

## Basic Health Principles and Hints

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Welcome to our seminar on “Health Myths and Practical Alternatives.” We are gathered to dispel health myths and to offer tips for effective use of our health options. Our quest is for practical information to complement efforts of our respective medical care providers. Your instructor’s background includes successful experience as a patient, augmented by pre-med courses and sociological study of complex organizations at the University of Oregon. This seminar also reviews select options in Alternative Medicine. Tonight we will be demythologizing social definitions regarding water and staple foods, essential to health.

First, we all are concerned about the affordability of medical care, soaring gas prices and tax hikes that attack our pocketbooks. The IRS now estimates a family of five will pay \$20,000 in premiums for ObamaCare.<sup>1</sup> Medicare costs are unsustainable, as pointed out by Robert Samuelson, who explains “Why We Must End Medicare ‘As We Know It.’”<sup>2</sup> Federal spending, if unchecked, threatens to “consume fully 81 percent of the nation’s GDP by the end of this century. With state and local government spending added to the mix, nothing would be left for the private sector” (Scott Rasmussen, The People’s Money, 2012, p 113). *Impossible!* The Congressional Budget Office now estimates seven million will lose their job-based insurance coverage.<sup>3</sup>

Thus, in American health care reform, we find the strange bed fellows, Barack Obama and Paul Ryan. Each seeks to halt skyrocketing costs of medical care. On the one hand, President Obama is concerned that Medicare costs interfere with federal spending on other social programs. Meanwhile, Representative Ryan resists unacceptable increases in government spending in an overtaxed economy. Unhappily, when it comes to Medicare, neither party seems able to escape the dictum, “In the economy of the omniscient state, nothing succeeds like failure” (Herbert Schlossberg, Idols for Destruction 1983, p-124). Politicians are still wary of touching Medicare, this deadly “third rail” of U.S. politics.

What is the structural source of our national impasse regarding health care? How did we come by politicized amalgams of business and ministry that currently poison vital American social functions? We, like the Puritans, approach basic ministries of Education, Justice and Health Care as business opportunities. They reared up business-ministries to cope with social problems of industrialization. In America, Puritans first endowed Harvard and later Yale, when Harvard experienced secularizing goal displacement. This myopic imposition of business routine upon our nation’s educational ministry has had dreadful consequences. We have produced a faceless, bureaucratic colossus whose costs increase incessantly, with alarming results.

Likewise, costs of bureaucratized health care are spiraling upwards out of control. Perplexing outcomes result from the intra-organizational conflict of irreconcilable goals. Businesses must make a profit or go bankrupt. Cost-efficient routine to make a profit is the *name of the game*. Ministries, traditionally funded by offerings, are geared to address *ad hoc* needs. A computerized diagnosis can turn any medical treatment lethal, if it isn’t tailored to the individual patient by an attending physician. “One man’s meat is another man’s poison.”

Like oil and water, essential ministry and business enterprise do not easily mix without stressful, shaking reforms. The trouble that plagues these business-ministry emulsions is that they keep degrading into dysfunctional oil-water agglomerations that are neither profitable businesses or effective ministries. Sadly, we find patients, who expire both fiscally and physically under regimens of radiation, chemo and surgery. We have dumbed down graduates, out-of-wedlock ADC babies and failure to “connect the dots” before the 9/11 Twin Towers attack. We now face the likely prospect of government-mandated rationing of medical care.

We spend over \$8,000 per person or 17.4 percent of our nation’s GDP on medical care. The New York Times asks “Does it make sense that older adults in their last year of life consume more than a quarter of Medicare’s expenditures?”<sup>4</sup> This raises the spectre of deadly delays in treatment and possible euthanasia for the elderly. Dr. Peter Saunders notes that bureaucratic inertia drives euthanasia in the Netherlands since its legalization in 2000, “What we are seeing in the Netherlands is more accurately termed ‘incremental extension,’ the steady intentional escalation of numbers with a gradual widening of the

categories of patients to be included.”<sup>5</sup> So, he dismisses the notion of a passive *slippery slope*. Along with increases in Holland’s euthanasia rates, Saunders cites a sharp jump in reports of “assisted suicide” in Oregon (450%) since legalization in 1998.

