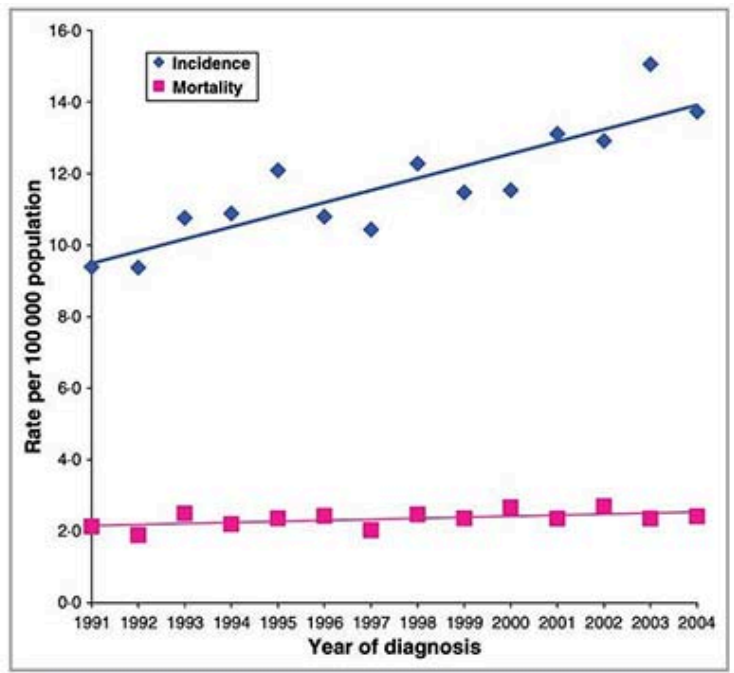
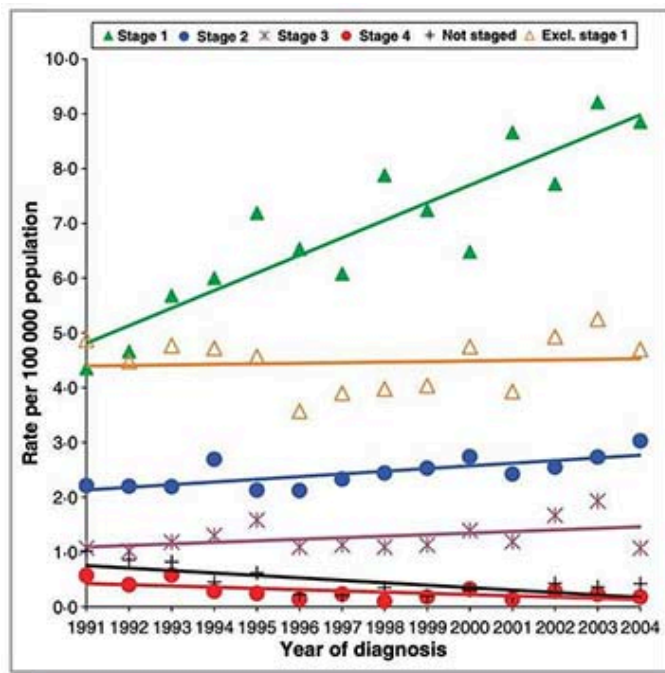
Many in turn are victimized by these exploitative practices. The popular comedian Jimmy Dore for example recently covered the [Great Dermatology Scam](#) after realizing he'd been subjected to it.

Changes in Skin Cancer

Given how much is being spent to end skin cancer, one would expect some results. Unfortunately, like many other aspects of the cancer industry that's not what's happened. Instead, more and more (previously benign) cancers are diagnosed, but for the most part, no significant change has occurred in the death rate.⁴²



The best proof for this came from a study which found that almost all of the increase in “skin cancer” was from stage 1 melanomas⁴³ (which rarely create problems):

