

New Nonfiction from Dr. Anthony Gomes: “The Gun Culture in America: Will There be a Light at the End of the Tunnel?”

To fathom the Gun Culture and gun-related violence in the US, it is important to understand *The Second Amendment* (Amendment II) to the United States Constitution, which protects the right of the people to [keep and bear arms](#). It was adopted on December 15, 1791, as part of the first ten [amendments](#) contained in the [Bill of Rights](#). The Second Amendment was based partly on English common law³₄the right to keep and bear arms and was influenced by the [English Bill of Rights of 1689](#). [Sir William Blackstone](#) described this as an auxiliary right that supported the right of self-defense and resistance to oppression, in addition to the civic duty of every citizen to act in defense of the state. It originated during a turbulent period in English history during which the authority of the King to govern without the consent of Parliament, and the role of Catholics in a country that was becoming Protestant was challenged. Ultimately, James II, a Catholic, was overthrown in the Glorious Revolution, and his successors, the Protestants William III and Mary II, accepted the conditions that were codified in the Bill. One of the issues the Bill resolved was the authority of the King to disarm its subjects, after James II had attempted to disarm many Protestants and had argued with Parliament over his desire to maintain a standing (or permanent) army. The bill stated that it was acted to restore “ancient rights” trampled upon by James II.

There have been several versions of the Second Amendment. As

passed by Congress and preserved in the National Archives, the amendment states: "A well-regulated Militia, being necessary to the security of a free State, the right of the people to keep and bear Arms, shall not be infringed." The [Supreme Court of the United States](#) has ruled that the right belongs to individuals, while also ruling that the right is not unlimited and does not prohibit all regulation of either [firearms](#) or [similar devices](#) (Epstein, Lee; Walk, Thomas G. September 18, 2012). [State](#) and [local](#) governments are limited to the same extent as the [federal government](#) from infringing this right.

Early English settlers in America (Hardy, p. 1237; Malcolm, Joyce Lee (1996). p. 452, 466), viewed the right to arms and/or the right to bear arms and/or state militias as important for one or more of these purposes (in no particular order):

- enabling the people to organize a militia system.
- participating in law enforcement.
- deterring tyrannical government; (Elder, Larry; July 3, 2008)
- repelling invasion.
- suppressing insurrection, allegedly including [slave revolts](#); (Bogus, Carl T, Roger Williams, 1998)
- facilitating a natural right of self-defense.

Excepting for the last, none of the other purposes hold sway today.

THE NATIONAL RIFLE ASSOCIATION (NRA) AND ITS ROLE IN THE POLITICS OF GUNS

The NRA was founded in 1871 in New York by William Conant Church and George Wood Wingate. It is headquartered in Fairfax, Virginia and had 5 million members as of 2017. The NRA advocates gun rights and informs its members regarding gun related bills since 1934. Since 1975, the organization

directly lobbies the presidential candidates, the US Congress and Senate for and against gun legislation. According to Center for Responsive Politics, nearly 90% of NRA donations went to Republican candidates. The NRA spent \$54.4 million in the 2016 election cycle, almost all of it for or against a candidate but not a direct contribution to a campaign. The money went almost entirely to Republicans. Of independent expenditures totaling \$52.6 million, Democrats received \$265! The NRA's largest 2016 outlay was the \$30.3 million it spent in support of Donald Trump for President. (Mike Spies and Ashkley Balcerzac, OpenSecrets, November 9, 2018). According to ProPublica and the Federal Election Commission, most of the money went to support the Republican Presidential candidate and Republican Congressional races in 2020. Undoubtedly, the NRA is one of the most powerful lobbies in Washington that rates political candidates targeting candidates that are for gun control. Essentially, it uses the Second Amendment as cover to promulgate gun dissemination and profits on gun sales, much at the cost of gun deaths of Americans.



Guns are displayed at Dragonman's, an arms seller east of Colorado Springs, Colo.

THE IMPACT OF NO-ACTION ON GUN-CONTROL ON YOUNG HIGH-SCHOOL AMERICANS

Since the Columbine High School shooting on April 20, 1999, in Littleton, there have been 229 U.S. school shootings not including misfires or instances in which a shooter was stopped before inflicting deaths or injuries. In 2022 alone there have been 212 mass shootings. On May 14, 2022, a [racist attack](#) at [a Buffalo, New York, supermarket](#) by an 18-year old gunman took

the lives of 10 people and left three more injured. And just only 10 days later, an 18-year old gunman killed 21 people including 19 children at an elementary school [in Uvalde, Texas](#). It was the deadliest school shooting in America [since Sandy Hook](#).

