

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

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ATTACK AGAINST IDEAS OF MEDICAL PROGRESS

The ultimate purpose of Agenda 21's Sustainable Development is to create one class-less global society living under global budgets in a series of human settlements in harmony with the environment. There all people, all generations, and all species are equal. There no disparities exist in the grand global bio-diversity. Economically, there are no rich and no poor. Ecologically, human life is not predator against other life forms. Intellectually, mind and reason are not more powerful than urge and appetite. Politically, calm, quiet, dull stasis replaces rapacious, creative progress.

THE THREE CHAINS OF AMERICAN CIVILIZATION

The method for achieving such global stasis is to break the three Chains of American Civilization. These Chains are visual representations of the three major hierarchies that intelligent thinkers in the West have celebrated since the beginning of recorded time. They are the three rational hierarchies that America's creators understood and by inference incorporated into America's Declaration of Independence and the Constitution: the Chain of Being, the Chain of Private Property, and the Chain of Language. Like benevolent strong chains of a ship's anchor or a fence around private property or a chain of office that the authority figure wears to signify power, the Chains of American Civilization signify freedom within restraint.

#1 THE CHAIN OF BEING

The Chain of Being is the rational hierarchy of existence traceable back to Aristotle and Plato and pervading both the Jewish and Christian bibles. The universe is visualized as a vertical chain with God or Nature as the top link followed by Angels and spiritual beings, then man and woman as the middle link. Mankind's rational, spiritual faculties connect by ascent to the angels, and mankind's physical sensuality and appetites link by descent to the next link down, the animal world. The next link below animals is the plant world, linked in turn to the lowest link of rocks, stones, and inanimate objects.

A person in this hierarchy of being always is superior to a salamander, salmon, bear, bird, or dog. Mankind has been thought superior to everything on earth, given by biblical mandate the right to name, use, and subdue the natural world for the advancement of mankind. In Judeo-Christian thought, Man is the only creature made in God's image as a creature of reason.

#2 THE CHAIN OF TITLE

The Chain of Title enumerates man's long line of links of private property ownership rights and responsibilities. In Anglo-American jurisprudence, all who own property by purchase, inheritance, or gift have rights to have, to hold, and to transfer or sell that property. Whatever real property now constitutes one link in the Chain of Title formerly was sold, given, or bequeathed from the previous link and will be sold, given, or bequeathed to the next link. Each landowner who owns a link in the Chain of Title has duties, accountabilities, and responsibilities, and suffers consequences of land actions or inactions.

Adam Smith proved long ago that self-interest of private property ownership benefits society. Each landowner link in the Chain of Title owns his own, benefits from his own, and protects his own. Everything privately owned therefore is protected.

When everyone owns everything, however, no one owns anything. Nothing is protected.

Chain #3 THE CHAIN OF LANGUAGE

The Chain of Language uses specific words with literal meaning and contextual meaning. $A = A$ and not B and certainly not C . $B = B$ and $C = C$. What is, is. Reality differs from fiction. Truth is distinct from lies.

The Chain of Language also uses figurative language as an intensifying device that glorifies meaning. But the links in the chain are connected in a hierarchy. All words are not equal and not equally true. Literary devices are not reality.

A simile, for example, is a comparison, using "like" or "as" to intensify understanding of reality. The simile isolates similarities in otherwise totally distinct, unrelated things. "My dogs are as loving as children" is a simile. But the dogs remain dogs and no human being, as yet, gives birth to canine young.

The next level more abstract is metaphor where one unlike object is substituted for another. "My dogs are faithful kids." Even people who take both type of "children" into their beds never actually confuse their live human children with furry, wet-nosed, tail-wagging pets.

Allegory is yet more abstract, in which the idea is personified and battles other abstractions in the human mind. Ford Motor Company allegorizes the Earth: "Earth says 'Good Morning!'" "The Planet thanks you!" for driving a hybrid Ford Focus. Certain people, however, intentionally confuse and reify such literary devices of similes, metaphors, and allegories. During recent Southern California wildfires, firefighters risked their lives to rush into a woman's fiercely burning home when she claimed to be a distraught "Mother" begging them to "Save my three children!" They were her cats.

A "Father" whose pick-up truck blocked fire apparatus rescuing an elderly woman insisted on first evacuating his "family." It was his twelve pet rats.

