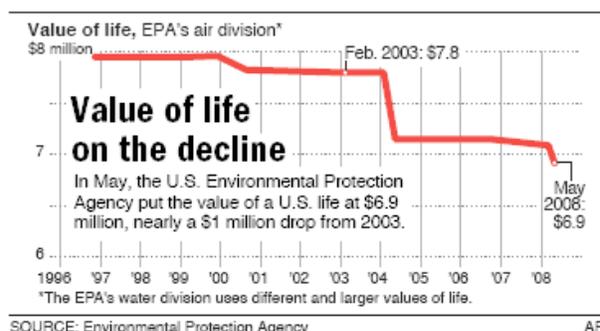


Human Life - U.S.

USEPA has long assigned a dollar value to the life of a U.S. citizen as a means for estimating the costs of disease or loss of life due to exposure to pollution. The agency routinely conducts cost-benefit analyses based on the estimated impacts of pollutants on life and health (For example, *Are the savings in American lives worth the additional cost of water treatment to regulate arsenic in drinking water at 10 µg/l rather than 50 µg/l?*). Indeed, health-based standards are, in effect, appraisals of the value of the lives of those potentially injured by specific pollutants or hazardous conditions. Where life is cheap, tolerable levels of pollutants - as well as speed limits - are high.

From 2000 to 2008, the USEPA air quality division quietly revised its value of a 'statistical life' downward from \$8.0 to \$6.9 million. While Americans are now cheaper to asphyxiate, in the future, with an ever-increasing U.S. population abetted by reduced regulatory requirements, lives lost to air pollution, as measured by the USEPA barometer, might be expected to get cheaper still.



Value of Statistical Life, USEPA Air Division

Year	\$, Millions
2000	8.0
2001	7.8
2005	7.2
2008	6.9

<http://www.msnbc.msn.com/id/25626294/>

Age and the Value of Life

Implicit factors in the appraisal of value of life are age, earning power, sex, and remaining life expectancy. The life of an uninsured, terminally ill Centenarian, incapable of earning a paycheck and with savings exhausted, might likely be valued close to zero. (Perhaps even less if she is insured and worth more dead than alive.)

- As of 1971, there are about 78,000 Centenarians in the U.S. (1 in 4,100)
- If one is a true believer, oldsters are pikers today as compared with Biblical long-livers:
 - ~ Methuselah, 969 (Genesis 5:27),
or 720 in the Samaritan Pentateuch.
 - ~ Noah, 950.
 - ~ Adam, the first man, 930.
 - ~ Enoch, 365.
- In 2007, Hallmark reportedly sold ≈ 85,000 **Happy 100th Birthday!** cards.
- In 2005, the Social Security Admin/ extended life expectancy tables to age 119.
- Three percent of Centenarians report that they tweet. (100%, toot).



At the other end of the life spectrum, newborns, while universally cute, spend their first score of years consuming resources. They must be cuddled, diapered, potty-trained, and taught to drive. They face decades of educational exposure before they are ready to contribute to the American engines of economic power. So, it appears that the value of an American life varies with age. Most of our young as well as our old are not considered valuable enough to be worth insuring. Also, our youth get to go to war.

Even if primarily packed into the middle years, the aggregate value of life as an American is clearly worth millions. That helps explain why so many would-be immigrants, even those that have suffered from and passionately hate the U.S. for its military *'police actions'* and *'interventions'* still want to come to live here.

In that regard, General William Westmoreland, filmed for the Oscar-winning 1974 Vietnam documentary *Hearts and Minds*, suggested: *"The Oriental doesn't put the same high price on life as does a Westerner. Life is plentiful. Life is cheap in the Orient."* (Based on the military's assessment of the relative value of lost lives, an American offensive was considered a success when we were out-killing the North Vietnamese forces, 10-1.). Still, one might suspect that, given the opportunity to live and grow corn in mid-America rather than splash around in a mine-filled rice paddy in a war-devastated, defoliated landscape, these same Orientals might well reappraise the value they place on their lives. Circumstances matter.

But what if you are a very old American and have cashed in on most of your most productive years? After 2002, faced with calculations from the Bush administration, the USEPA concluded that the value of people over 70 years of age was 38 percent less than that of younger people. After this decision became public and older constituents started to consider the implications, the administration relented and allowed the agency to reverse itself. (*Death panels*, anyone?)

In retrospect, maybe our compassionately conservative accountants were simply being typically practical and businesslike. Between our visits to an increasing assortment of medical specialists and trips to the pill factory outlets, even us old farts (*Disclaimer: I'm 84 or, statistically, 99+ percent done.*) must acknowledge that we are not having as much fun as we seem to recall we did in our early years. With a minimum of 90 percent of our statistical life gone, maybe septuagenarians are less than 10 percent as valuable as a newborn (and still less than a fetus, as anti-abortionists would argue). With the health care resources, dispassionate population is a progressively increasing future economic prosperity.

Further, as octogenarians and beyond, worthless to our society. As physical we may contribute most to society, as electing to die before our medical costs wealth. As fear of the loss of their may come to embrace *'death with*



we could be viewed as being totally infirmities progressively debilitate us, well as to our family heirs, by simply mount and consume our accumulated inheritance spreads, even *'right-to-lifers'* *dignity.'*

Euthanasia and Suicide

Euthanasia (the *good death*, as opposed to the horror of progressive mental deterioration, physical incapacity, incontinence, and unrelenting pain) is something that critically ill people consider seriously after they personally decide that the value of their continued existence has declined to zero - or even gone negative.