There is no purpose in reviewing these ghastly events; however, to mention just two that touched me the most since these were only children, is what happened on December 14, 2012, in Newtown, Connecticut at the Sandy Hook Elementary School, and on May 24th in Uvalde, Texas.

There is no doubt that Adam Lanza, the mass killer of Sandy Hook was mentally deranged, but without guns he would be unable to go on a killing spree of innocent first-grade children. Although the states of Connecticut and New York passed stricter gun laws, despite President Obama's highly emotional appeal and repeated appeals after other gun shootings, the US Congress and the Senate did nothing. To me this was and remains unconscionable and speaks of total inhuman cowardice of politicians in front of the world at large. Besides, most of these politicians are of the Christian faith who flaunt their Judeo-Christian faith and the greatness of our western civilization. I have wondered where Christ fits in this equation!

On the night of October 1, 2017, Stephen Paddock of Mesquite, Nevada fired more than 1,100 rounds on a crowd of concertgoers at the Route 91 Harvest music festival on the Las Vegas Strip in Nevada, leaving 58 people dead and injuring 851. He was found dead from a self-inflicted gunshot wound. This incident was the deadliest mass shooting in the United States committed by a single individual whose motive remained unclear. As usual it reignited the debate about guns and guns laws. This time around the attention was focused on *bump-stocks* used by Paddock to convert his semi-automatic rifles to fire at a rate of a fully automatic weapon. The usual pictures on TV; the

mourning, the flowers, the prayers, President Trumps visit to the injured, but NO action whatsoever!

And it happened again: On February 15, 2018, a 19-year old Nikolas Cruz opened fire with a semi-automatic gun at the Marjory Stoneman Douglas High School in Parkland, Florida killing 17 and wounding 14 others, five with life-threatening injuries. Apparently, he purchased the semi-automatic weapon a year ago when he was only 18. It is ironic that the legal age to purchase alcohol in the US is 21 years, whereas a semi-automatic weapon can be purchased at the age of 18! As usual we saw the same pictures on TV: students running helter-skelter, parents crying, TV and newspaper correspondents saying and writing and asking the same questions all over again, and politicians offering prayers and condolences.

Mental health has been often used as a scapegoat. Yes, indeed these killer individuals could have significant psychiatric issues, that need to be dealt with, but without a gun and a semi-automatic moreover, they couldn't kill. Yes, they might stab some, and even kill some with a knife or whatever else, but the overwhelming number of killings with a semi-automatic wouldn't occur. Mentally deranged people are all over the world, but they don't go killing innocent people at random, because they don't possess guns! Furthermore, it is difficult to determine which medical condition is associated with a desire for mass killing, and young people with mental disorders unless institutionalized are well known to stop their medications for a variety of reasons.

It seems these killings of young people, and the after-emotions have become routine, and in a few days all of this drama disappears from the radar, until another killing surfaces. All of this despite the fact that the majority of Americans favor some gun control. Today, as before, parents all over the US agonize over the safety of their children. It is ironic that instead of passing sensible gun reforms, some elected politicians and lawmakers would prefer to further

militarize our schools by arming teachers.

Our politicians and gun advocates can take the examples of several countries in the world, in particular Australia, where the current homicide rate is the lowest on record for the past 25 years. In 1996, after a mass shooting in Tasmania in April of that year, Australia passed the National Firearms Agreement. In the Tasmania killing, known as the Port Arthur Massacre, a 28-year-old man, armed with a semi-automatic rifle, shot and [killed 35 people, and injured 18 others](#). Under the 1996 law, Australia banned certain semi-automatic, self-loading rifles and shotguns, and imposed stricter licensing and registration requirements. It also instituted a mandatory buyback program for banned firearms. (Eugene Kiely, The Wire, October 4, 2017).

What can be done to prevent gun violence in America?

1: Ban on the purchase of all semiautomatic and automatic weapons, bump stocks, and high-capacity magazines. These are military style weapons and need not be used for hunting or protection.

2: Strict background checks and *uniform gun-laws nationwide*. There is high rate of gun violence in Chicago despite strong gun laws; however, guns in Chicago come from Indiana.

3: Increase age limit for gun purchase to 21.

4: Better attention and alertness to mental health issues. However, this is a difficult problem to deal with in our multi-faceted culture and our dysfunctional health care system.

