

Sustainable Medicine + Sustainable Development = Duty to Die
Part 1 of 3

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UN AGENDA 21 AND SUSTAINABLE DEVELOPMENT

Legend, not science, states that crabs are easier to boil than frogs.

Frogs placed in a pot of hot water jump out to safety. In a cauldron of crabs, however, if one crab laboriously crawls up the pot wall from the hot water to the rim to escape, the other crabs snatch him back down so they all cook together.

Frogs are individualists who save their skins and know their minds. Crabs are egalitarian communitarians. What is good for one is good for all. Most Americans are either frogs or crabs. Frogs cherish private property, their bodies, and demand personal responsibility for medical directions and medical decisions. Crabs cherish the state, its central control, and state medical decisions for everyone in the group. Crabs live by Hegel's philosophy that whatever is efficient is right.

Crab world-view, crab means of analyzing reality, and crab ethics of action are the philosophical foundations of the United Nations' Agenda 21, Chapter 6, and its Sustainable Medicine. Sustainable Medicine is central to the concept of Sustainable Development of the world's landmasses, air, and water. Sustainable Development esteems the planet's intrinsically valuable environment. In that bio-diverse environment human beings are a dangerous, capricious burden. In the Agenda 21 worldview, people, especially rich intelligent people, consume too much and they make too many of themselves. Their effects must be curbed and their numbers reduced.

Sustainable Development is a private property land grab. It is justified in the name of global equity, overcoming economic disparities, and assuring global integrity of the environment. Sustainable Medicine is a body grab. It is justified in the name of achieving global medical equity, overcoming health disparities, and assuring an enduring global environment free of too many people.

Sustainable Medicine makes decisions through visioning councils that determine what shall be done or not done to each body in its group in its native habitat. Sustainable Medicine experts do not refer to citizens in sovereign nations but to "humans" in their "settlements."

Sustainable Medicine uses two classes of public actions to affect the largest numbers of people worldwide most efficiently. The first class of actions attacks high technology

products. The method is to create a public health crisis that forces government or industry to eliminate a valuable medical or surgical technology that because of its expense and inequitable distribution makes it medically “unsustainable.” Sustainable Medicine therefore clamors to eliminate such important, life-saving and life-extending medical devices as flexible polyvinylchloride plastic tubings treated with phthalates. During the past 50 years, flexible medical tubing has revolutionized breathing machines, intravenous medicating and blood transfusing, kidney dialysis, parenteral feeding, and neonatal medicine and surgery.

Sustainable Medicine’s second class of public action attacks ideas of high technology scientific progress. The method is to revise people’s expectations for health, for medical care, and for long life “in harmony with the environment.” Sustainable Medicine devotees celebrate human death as natural, inevitable, and environmentally beneficial. Rather than a mere right to die, Sustainable Medicine inculcates a duty to die.

Sustainable Medicine is the pivot around which all other Sustainable Development revolves. Principle #1 of the Rio Declaration on Environment and Development (1992) states: Human beings are at the center of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature. Few Americans know the meaning of Sustainable Medicine, or worse, the implications of healthy life in harmony with nature. However, an Internet Google search for Sustainable Medicine yielded (in May, 2005) a total of 5,850,000 English language references. Germans, English, Canadians, and Scandinavians under socialized medicine appreciate Sustainable Medicine for they daily deal with its rationing, long waiting times for care, low technology, and emphasis on medical caring, not medical curing.

Who decides what shall be done or not done to your body whether healthy, diseased, injured, or fatally ill? Sustainable Medicine uses identical protocols for human body ownership as Sustainable Development proposes for private land ownership.

PEEVE

PEEVE is a valuable acronym for remembering the basic concepts than animate Sustainable Medicine and Sustainable Development. PEEVE incorporates the infamous three “E”s of Sustainable Development: equity, economy, and environment. Sustainable Medicine is guided by:

P = Precautionary Principle. If any risk, stop. If evidence is inconclusive, stop absolutely. If no proof, stop anyway. The prudent “Better safe than sorry” is perverted to “Safe sorrow for all!”

The pernicious Precautionary Principle destroys risk-benefit analysis. It hinders experiment and innovation. It impedes progress and requires reversion to simpler, more “natural” products. In land use, it requires removing “invasive species” and beneficial genetically manipulated seeds that could harm some plant, insect, or person. In medicine, the Precautionary Principle deprives courageous masses of people of necessary, life-

sustaining medication and equipment because of potential harm to a few. The Precautionary Principle propels its proponents beyond intellectual cowardice to anti-technology, anti-progress, Luddite primitivism.

In both land use and medicine, the Precautionary Principle almost always is paired with its craven corollary, the Irreversibility Principle. In landscape, the Irreversibility Principle requires that rather than mine a precious resource that once extracted is irreversibly used, better save it than spend it on today's life-sustaining necessities even if people will pay and legally own the resource. In bodyscape, the Precautionary Principle plus Irreversibility Principle withhold beneficial, aggressive, high technology diagnostics and medical therapies that might harm someone or something now or later.