People for Ethical Treatment of Animals in 2004 and 2005 ran a vicious advertising campaign called “Holocaust on Your Plate” that equated roasting of millions of chickens with incinerating millions of Jews.

Civilization is in jeopardy when people break the three chains of civilization. When the necessary hierarchies of being, property title, and language are broken and all beings, things, and words are equal, everything has equal value and therefore nothing has value. There is no truth and no falsehood, no good and no bad, no right and no wrong, no positive and no negative. All things are moral equivalents.

There is no ownership, no responsibility, and no achievement. No one owns the product of his hands or of his mind. Therefore no one has incentive to make the good better, to repair the broken, and to create for posterity. Civilization that celebrates the mind stagnates. Civilization stops building. Progress stops. Excellence molds into mediocrity, envy, and death.

GAY MEN ON CRYSTAL METH BURST THREE CHAINS OF CIVILIZATION

Sustainable Medicine has surprising adherents, often unwitting, in the radical leftist gay community. This group respects the commune not the individual, feeling not thought, appetite not productivity, and encourages an inevitably short life rounded by disease and death. Like the proverbial crabs in the cauldron, they all cook together.

Patriotic Americans wishing to study the bursting of the Three Chains of Civilization, the hierarchies of being, ownership, and language, must visit San Francisco’s Magnet Center at Eighteenth and Castro Streets, the epicenter of California gay life. Or visit the gay clubs in New York’s Greenwich Village or Chelsea such as Barracuda and others near the Gay Men’s Health Crisis office. Open soliciting for instant sexual pleasure is rampant in these homosexual communities committed to copious unprotected anal sex heightened by the drug, crystal methamphetamine.

Crystal meth is a dangerous, addictive central nervous system stimulant, that the men devoted to it call “Tina,” so they buy meth in “Tina’s Café” or “Tina’s House.” Meth diminishes inhibitions and elevates libido.[1] HIV infection is accelerating in 2005 as irresponsible drugged debauchers out for marathon sex ignore the 20 million people worldwide who have died of AIDS, the 10,000 people who die daily, the 1 million Americans infected with HIV, and the 500,000 AIDS-destroyed Americans already dead.

Gay men on meth break the Chain of Language and Logic by making positives negative and negatives positive. Before 1985 there was no dependable test for HIV infection and all gay men were in the crucible of horror together. When the test distinguished those who were infection-free and HIV-negative from those infected and HIV-positive, activists in the community honored the infected and made pariahs of those without disease.

When, for instance, the AIDS Health Project in San Francisco raised a banner with the prevention war cry, “Stay Healthy, Stay Negative,” incensed HIV-positive men complained that they were being insulted and disrespected. The gay community supported the HIV-positive men. Infection was made the norm that lack of infection could not reach. Being healthy and HIV-negative was a deficiency, an emotional negative, and a source of guilt. This violated language and logic. It impeded medical attempts at prevention.

Gay men on meth also break the Chain of Being by advertising themselves only in terms of their animal appetites graphically posted on Internet gay websites. They break the Chain of Ownership by taking no responsibility for their bodies or lives. This radical leftist homosexual community clamors for American government money to save its’ members lives, and provide millions for AIDS research and treatments, while those same people volitionally act to commit suicide.

“Save me as I work to destroy myself” is the radical leftist homosexual taunt to medicine. Physicians’ work is hindered, hampered, and hobbled. Sustainable Medicine is advanced when the gay men die young and quickly.

WORDS THAT KILL LIFE UNWORTHY OF LIFE

Physicians, lawyers, insurance companies, HMOs, hospitals, and medical groups that promote “evidence-based medicine,” “best practices,” and “single-payer” “universal health care” have a vested interest in minimizing costs, reducing expensive care to those whose medical outcomes are so poor as to be “unacceptable”. These observers want to severely restrict care to patients whose poor “quality of life” make treatment “futile” and whose expensive care therefore is “medically unnecessary.”

Phrases that seem innocent in plain English have technical meaning in medical law. “Medically necessary,” for instance, does not mean: whatever diagnostic test, treatment, or curative medicine and surgery is correct for a particular patient’s disease or injury. “Medically necessary” in medical law means: whatever the third party payer will pay for.