4: Campaign finance law in the US changed drastically in the wake of two 2010 judicial opinions: the Supreme Court's decision in [Citizens United v. FEC](#) and the D.C. Circuit Court of Appeals decision in [SpeechNow.org v. FEC](#) (Campaign Finance Historical Timeline, 2011). In a nutshell, the high court's

5-4 decision gave a green light to corporations and labor unions to spend as much as they want to convince people to vote for or against a candidate.

Our corrupt political system based on lobbies and campaign contributions by individuals, PAC's, super PCC's, and corporations should end forthright. Each individual should be able to contribute an X amount, and the pool of public money should be divided equally both in local and presidential elections.

5: Regarding the Second Amendment it is important to recognize that at a time when the [English Bill of Rights of 1689](#) was written England had no standing army. And when the Second Amendment was adopted on December 15, 1791, as part of the US Constitution, the US had gained freedom from British colonialism and imperialism just 15 years before, and consequently feared a foreign invasion. Furthermore, it is important to recognize that we have the largest and most sophisticated military the world has ever seen, and we don't need guns in individual citizenry to protect us from a foreign invasion. Those amongst us who feel threatened by our own government, should keep in mind that their guns and militias are no match to our government military forces. Thomas Jefferson believed that unless every generation had the right to create a new constitution for itself, the earth would belong to "the dead and not the living". (Thomas Jefferson to William Plumer, 1816.)

These arguments in no way means that we should take away guns for self-protection, sport and hunting. One can well understand that for rural America gun ownership for sport is part and parcel of their culture.

These changes would go a long way in asserting our humane values and our democracy and shall not deprive any person in the pursuit of life, liberty, and property without due process of law.

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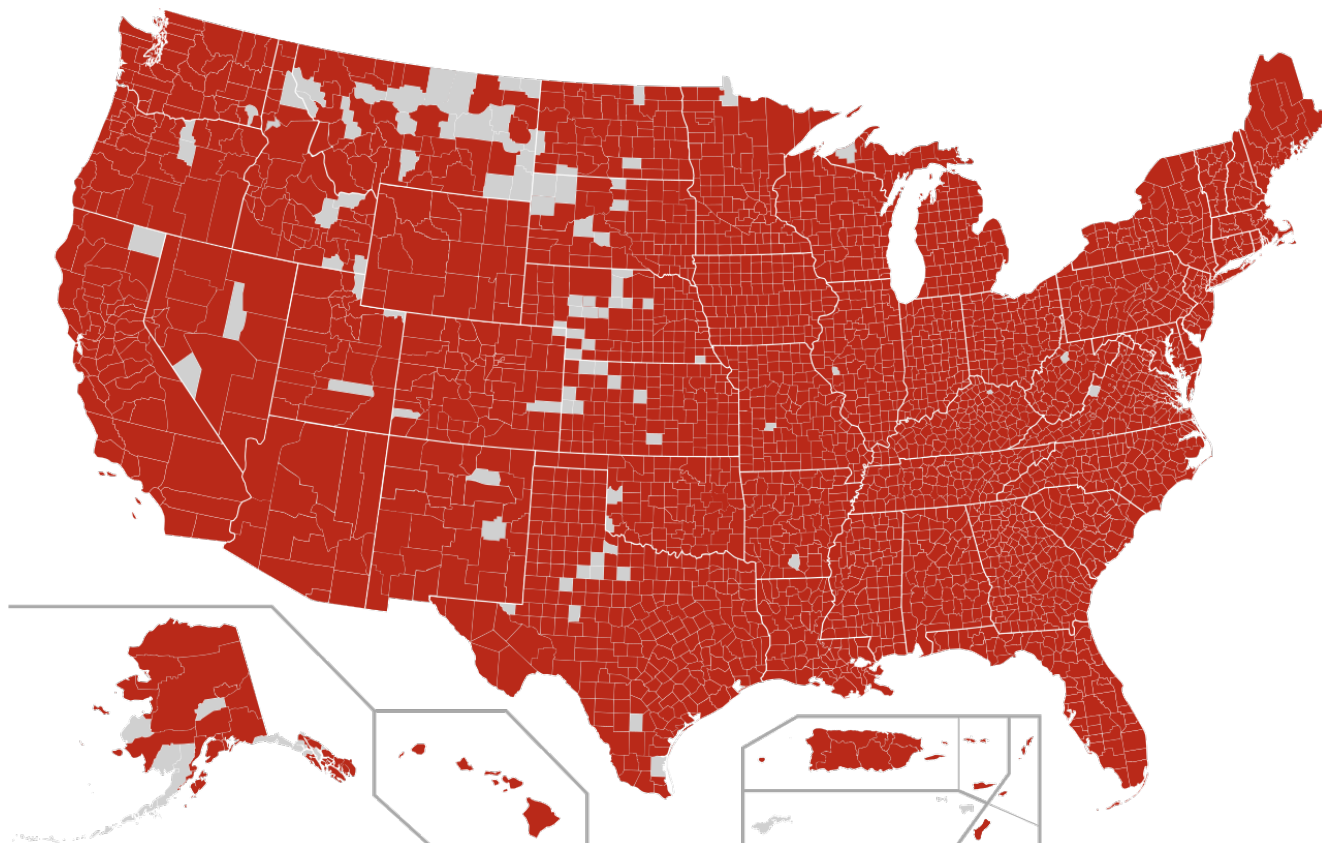
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Thomas Jefferson to William Plumer, 1816. ME 15:46