E = Environment over all. Its "intrinsic value" is necessary for future generations on the globe.

Of what value to whom is never explained. Mystical inherent goodness, importance, and protection-worthy vulnerability of the environment make the environment trump all other needs of people and societies. It is better to force people to starve by insect-destroyed crops and to die of malaria than to use the pesticide DDT that potentially might harm birds, fish, polar bears, or human infant reflexes.

E = Equity demands no "disparities" among all people globally, among all people inter-generationally, and among all species of life and non-life: human, animal, plant, and inanimate rock.

Equity between current and future generations requires prudent use, no squandering, and abstaining from use of available assets. Equity among rich and poor requires no greedy group abusing the "carrying capacity" of the world's natural resources. Species-equity is more important than equity among peoples. In the contest between preserving habitat for spotted owls, long-fingered salamanders, salmon, and fairy shrimp versus habitat and livelihoods of ranchers, loggers, and mineral miners, the "natural needs" and "value" power of animals are superior to those of people. The Sustainable Medicine documents quote the U.N. Biodiversity Treaty's inscrutable rule: "Nature has an integral set of different values (cultural, spiritual, and material) where humans are one strand in nature's web and all living things are considered equal. Therefore the natural way is the right way, and human activities should be molded along Nature's rhythms."

V = Visioning councils for stakeholders

Sustainable Medicine uses the same "visioning," vision councils, vision language, vision consensus-building techniques, and vision incentives, bribes, prohibitions, protocols, and principles that facilitate the Sustainable Development land grabs of private property. Local Agenda 21 groups impose laws and regulations on localities that bypass votes of state legislatures and of the U.S. Congress. Depredations of the Endangered Species Act and the Environmental Protection Agency derive from international treaties, and work of non-governmental organizations such as ICLEI, the International Council on Local

Environmental Initiatives.

The vision is the cluster of global community ideas. Agenda 21 outsiders impose these concepts upon local citizens and their leaders while encouraging locals to believe they themselves initiated the ideas of the vision. Regulations and restrictions inevitably follow the implanted vision in order to implement it. The implanted vision is viewed as prophecy and revelation of future global peace. Actually, the vision is a tenacious Marxist apparition from old, surly, nihilistic Fabian socialism.

The Wye River Group On Healthcare, for instance, held its National Summit at the University Club in Washington, DC, on September 23rd 2003, attended by the elite of academic medicine, pharmacology, and government including Dr. Mark McClelland, then head of the FDA, now Director of the Centers for Medicare and Medicaid. The meeting topic was “Communities Shaping a Vision for America's 21st Century Health & Healthcare.” Experts answered such questions as: Why create a shared vision based on principles and values in America? How best connect community leaders with the vision and enable them to advance change? Is this the right time to spring the vision?

Wye River Group on Healthcare promotes the Sustainable Medicine vision for the future by working in 12 selected cities that have active Sustainable Development visioning groups: Albuquerque, NM, Chicago, IL, Fort Lauderdale, FL, Hanover, NH, Jackson, MS, Muncie, IN, Portland, OR, Raleigh/Durham, NC, Salt Lake City, UT, San Diego, CA, San Antonio, TX, and Spokane, WA. Wye River Group's separate Foundation for American Health Care Leadership addresses “lack of healthcare infrastructure...health disparities... unique demands of an aging population, unrealistic public expectations, and appropriate use of burgeoning technology” that require “visionary leadership focused on a shared vision” for American health and healthcare.

E = Economic equity. High technology is too expensive and inequitably distributed. Whatever everyone cannot have, no one shall have.

Under Sustainable Development, the use of waterpower or fossil fuel for generating electricity in the Third World will pollute the environment as well as distract the native population from its indigenous culture in harmony with the environment. Wind-power is cleaner and more sustainable, even if not dependable nor adequate for modern progress. Likewise, under Sustainable Medicine, medical Magnetic Resonance Imaging (MRIs) for diagnostics, and organ-transplant techniques for life-extending treatments are unsustainable. People must revise their expectations for long life and good health, and reject ever more sophisticated medicine and surgery dedicated to curing rather than to caring. We must reach a level sustainable plateau in medicine, says medical ethicist Dr. Daniel Callahan. As the natural world has its predictable cycles of birth and death, so people, especially Americans, must accept natural limits to life and reject interventions that unnaturally extend life at its beginnings, such as neonatal medicine, and at life's ends. We must not expect progress, we must not waste, and we must not spend on futile care.