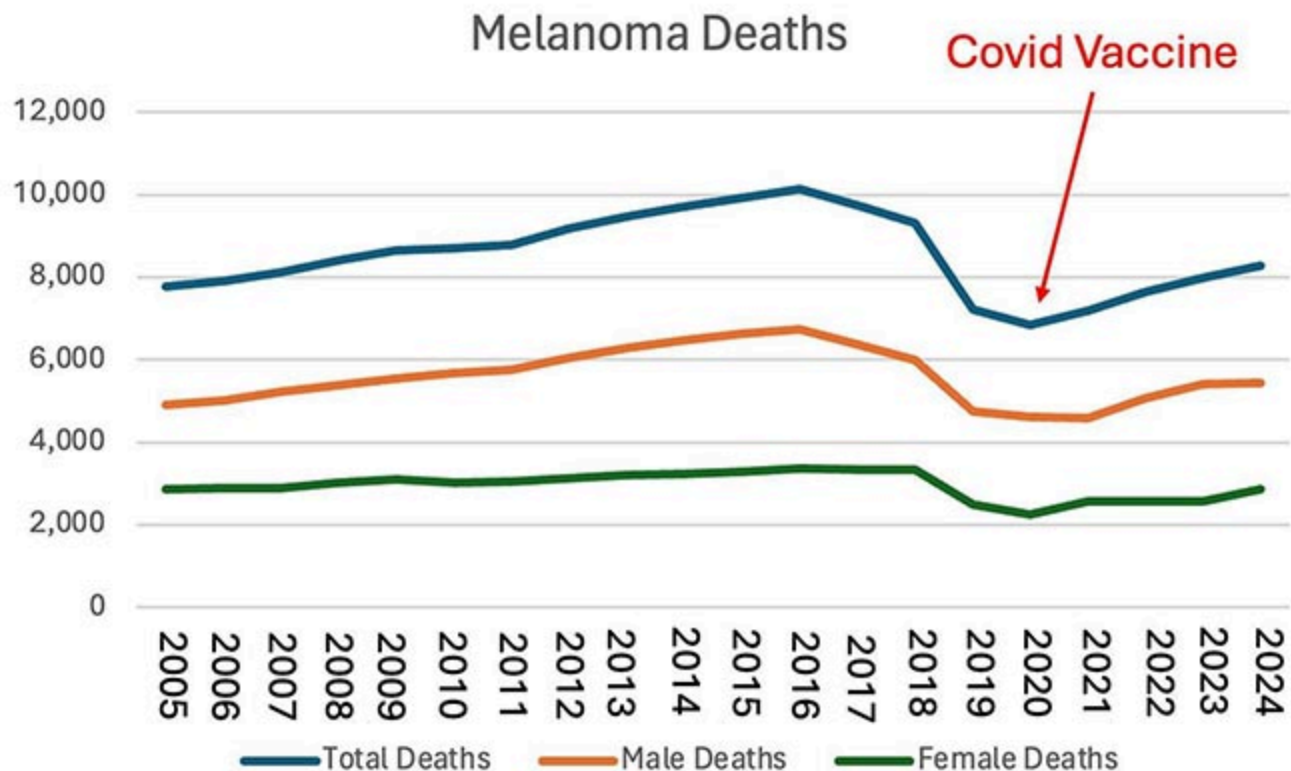


Another study illustrates exactly what the result of our war on skin cancer has accomplished:⁴⁴

Table 1. Long-term Trends in US Age-Adjusted Melanoma Mortality Rates, 1975-2019¹⁹

Year range	APC, % (95% CI)	P value	Interpretation
1975-1988	1.65 (1.30 to 2.00)	<.001	Increasing
1988-2013	0.01 (-1.10 to 0.12)	.85	Stable
2013-2017	-6.28 (-8.52 to -3.97)	<.001	Decreasing
2017-2019	-1.56 (-6.41 to 3.55)	.53	No statistically significant change

Finally, since many suspected the COVID vaccines might lead to an increase in melanoma (or other skin cancers), I compiled all the available annual reports from the American Cancer Society⁴⁵ into a few graphs:



Conclusion

Dermatology's need to create a villain (the sun) to justify its racket is arguably one of the most damaging things the medical profession has done to the world. Fortunately, the insatiable greed of the medical industry went too far during COVID-19, and the public is now starting to question many of the other exploitative and unscientific practices we are subjected to and it is my sincere hope our society will begin re-examining dermatology's disastrous war against the sun.

Author's note: This is an abbreviated version of a full-length article that also discusses safer ways to treat or prevent skin cancer and the nutritional approaches (e.g., avoiding seed oils) which facilitate healthy sun exposure. For the entire read with much more specific details and sources, please click [here](#).

About the Author

A Midwestern Doctor (AMD) is a board-certified physician in the Midwest and a longtime reader of Mercola.com. I appreciate his exceptional insight on a wide range of topics and I'm grateful to share them. I also respect his desire to remain anonymous as he is still on the front lines treating patients. To find more of AMD's work, be sure to check out [The Forgotten Side of Medicine](#) on Substack.

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