Our concern must be how to make the wisest use of medical care options. We should first realize that nothing we or *any* doctor can do will “save” *even* one life. After all, the Bible declares that “it is appointed unto men once to die” (Hebrews 9:27). Nevertheless, it is our duty to provide informed nutrition for our persons, our families and even ailing neighbors as did early Christians. Like “nurse practitioners,” we work with the Great Physician to minister to basic health needs. In the words of Hippocrates, “Let your food be your medicine, and let your medicine be your food.” We do well also to heed Solomon’s reminder of the spiritual dimension of health. “A merry heart doeth good like a medicine: but a broken spirit drieth the bones” (Proverbs 17:22).

Faithful Christians share Israel’s promise of good health. God promised that if Israel kept all of His commandments, “I will put none of these diseases upon thee, which I have brought upon the Egyptians: for I am the LORD that healeth thee” (Exodus 15:26). Egyptian medicine prescribed application of “worm’s blood and asses’s dung” full of tetanus spores to embedded splinters. Therefore, “it is little wonder that lockjaw took a heavy toll of splinter cases” (S. I. McMillen, None of These Diseases, Revell, 1975, p 9). Israel was spared such harmful remedies in God’s law. Similarly, with dreaded leprosy Israel was commanded to isolate those so infected. The principles of quarantine set forth in Leviticus Thirteen are still effective for communicable diseases. Unhappily, we have politically protected diseases which can’t be legally quarantined.

Sadly, healthy eating and healthful hydration has become increasingly problematic with the advent of the Industrial Revolution. Factories have often polluted the land and local water supply with chemicals creating untold health *time bombs* downstream. In a notorious case, PG&E was judged responsible for contamination of ground water in Hinkley, CA, with hexavalent chromium, a known carcinogen. PG&E in settled a direct-action lawsuit in 1996 for \$333 million to compensate Hinkley locals for their cancers. This story was told cinematically in “Erin Brokovich” (2000), a movie starring Julia Roberts. And in “A Civil Action” (1998), John Travolta dramatized efforts to cope with TCE pollution of water at the Marines’ Camp Lejeune in NC.

Further, our food industry fills this nation’s tables with tasty food engineered to maximize profits, often at the expense of nutrition. Every fast-food restaurant offers meta-foods formerly only available in courts of royalty. Our artificially sweeten *munchables* are cheap, to be sure. In reality these *Frankenfoods* are very costly to our overall health. As one would say in Mandarin, “Kweiti pu Kwei! Chienti pu Chien!”: which translates, “That which is expensive is not expensive!; and that which is cheap is not cheap!” Fast foods are modern day “dainties,” against which Solomon warned: “for they are deceitful meat” (Proverbs 23:3).

The American diet is increasingly laced with sweeteners and MSG, formulated to appeal to physical and mental tastes of consumers. High Fructose Corn Syrup was early marketed for its *health* benefits as a sugar substitute. But as it caught on, HFCS consumption increased 1000%. HFCS has been associated by the USDA with America’s dangerous rise in obesity and Type 2 diabetes.<sup>6</sup> Finally, as much as possible, one should go “organic” in food purchases and avoid hormone-bulked animals produced by our agribusiness giants. We are well-advised to take food-choice counsel from documentaries such as **Food, Inc.** and **Fresh**.

1. URL is

<http://kool1017.com/obamacare-costs-irs-estimates-20000-minimum-a-year-for-average-family/>

2. URL is

[http://articles.washingtonpost.com/2011-06-05/opinions/35233975\\_1\\_medicare-beneficiaries-health-care-medicare-and-medicaid](http://articles.washingtonpost.com/2011-06-05/opinions/35233975_1_medicare-beneficiaries-health-care-medicare-and-medicaid)

3. URL is

<http://www.washingtontimes.com/blog/inside-politics/2013/feb/5/obama-health-law-will-cost-7-million/print/>

4 URL is

[http://www.nytimes.com/2012/08/22/business/economy/rationing-health-care-more-fairly.html?pagewanted=all&\\_r=0](http://www.nytimes.com/2012/08/22/business/economy/rationing-health-care-more-fairly.html?pagewanted=all&_r=0)

5 URL is

<http://www.lifenews.com/2012/09/27/dutch-euthanasia-preys-on-mentally-ill-psychiatric-patients/>

6. See Dr. Williams, *Alternatives* Vol. 10, No. 14 for additional maladies (cancer) associated with HFCS.