SUSTAINABLE MEDICINE DOCUMENTS

The original documents that enunciate Sustainable Medicine are astonishing in their theory and in their calls for implementation. Few physicians, surgeons, or lawyers have access to the materials that I first reviewed in August 2003. I obtained them directly from their source in Switzerland, the office of Dr. Jasmin von Schirnding, World Health Organization, Geneva. Documents in English and French are not issued to the general public (and may not be “reviewed, abstracted, quoted, reproduced or translated, in part or in whole, without the prior written permission of WHO”). Some of these texts are available electronically from WHO. Here are typical titles:

1. Health in the Context of Agenda 21 and Sustainable Development: Meeting the Challenges of the 21st Century. von Schirnding, Y. (2001). Sustainable Development International.
2. Health and Sustainable Development: Key Health Trends. WHO. (2002). (WHO/HDE/HID/02.2)
3. Making Health Central to Sustainable Development: Planning the Health Agenda for the World Summit on Sustainable Development. Report of the WHO meeting: "Making Health Central to Sustainable Development", Oslo, Norway, 29 November - 1 December 2001. WHO. (2002). (WHO/HDE/HID/02.5)
4. Health in the Context of Sustainable Development. Background document prepared for the WHO meeting: "Making Health Central to Sustainable Development", Oslo, Norway, 29 November - 1 December 2001. WHO. (2002). (WHO/HDE/HID02.6)
5. Health and Sustainable Development. Summary Report. Meeting of Senior Officials and Ministers of Health, Johannesburg, South Africa, 19-22 January 2002. WHO. (2002). (WHO/HDE/HID/02.7)
6. Johannesburg Declaration on Health and Sustainable Development. Meeting of Senior Officials and Ministers of Health, Johannesburg, South Africa, 19-22 January 2002. WHO. (2002). (WHO/HDE/HID/02.8)
7. Health and Sustainable Development: Addressing the Issues and Challenges. WHO Background Paper prepared for the World Summit on Sustainable Development. WHO. (2002). (WHO/HDE/HID/02.12) French version.
8. Chapter 6 of Agenda 21, on Health: [Read]
9. The Johannesburg Plan of Implementation (the plan of action stemming from the World Summit on Sustainable Development)
Americans must learn Sustainable Medicine theory and implementation for it affects their lives and their property. Seven recurrent themes pervade the Sustainable Medicine documents.

First: Sustainable Medicine scholars who examine interrelationships between bodily health and the natural world conclude that poverty causes and exacerbates disease, and inequitable distribution of valuable land, minerals, and forests causes poverty. Therefore private property in land ownership must be eliminated. The global forest, for instance, is common heritage of all. Those who consume too much greedily “take” from the rest of humanity that has social rights to the arboreal ecosystem. Private taking from the collective is inequitable and immoral even if the over-consumers now own the property from which they benefit.

Second, private industry in the richest nations creates global health-endangering commercial pollution. Commercial filth causes illness and disease in people and burdens the limited “carrying capacity” of the environment.

Third, intellectual property rights in pharmaceuticals hinder Sustainable Medicine everywhere on the planet. Big pharma deprives the poorest nations of their “rights” to inexpensive necessary medicines for their sick citizens. The poor also require free condoms to combat AIDS and other sexually transmitted diseases. Poor nations therefore should not be bound by drug patents or by copyrights. The poor require humanitarian free access to all the drugs and sex supplies they require.

Fourth, economic burdens on the poorest nations must be eliminated. Their foreign debts must be cancelled. Economic equity must be created between high income and low-income “human settlements.” Economic disparities must vanish.

Fifth, and most medically important: Sustainable Medicine must eliminate health disparities. There must be no disparities of health among peoples and no disparities of access to medicine and surgery. There shall be no health disparities country to country, so that the poor shall not have less medicine and less health than the rich. There shall be no disparities generation to generation. Those alive now must save medical resources for all generations to come. There shall be no health disparities among human species, animal species, and plant species. Health of people is central to the health of the ecosystem. Yet human health cannot exist at the expense of environmental health.

The sixth concern, therefore, is human quality of life that must be integrated with inter-species equity. The quality of life of people must not exceed the quality of life of animals, birds, fish, amphibians, trees, plants, rocks, and stones in the environment.

Finally, the United States must pay more towards sustaining Sustainable Medicine. Americans must accelerate payments for medicine to poor countries to reach, annually, US \$22 billion by 2007.

Americans must wake up, alert and alarmed to Sustainable Medicine’s intrusions upon their liberties. Demands begin overtly for American money but conclude with covert demands for American lives. Sustainable Medicine ideas will not enhance any individual American’s life. Sustainable Medicine assuredly will promote Americans’ deaths. Agenda 21’s Sustainable Medicine powerfully attacks products of modern medical technology and ideas of modern medical progress.

NOTE! Madeleine Cosman is one of the featured speakers at the upcoming Freedom 21 conference in Reno, NV. held this July 14, 15, & 16, 2005 at the Nugget Casino Resort. DON'T MISS IT! BE THERE!

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Dr. Cosman is a medical lawyer located in California. Her forthcoming book in 2005 is *Who Owns Your Body?: Doctors and Patients Behind Bars*. She lectures worldwide on medical law and medical policy, has testified before Congress on medical law issues, and has spoken in Washington for Cato Institute and Galen Institute. She wrote the ABCs of the Clinton Medical World for Congress in 1993. A Director of California Rifle and Pistol Association, she writes "Guns and Medicine" for *Firing Line*. One of her 15 published books was nominated for the Pulitzer Prize, National Book Award, and was a Book of the Month Club Dividend Selection.

Madeleine promotes free-market, patient-centered medicine, and Health Savings Accounts.

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