Word definitions connect to cost of treatments and decisions to initiate, continue, or stop them. In Holland, mercy killing is permitted by law and encouraged by government. Criteria for euthanasia include: the patient unequivocally must request dying, two physicians must agree, the prognosis must be hopeless, and the patient must be in intractable pain. Hopeless for what and to whom?

Euthanasia reduces medical costs, decongests hospitals and clinics, and liberates medical personnel, medications, and surgery for those likely to get well and work again. In medical socialism, all people are equal and no one shall have more medicine or more health than any other. One person who claims more medical care than others is comparable to the mythical crab that tries to climb out of the boiling water and the other crabs grab him down to their level so they all cook together.

Medicine in Holland, in most of socialist Europe, and increasingly in America is lurching towards a deadly, inevitable equation: Sustainable Medicine + Sustainable Development = Duty to Die.

GRONINGEN PROTOCOL AND NATIONAL SOCIALISM

Holland's Groningen Protocol enables physicians to kill children up to age 12 if their physical or mental problems are very "sad," "hopeless," and "painful." [2] Groningen extends beyond killing newborns with serious congenital anomalies. Children who have lived to be teenagers can be killed if experts believe them better dead than alive. Parental concurrence is not required. The Groningen Protocol can override the will of intractable parents. A hospital committee acts in the "best interests of the child" to kill it for its own good.

National Socialist law in 1930s Germany distinguished among qualities of life and determined that people living lives unworthy of life, lebensunwertes leben, were useless eaters who must be eliminated for efficiency and for genetic good. In 1933, a New York Times article stated that the Nazi's were going to kill the incurable to eliminate their pain. By 1937, German National Socialism desired to reduce state expenditures on all who had a bad quality of life and a high cost of living. Therefore Germany rid itself of the aged ill, retarded, blind, deaf, and chronically sick.

Once they eliminated large numbers of medical parasites, they started to exterminate social parasites, leeches, and useless eaters bad for civic quality of life, such as street beggars, gypsies, prisoners, and convicts. After social misfits came ideological undesirables bad for political quality of life, the political enemies and people disloyal to the Reich. Genetic undesirables were exterminated with gusto to eliminate from the gene pool any hindrances to the Aryan supermen, ubermenschen, genetic quality of life.

LIVING WILLS

Who owns your body? Who shall decide what is done or not done to your body? Who shall determine whether your life is worth living?

As a medical lawyer I have always applauded rational preparation for potential personal disaster and prudent, thoughtful creation of advance medical directives, living wills, surrogate decision-maker appointments, and durable powers of attorney. Under Sustainable Medicine, however, such legal instruments are not life sustainers but life-extinguishers.

Hospitals and attorneys recommend that we all prepare Living Wills. Long ago I thought a Living Will an excellent method for expanding one's personal autonomy through time when one cannot speak one's will. I have reconsidered after seeing Living Wills used as voluntary death warrants in hospitals, and after studying the origin of that seductive instrument. Luis Kutner created the Living Will in 1967 for the Euthanasia Society.

Hospitals and physicians often praise the Patients Self Determination Act as a means of preserving one's autonomy after one is disabled. No so. Like the Living Will, the Patients Self-Determination Act propels one not to longer, better life but to quicker death. The law was produced for the Senate Finance Committee.

Budgets not patient desires induce people to give third parties the rights to determine whether heroic life support shall be started, continued, or withdrawn. Budgets also determine what shall be construed as life support. Life support electrical machines artificially fill lungs with air and pump blood for the heart. When Terri Schiavo's husband and his attorney wanted to pull the plug on her continued life, they influenced the Florida legislature to redefine food and water by gastric tube as equal to life support machine.

Ideas have consequences. Philosopher Georg Wilhelm Friedrich Hegel's idea that whatever is efficient is right creates the consequences of medical Darwinism. Medical Darwinism consists of survival of the fittest, and extinction of the unfit.

MEDICAL DARWINISM

In 2001 I wrote the equation "Psychiatric Darwinism = Survival of the Fittest + Extinction of the Unfit," for reviewing mental health provisions of modern laws that place all of us who function with a disability, a disease, an imperfection, or advancing age, at risk of one day being Terri-fied.[3], [4]

People with a chronic disease, physical congenital anomaly, mental disorder, or brain injury with poor prognosis, in many countries and in some state Medicaid programs, are given lower priority than patients with a time-limited condition and good prognosis. Conditions with low priority receive no money for treatment.

