



## A “Humanitarian” Expenditure Americans Can’t Afford

With the U.S. debt having surpassed 100 percent of gross domestic product August 3, to \$14.58 trillion, it’s crudely entertaining to see how multimillionaire lawmakers in Congress and administrations both past and present find “compassionate” ways to spend ever-more of taxpayers’ money. The following is just the most recent example of a “compassionate” expenditure taxpayers don’t need.



On September 10, one day before the tenth anniversary of the 9/11 terror attacks, [a piece was published](#) that set out conditions under which the U.S. should (and should not) provide humanitarian aid at taxpayers’ expense, humanitarian projects being by their nature philanthropic.

Just three days later, the *Washington Times* (one among several other newspapers), [ran a story](#) describing how a compassionate George W. Bush was using his namesake institution to jumpstart an initiative combating women’s cancers (cervical and breast) in developing countries, primarily Africa, Vietnam, and Haiti, where such diseases are more rampant than usual due to the high levels of AIDS/HIV. The project is part of the “Pink Ribbon, Red Ribbon,” program, the goal of which is to “expand the services of clinics created under the President’s Emergency Plan for AIDS Relief (PEPFAR),” while the cancers are presumably still treatable.

So, here was a private source, in the form of the George W. Bush Institute, providing a worthy service to the least fortunate beings on the planet, soliciting private donations from philanthropists and charities in a benevolent expression of selflessness.

But wait! In the middle of the *Times* article it states: “PEPFAR was initially funded in 2003 with **\$15 billion** to be used primary in 15 countries with the highest rates of HIV/AIDS.... In 2008, **Congress** more than tripled the initiative’s funds, to **\$48 billion through 2013.**” [Emphasis mine.]

Far be it from most Americans to wish anyone, anywhere, a gruesome death, preventable or not. But right here in the U.S., according to the [American Cancer Society](#), were approximately 1,529,560 new cancer victims in 2010, unable to pay the mere \$100 (in rare instances) to the more typical \$30,000 for chemotherapy regimens, upwards of \$10,000 for radiation therapies and/or \$40,000 for the newer photon treatments, among other expenditures, such as surgery and collateral body damage, to manage their own illnesses. Middle-class, “insured” families are going broke to accommodate these enormous sums. Health insurance companies question every detail of care, from anti-nausea medications to anti-diarrhea agents, generating mountains of paperwork and huge delays in payment (or, more likely, nonpayment).

Yet, our “compassionate” government steals from American taxpayers to pay for cancer screenings and treatments halfway around the world.



Written by [Beverly K. Eakman](#) on September 26, 2011

The National Institutes of Health puts overall costs of cancers in 2010 (the latest year for which firm statistics are available) at \$263.8 billion, with \$102.8 billion going to direct medical costs; \$20.9 billion for loss of productivity during illness; and \$140.1 billion due to premature death. Most of these individuals and their families have never engaged in “unprotected sex”; shared a needle; or engaged in other “risky behaviors,” with the exception of smoking as it relates to lung and esophageal cancers.

According to the U.S. Centers for Disease Control and Prevention, 20 percent of cancer patients younger than 65 delay or refuse treatment [due to high costs](#). Still others cite horrific side-effects. As for resources available to patients who need assistance, the term “need” apparently does not apply to most of the middle class that has worked to build at least a modest nest-egg, while those who pay little or no taxes and subsist on welfare as a way of life, are eligible for financial aid.

According to the [combined sources](#) of *Johns Hopkins Health Alert: The High Cost of Chemotherapy*, the *Cancer Bulletin* of National Cancer Institute, and American Cancer Society: *Paying for Chemo Treatment*:

Looking at all these statistic reports for the treatment of cancer and cancer related problems there are very few who could afford these expensive treatments. The [overall expenditure](#) to treat cancer starting with chemotherapy, administration of anti-cancer drugs for a period of about a month to a month and a half has been roughly estimated to be around \$300-\$5000. The cost of per dose for an outpatient comes up to around \$153 approximately.

Outpatient treatment, of course, is pushed by insurance companies since they don't have to pay hospitalization, save for surgery. Like women who have just given birth, insurance agencies want to get these folks out the door free up another (hopefully well-paying) bed. Left unstated is that, as a result, most chemotherapy patients will spend days on the floor of their bathrooms, sitting or standing in their own bodily wastes, incapacitated to the point of being unable to clean up. Their immune systems will be virtually wiped out, not to mention frequent collateral damage to nerves, other vital organs and blood — which will then, of course, require ongoing treatment that might have been somewhat alleviated for in-patients who had the money to pay up front for the privilege. And all this assumes one catches the disease early on.

Most oncology specialists strongly urge some combination of surgery, radiation and chemotherapy. The pricier, new proton therapy supposedly helps protect surrounding “delicate” tissues, circumventing a life of incontinence or tube-feeding.

So, why exactly are we spending our “compassionate” tax dollars in the service of fighting women’s cancers in developing countries? Doesn’t compassion begin at home?

“Along with corporate partners, the Joint United Nations Program on HIV/AIDS, Susan G. Komen [which heads “The Cure”] and the State Department are signing on to the new initiative. The State Department will contribute \$30 million over five years, said Secretary of State Hillary Rodham Clinton,” wrote Paige Winfield Cunningham in the [Washington Times article](#).

So, America is a “corporate partner” with the U.N., which apparently entails enormous giveaway packages to foreign countries, thereby lending further legitimacy to an international body that routinely thumbs its nose at our nation’s founders, our ideals of morality and justice, and U.S. laws. Our legislators believe this policy makes sense.

“I hope the American people understand that 6.6 million people receive life-saving medicine ... [that] 6.6 million people who would be dead today now live, thanks to an effort by the American people,” Mr.



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Bush is quoted as saying.

But do Mr. Bush, the U.S. Congress and the new slate of 2012 candidates understand that such expenditure is not specifically sanctioned by American taxpayers, and therefore constitutes theft by the U.S. government for what the State Department probably hopes will buy international good will? When has that actually happened?

Given that there is no mandate requiring that the source of this largesse include any identifying insignia, such as a depiction of the American flag placed upon, or among, the various screening technologies, medications and treatments, by the time it gets to the targeted recipients, it's a good bet the developing world's needy, ailing women won't even be aware that their aid comes to them "thanks to an effort by the American people."

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