American Exceptionalism: Quo Vadis?



In view of the failures of the COVID-19 pandemic in the USA, which has seen over 2 million cases and more than 115,000 deaths as of this writing, the very idea of American exceptionalism has unraveled. The expected arrival of the pandemic in the USA was met with overwhelming failures. A country with unmatched military and economic power came up

with a shortfall of equipment to deal with the crisis, as well as a lack of leadership from the Federal Government, leaving states and hospitals to fend for themselves and even compete with each other. One nurse taking care of a doctor severely ill with COVID-19 stepped out of the ER weeping and cursing: "I felt incredible anger," she said – at America's lack of preparation, at shortages of protective equipment, at official dithering that had left the doctor and other medical workers at risk."¹ According to an unofficial list kept by Medscape, at least 145 health care professionals died of Covid-19 in the USA,² and the pandemic is far from over.

A Brief Overview of American Exceptionalism

In 1630, even before there was a USA, John Winthrop delivered a sermon in which he called the Puritan community, "a city on a hill." This city upon a hill is a phrase from the [parable](#) of [Salt and Light](#) in [Jesus's Sermon on the Mount](#). In Matthew 5:15, he tells his listeners, "You are the light of the world. A city that is set on a hill cannot be hidden."

The reference to this city on a hill was mentioned both by President Kennedy and Ronald Reagan. During an address delivered to the General Court of Massachusetts, President elect Kennedy said: "I have been guided by the standard John Winthrop set before his shipmates on the flagship *Arbella* three hundred and thirty-one years ago, as they, too, faced the task of building a new government on a perilous frontier. We must always consider that we shall be as a city upon a hill—the eyes of all people are upon us."⁴ On the eve of his election in 1980, Ronald Reagan said: "I have quoted John Winthrop's words more than once on the campaign trail this year—for I believe that Americans in 1980 are every bit as committed to that vision of a shining *city on a hill*, as

were those long-ago settlers.”⁵

The term American exceptionalism gained considerable traction in the 1950s after World War II, when American historians hotly debated why their country escaped the violent disruptions that occurred in Europe, such as revolutions, dethroning of monarchies, class uprisings, two world wars and genocide over the previous two centuries. Since none of this happened in the US, they attributed it to our exceptional qualities. Historian Joshua Zeitz notes: “They conveniently glossed over the violently repressive regimes of chattel slavery, redemption (the return of white supremacy and the removal of rights for blacks – instead of Reconstruction), war on Indian nations, and Jim Crow, which, of course, most historians writing in these years blithely did.”⁶

During the colonial period from the 16-20th Century, the world was Eurocentric. The end of World War II saw the rise of an American-dominated world. While European powers in-particular Great Britain and France—had used both their hard and soft power to dominate, colonize, and control the countries of the Far East, Middle East and Africa, the American approach of projecting global power has been different, tailored for a divergent time in history, as a consequence to the end of colonialism in the latter part of the 20th Century.

However, as US power accumulated in many countries including those of South and Central America and the Middle East, a double standard prevailed, supporting dictators and despots who did our bidding, and overthrowing democratically-elected governments that refused to abide by an American dictated economic agenda. Today, most young Americans, perhaps frustrated with the Iraq War and the lengthy engagement in Afghanistan, are less likely to endorse an all-encompassing global role for the USA. Similar views are held by the libertarian senator, Rand Paul. The recent polls showing a

lack of interest in the US direct involvement in Syria and in the Ukrainian crisis, as well as Trump's 'presumed' isolationist views, are a fallout of our long engagement in Afghanistan and the Iraq War championed by conservatives and neo-cons.