No money, no treatment. By law, doctors cannot treat. By law, hospitals cannot treat. Custodial care is costly and wasteful. It expends precious medical resources better applied to more hopeful medical conditions. If hopeless cases are sent home, families may be unable to care and cope. Hopelessly ill people at home distract caregivers from social productivity. Parents sacrificing time and spirit for a sick child, for example, must neglect or abandon care to their well children and expend parental effort for little gain for themselves and for the state.

Hegel's "whatever is efficient is right" leads inexorably to the unspeakable conclusion. But I will speak it. If we decide as a nation that it is efficient and right to prevent hopelessly ill people from selfishly using resources better applicable to patients who are curable and potentially productive Americans, we must conclude that it is logical, humane, and merciful to kill the incurable.[5]

If a person's medical condition is incurable and unqualified for life, and wastes limited medical time, effort, and money, then that person must be unqualified for life. If treatment is medically unnecessary, then the person with the illness is unnecessary.

People with no preservation-worthy quality of life might be treated if we have funds enough, world enough, and time enough. But we do not. Death is inevitable.

Germany in the 1930s rationalized exterminating children and adults with hereditary and chronic diseases. Germany first justified killing of chronically ill people to eliminate their great pain. The idea mutated from killing the patient whose personal quality of life improved by death to killing people whose quality of life soiled Germany's social quality of life. Killing the patient with poor life quality was said to be a mercy to liberate him from pain and dishonorable existence. Killing the patient who damaged the German people's quality of life was said to be a rational removal of execrable pollutants of the noble Aryan gene pool.

I do not say we should kill the incurable. I only say we could. We did.

Expendability of people with "eugenic" impairment was acceptable in American medical law. To prevent transmission of degraded genes that pollute the American gene pool, the state of Virginia in 1927 sterilized Carrie Buck. Carrie was committed to the state Colony for Epileptics and the Feebleminded. "Three generations of imbeciles are enough," said Justice Oliver Wendell Holmes, because Carrie, an ostensibly retarded daughter of a putatively retarded mother, gave birth to a presumably retarded daughter.

In Oklahoma until 1942, a statute authorized sterilization of certain felons so that their tendency to crimes would not be inherited. Others with incurable conditions were deemed expendable but useful for science. Retarded children at Willowbrook Hospital on Staten Island, New York, were the subjects in experiments on hepatitis, and prison inmates were slated for psychosurgery experiments that Kaimowitz prevented in Michigan in the 1970s. Americans have formulated and committed medical horrors.

The "right to die" for the "hopeless" is the motor propelling medical emphases on "quality of life," "outcomes," and "futility." The Nancy Beth Cruzan case in the 1990s and the Karen Ann Quinlan case affirmed for the public an individual's right to refuse heroic life-extending mechanical treatments. Court testimony, case holdings, and public commentaries assert that death is necessary for lives that observers consider not worth living. The unfit are not simply invited to die. They have a "duty to die."

The duty to die is founded upon the American social engineers' determination that America must wake up to its global responsibilities and stop dreaming about national sovereignty, personal integrity, and scientific progress. A human being that consumes too much time, space, and medicine is a burden on the carrying capacity of the environment and cannot be allowed to want and to get too much.

EXPECTATIONS OF HEALTH, LONG LIFE, AND DUTY TO DIE

President Ronald Reagan said in 1985: "There are no limits to growth and human progress when men are free to follow their dreams." Martin Luther King said in 1963, "I have a dream....that one day my children will be judged not by color of their skin but by content of their character." Daniel Callahan said, "Every dream must end," especially the

dream of medical progress.

Death engineers promote “sustainable medicine.” Dr. Daniel Callahan in *False Hopes: Overcoming The Obstacles to a Sustainable, Affordable Medicine* (Simon & Schuster, 1998) advocates limited medical innovation, settling for less medicine and technology when more is achievable, and avoiding the perils of “market corruption” in medicine. He especially supports “natural limits” on life—living 75 years is long enough—and protection of the environment by the unfit voluntarily, or unwillingly, making room for the fit.