Presently, euthanasia is legal in Canada, Belgium, Luxembourg, Netherlands, Colombia, and Switzerland. In the U.S., California, Oregon, Washington, Montana, and Vermont now allow terminally ill patients to seek medical assistance in dying (assisted suicide). While Catholic teaching condemns euthanasia as a crime against life, Hindus believe that in helping to end a painful life a person is performing a good deed. In Shinto, the prolongation of life using artificial means is a disgraceful act against life.

Suicide's not Painless

Suicide (self-euthanasia) has become a growing alternative for American troops serving overseas and returning veterans. Despite urgent prevention programs, young, healthy, active-duty, American military men and women (primarily, 18 to 27 years old) commit suicide at an annual rate of 30 per 100,000. This is roughly twice the overall national rate as of 2013. Suicide, the eleventh most common cause of death in the U.S., is even more commonplace than homicide, number 15.

Not surprisingly, the firearm (gun, rifle, or shotgun) is the American suicide weapon of choice. However, those residual non-gun-owners desperate to end their lives may resort to such fearsome alternatives as:

- *Slashing one's wrists or arteries (exsanguination),*
- *Drowning (useful for torture; one of the most feared and least common methods),*
- *Suffocation (e.g., plastic bag over head; Warning, "This is not a toy"),*
- *Electrocution (high tension, high current required; feet preferably in water),*
- *Jumping from high bridges, balconies, windows (defenestration),*
- *Hanging (more common in rural areas; asphyxiation takes 5 to 10 minutes),*
- *High-Speed Train Collision (with a 10% survival rate, a fate possibly worse than death; in Germany, 10% of all suicides involve railways),*
- *Subway Track Jumping (poor choice; has a 67% survival rate),*
- *Car Crashes (an estimated 1.6% to 5% of crashes are attempted suicides),*
- *Potable Poisons (hydrogen cyanide plus diazepam was the cocktail of choice for the Jonestown religious sect),*
- *Drug Overdosing (a highly preferred method of dignified dying),*
- *Carbon Monoxide Poisoning (burning charcoal = death by hibachi),*
- *Venom (bites by scorpions, spiders, snakes, asps),*
- *Self-Immolation (suicide by fire; very painful, just ask Saint Joan),*
- *Apocarteresis (suicide by starvation; difficult in the U.S. where obesity reigns and force feeding is very popular),*
- *High Explosives (Plastique explosives strapped to forehead, detonator),*
- *Suicide Attack (also referred to as murder/suicide; kamikaze).*

- *Physician-Assisted Suicide* - Considering the grisly options plus the uncertainty of success of do-it-yourself suicides, the 130 fatalists who turned to Dr. Kervorkian and his suicide machine seem to have made a comparatively good choice.

With 70% in favor, strong public support for *assisted suicide* has gained political recognition and action. Already legal in Oregon (since 1997), Washington (next, in 2008), Vermont, and Montana, Coloradans approved a '*medical aid in dying*' act by 65% in 2016. Earlier, Californians had joined the '*right to die*' movement by passing its '*End of Life Option*' in October 2015.

In response, religious groups and 'conservative' legislators undertook to spearhead an intransigent opposition dedicated to making the new legislation burdensome to implement and unnecessarily costly. (Capitalizing on these efforts, Valeant Pharmaceutical has raised the cost of their newly acquired death drug, Seconal, to \$3,000 to \$4,000.) As a result, lethal medical prescriptions claim relatively few lives. Of those death-wishers who surmount the institutional and financial barriers to receive a poison pill, only about two-thirds use it.

The U.S. Opioid Boom - an increasingly Popular Way to Die Happy - at low cost and with less mess.

Approaching the number of U.S. deaths due to car crashes, *heroin and synthetic opioids* were deemed responsible for the overdose deaths of over 33,000 users in 2015 (CDCP). Deaths from heroin alone surpassed our nation's already impressive and messy, blood-spattered death toll due to guns.

Used for anesthesia and to treat cancer pain, fentanyl, a powerful synthetic opioid which can be inexpensively prepared in laboratories, is now overtaking heroin in popularity. (Fentanyl is the drug that killed the singer, Prince, in 2016.)

As a byproduct of rapidly-increasing opioid use by pregnant women, there has been a marked increase in the birth of drug-dependent newborns who require costly, long-term special care facilities. The adverse (i.e., unpaid) financial impact of these hopped-up neonates on hospital operating costs has been greatest in rural areas where women are more likely to be poor and to rely on public assistance, such as Medicaid.

Over the past decade, rural mommas have increased their medicated spawn almost seven-fold while their urban counterparts achieved only a four-fold increase. (Maternal opioid use is reportedly nearly 70 percent higher in rural counties than urban. West Virginia, Maine, and Vermont have achieved particularly high rates of *neonatal abstinence syndrome*.)

In mid-2016, President Obama signed into law the *Comprehensive Addiction and Recovery Act*, or CARA. It stipulated that federal officials should give priority to funding programs in rural areas to improve treatment for pregnant women. This benevolent benefit to the pregnant poor may be short-lived if our newly enfranchised '*compassionate conservatives*' decide that such social endowments must be sacrificed to foster job creation and dramatic infrastructure development, such as border wall-building.