Dr. Callahan’s other titles demonstrate his nihilistic contempt for medical progress: *The Troubled Dream of Life: In Search of a Peaceful Death* (Simon & Schuster, 1993); *What Kind of Life: The Limits of Medical Progress* (Simon & Schuster, 1990); *Setting Limits: Medical Goals in an Aging Society* (1987). Even his earliest books suggest the ignoble power of continued life: *The Tyranny of Survival* (1973).

Callahan co-founded The Hastings Center in 1969, an independent bioethics research institute to explore questions in health care, biotechnology, and the environment. His works on medical market theory and practice focus on medical equity, costs, globalization, and global health status. Callahan recommends that Americans revise their foolish expectations for unsustainable long, healthy life and accept a restricted “steady state plateau” for medical care. On analogy to Sustainable Development honoring the environment, people must reject the high-tech medical future because it is inequitable, uneconomic, and environmentally unfriendly.

Medicare and Medicaid are not “sustainable medicine.” Medicare in 2004 had a budget shortfall that used 9 percent of general tax revenue. By 2008, the Medicare budget will require escalating the 2.9 percent FICA tax to 19.8 percent, a 700 percent increase! Workers will not voluntarily spend nearly one-fifth of their income, before federal and state taxes, for anonymous sick elders.

Doctors are under threat of criminal felony and prison if they provide care that government construes as medically unnecessary. My forthcoming book, *Who Owns Your Body? Doctors and Patients Behind Bars*, provides the harrowing data. Citizens have limited rights to obtain medicine from private sources if Medicare prohibits treatment as “medically unnecessary,” because the Balanced Budget Act, Section 4507, is interpreted as requiring that any physician who treats one or more Medicare patients privately must opt out of Medicare for two years. All people young and old were threatened with felony punishment in the toxic Clinton health plan legislation of 1993, if they used personal money to buy medical care that the government considered not medically necessary.

Few doors remain open for America’s unfit. Acute, high-technology care is expensive. Custodial care is expensive. America’s aged, chronically sick, and mentally incapacitated will never get well and never contribute to national advancement. They will never contribute to the economy or to cost containment — except by dying.

If finite American medical money and time must be invested only in medical success,

then government must replace old-fashioned, outworn physicians and surgeons, who pledged allegiance to Hippocrates and Maimonides, with new doctors and medical ethicists who pledge allegiance to the global budget. Government promotes its own longevity, fiscal health, and privileges.

Patient “capitation” is a helpful “moral” wedge because patients are mere “heads” classified by diagnosis. Those with grim medical “outcomes” will have medically necessary treatment determined only by whatever third-party payers will pay for. Third-party determinations of her “quality of life” propelled Terri Schiavo into a crematory jar. “Duty to die” was Terri’s death engine. The Culture of Death makes such decisions easy. (Wesley Smith, *The Culture of Death*, 2000).

Medical Darwinism achieves cost-efficient survival of the fittest by extinguishing the unfit. Sustainable Medicine therefore promotes Sustainable Development. The planet’s inherent value is increased by species-equity. The global environment is safer without sick people. In fact, the global environment is safer without people.

International groups for animal rights and earth rights such as People for Ethical Treatment of Animals, Earth Liberation Front, Animal Liberation Front, Earth First, and Voluntary Human Extinction Movement subtly and overtly promote eliminating human overpopulation. Sustainable Medicine as practiced worldwide restricts the numbers of people who live and multiplies the numbers of people who die.

MEDICAL SALMAGUNDI

Public health experts promoting Sustainable Medicine brilliantly use rhetorical techniques to suspend the listener’s vigilance and to overwhelm the reader’s caution. Salmagundi is a literary technique public health experts use with gusto. A salmagundi is a savory stew, a hodge podge, a hotch pot into which miscellaneous leftover morsels, nutritious, incongruous, and heterogeneous, are mixed together to make a meal. Typical intellectual salmagundi in the Geneva Sustainable Medicine documents was the medical need for eliminating private property, patents, and copyrights.

Components have no hierarchy. Strictly egalitarian, like is equal to unlike. All are moral equivalents and are tossed in together. Pathogens and metaphors are whipped together with specific social hazards and nebulous generalizations. Anti-logical and anti-conceptual, salmagundi creates in the uncritical hearer and reader a malign confusion. Something is in the pot for everyone. Few reject salmagundi for fear that it is impolite to refuse what the host offers, especially if the host is a doctor. Salmagundi makes bad medicine and bad law.

Sustainable Medicine typifies goals and activities of estimable public health organizations. Some branched out from studying infectious diseases to instead promote programs and policies for eradicating poverty, reducing violence, eliminating social class distinctions, and stimulating multiculturalism in laboratories as well as in cities. Public health officials nationwide promote altruism and coerced self-sacrifice to “insure

conditions for everyone to be healthy enough to...care for and about others." Political correctness subverts scientific medicine.[6]

Let us honor metaphor as metaphor and respect medicine as medicine. Let us also honor the intelligence of America's city and country dwellers, who include the inner-city and the rural indigent. Most urban and rural Americans are capable of rational thought. People do not lose intelligence along with their money. The homeless did not lock their powers to reason in their houses when they left home. America is an intelligent nation with the best medical care in the world. Let us expand it by our choice and by our intelligent sale of it to those who will buy it. Let us subsidize medical choice even for those who cannot buy, and now are on Medicaid or are not insured.[7] Let us keep people at the center of thought and actions and their health and longevity as rational choices. Let us not passively appease environmentalists who dismiss human beings as expendable burdens on an environment that has too many people who consume too much.

AMERICAN PUBLIC HEALTH AND SEPTEMBER 11

The American Public Health Association promotes Sustainable Medicine. This illustrious medical group attacks ideas of modern medical progress and attacks products of medical technology such as medical phthalates. The American Public Health Association worldview and its method of analyzing reality have dramatic effects on its response to radical Muslim terrorism.

Just one month after the September 11th terrorist atrocities in New York and Washington, and days after the subsequent anthrax infection attacks, the American Public Health Association (APHA) met in Atlanta and publicized its 12-point Guiding Principles for a Public Health Response to Terrorism.[8] That statement of principles is APHA's best resolve as the nation's oldest, largest public health organization, consisting of 50,000 public health researchers, health services providers, administrators, teachers, and other health workers who have influenced public policies and set public health priorities for more than 125 years.

One might expect APHA to exhort American pharmaceutical houses to create more vaccines, antidotes, and medications against known biological, chemical, and nuclear agents manufactured as weapons by governments promoting terrorism. One might expect APHA calls for laboratory studies of new strains of old bioterrorism agents such as smallpox, botulism, and anthrax. One might expect sophisticated standards for evacuations and disaster preparations. One might expect recommendations to municipalities and to citizens for preventing contagion, for using or for avoiding quarantines, for national, municipal, or personal stockpiling of protective garments, masks, medicines, or machines related to preserving Americans' health and lives under terrorist attack. One might expect suggestions for protecting integrity of municipal water supplies, of cattle feed lots and meatpacking, of seed, plant, and food crops, and of staple subsistence nourishment stocks.

But protecting the health of Americans is not the primary concern of America's preeminent public health organization in its response to terrorism. Instead, Guiding

Principle No. 1 is: “to address poverty, social injustice, and health disparities that may contribute to the development of terrorism.” [9]Medical action is not even mentioned until Principle No. 4.

Medicalization here has gone global. Rather than helping ourselves take medical steps to endure attack, public health doctors wish to “address” reasons attackers attacked. Presumably America did something bad, including creating health disparities, to make terrorists terrorist. What does “address” mean when American buildings are attacked and burning and citizens trapped and killed? What kind of public health response is an address? Does address mean study? Admit to guilt? Write a letter?

Principle No. 2 is to “provide humanitarian assistance” to civilians “directly or indirectly affected by terrorism.” Does this mean that we should provide humanitarian help to the terrorists’ families or to those countries that harbor terrorists? Perhaps public health officials here recommend merely that Americans under attack should provide humanitarian help to themselves. Principle No. 3 offers noble aspirations, but has nothing to do with medicine: to end the “armed conflict in Afghanistan” and “promote nonviolent means of conflict resolution.” Americans might have trouble nonviolently resolving unstated conflicts with terrorists who neglect to proclaim their conflicts while they leap and fly to murder noncombatant innocents with missiles, planes, and incendiaries.

APHA’s executive director, Dr. Mohammed Akhtar, and colleagues also call for eliminating nuclear weapons, preventing hate crimes, abandoning racial profiling, and preventing ethnic, racial, and religious discrimination. They recommend stimulating “cultural competence,” “diversity training,” and “dialogue among peoples.”

Some of the 12 points actually are related to the organization’s ostensible purpose. Principle No. 4 calls for public health support for programs and policies that “strengthen the public health infrastructure (which includes workforce, laboratory and information systems) and other components of the public health system (including education, research, and the faith community) to increase the ability to identify, respond to, and prevent problems of public health importance, including the health aspects of terrorist attacks.”

Salmagundi, the savory stew of miscellaneous ingredients mixed in a pot, makes it hard to understand precisely what is asked for, but that last morsel bobbing on top of the stew is interesting. APHA wants to strengthen the infrastructure to prevent problems important to public health. The only way APHA can prevent any problem that does not include health aspects of terrorist attacks is if public health is devoted to more important subjects than medicine as it relates to individual people’s bodies. But what could be more important to public health officials than the health defense of the nation?

Principle No. 8 validly aims at public health “assuring protection of the environment, the food and water supply, and the health and safety of rescue and recovery workers.” Salmagundi, however, ingeniously mixes the inanimate -- food and water supplies prepared in advance of terrorist attack -- with live men and women who rescue victims

after terrorist attack, and with environmental protection that might include contaminated air, polluted water, redwood forests, toxic dumps, and endangered birds.

These proposals descend into maelstrom. They demonstrate “deep confusion” regarding APHA’s responsibility to the public and to its profession.[10] Public health practitioners should be dedicated to advancing practical techniques for disease and injury prevention, enforcing scholarship standards, and educating policy makers. Health protection is essential to America’s homeland security.

Rather than protect American health, however, America’s stellar public health organization states as its mission to “assure the conditions in which people can be healthy...improve public health for everyone...achieve equity in health status for all....and advocate the conditions for a healthy global society.”[11] Single standard medicine here is international single standard medical care. One World, One Health Standard. The World Health Organization demands for every man, woman, and child on planet Earth the “right” to health, the “right” to medicine, and defines health as “complete social well-being.” What does that mean? What right? Whose responsibility? Who decides? Who has access to what? Who pays? Who enforces? Under what law? Which law when there is conflict of laws? What appeal? What recission? Who determines who lives? Who determines who dies?

Public health arrogates to itself impossible, high-sounding goals full of sound and fury. The APHA Guiding Principles dangerously confuse social cause and medical consequence. APHA’s goal “to prevent future acts of terrorism” deals with international sociology, politics, and theology. Its rhetorical techniques and salmagundi cleverly obscure APHA’s refusal to restrict public health efforts to preventing adverse health consequences of terrorism against Americans.

ALL LIFE FORMS ARE EQUAL

According to Sustainable Medicine and the UN Biodiversity Treaty, human beings are merely one single strand in nature’s web where all living things are equal. No person has more value than an oak tree, salmon, or long-fingered salamander.

The polar bear lives out its beautiful bearish existence catching fish for food in the Arctic. The bear never presumes to hop a plane to retire in sunny Florida where he burns expensive fossil fuel to get there, cannot fish for himself, and needs Medicare to keep his white hairs on his tough hide. But the person who lives in frigid Minnesota or northern New York, called a snowbird, arrogantly flies south to Florida to live out his long, brutish old age burdening the environment and taxing the medical budget.

No person has more value than a wolf, lion, snake, or cougar that attacks a human being simply by intrinsic animal nature. The animal that kills a person acts according to his natural animal instinct. The person who kills an animal for food or for sport acts by volitional human reason propelled by a fatal human will to dominate the ecosystem. The cardinal principle of the Rio Declaration on Environment and Development is: Human beings are...entitled to a healthy and productive life in harmony with nature. Lives not in

harmony with nature are lives unworthy of life.

Healthy, fit people burden the carrying power of the earth and are eco-sustainable only with the restrained, intentionally limited technology of Sustainable Medicine. Sick people are not eco-sustainable. Human beings and their expensive, consuming, polluting civilization have a duty to die.