The 2016 Presidential election saw Trump's trademark slogans: "Make America Great Again," and "America First." Referring to American exceptionalism, he said: "I don't think it's a very nice term. I think you're insulting the world." That doesn't necessarily mean that Trump shied away from the exceptional principle. He has replaced it with a different yet familiar tag line that conveys the same sense of national power and entitlement—America First, itself a term that was associated with opponents of the US entering World War II.⁷

The other single most important feature of American exceptionalism is that at one time, the U.S. was a classless society with considerable upward mobility—or, at least, for white Americans, though it did not apply to African Americans or Native Americans. Furthermore, in view of our capitalist economy—a presumed hallmark of exceptionalism—most Americans were not tempted by socialism, unlike their European counterparts. The fall of Communism, the acceptance of capitalist economies in such socialist countries like Sweden and government-sponsored capitalism in China, the opening up of India to foreign capital, all implied the ascent and the universal triumph of American capitalism over socialism.

The Exposé of American Exceptionalism: The Coronavirus Pandemic

Perhaps no other event in modern American history unraveled the very idea of American exceptionalism as has the Coronavirus pandemic. Its crushing arrival in the US—despite

substantial warning—was met with failures in organization, lack of materials to handle the crisis, denial, and empty bravado. A country with unmatched hard and soft power failed to come up with enough cotton swabs, N95 masks, gloves, face shields, ventilators, special lab chemicals and enough ICU beds.

What was most distressing was that our paramedical and medical personnel had to work with inadequate protection at the very risk of their own lives despite wartime manufacturing and supply powers assumed by the President. I saw doctors in New York City turned into beggars for ponchos because they couldn't get proper medical gowns. I have seen fear, anxiety, and trepidation on the faces of doctors and nurses as they surged ahead to care for COVID patients and when they had to keep away from their spouses and children following their shifts. Several dedicated doctors, my friends and colleagues, lived in their apartments in New York City caring for COVID patients while their wives and children stayed for weeks on end with in-laws or relatives away from the city and even left for other states. This was the norm of the day for medical personnel, rather than the exception.

It is deplorable that for effective diagnostic testing of COVID-19, the US was far behind many other countries, such as Germany, New Zealand, and South Korea. Indeed, Maryland's Republican governor, Larry Hogan, accepted a planeload of 500,000 testing kits from Seoul to make up for the U.S. shortfall. The aid was dubbed Operation Enduring Friendship and annoyed Trump, the "America First" president.⁹

There is no question that the pandemic has laid bare and ripped apart our patchwork health care system, even though it is the most expensive in the world, accounting for 27% of the Federal Budget. Indeed, in their latest report, The Commonwealth Fund ranked the US last among the most developed countries of Europe including Canada and Australia, whereas we

were first in expenditure.⁸ Undoubtedly, the US possesses high-end health care of exceptional quality that has been the envy of the world; however, the Census Bureau estimated that a total of 27.5 million people in the U.S. were uninsured in 2018. The controversial Affordable Health Care Act, popularly known as “Obamacare,” was on the verge of remedying some of these inadequacies in our health care system; however, the recent Republican administration under Donald J. Trump has ramped up its attack on the Affordable Care Act by backing a federal judge’s decision to declare the entire law unconstitutional without an alternative plan.

The effects of COVID-19 have also exposed striking inequality within our health care system. Current data suggests a disproportionate burden of illness and death among racial and ethnic minorities. In New York, the epicenter of the epidemic in the US, wealthy private hospitals, primarily in Manhattan, were able to increase bed capacity, ramp up testing and acquire protective gear due to their political and financial clout. The Mount Sinai Health System, the institution where I work, was able to get the N95 masks from China delivered by Warren Buffett’s private planes.¹⁰ On the other hand, a Brooklyn hospital which is publicly funded and part of SUNY Downstate Health Sciences University tried to raise money for protective gear through a [GoFundMe page](#) started by a resident physician. The patients attending the hospital are poor and people of color; furthermore, the hospital gets most of its revenue from Medicare and Medicaid.

The US had advanced warning of the possibility of a pandemic 15 years ago and still wasn’t prepared. “If a pandemic strikes, our country must have a surge capacity in place that will allow us to bring a new vaccine online quickly and manufacture enough to immunize every American against the pandemic strain,” President George W. Bush said in a call for readiness in 2005.¹¹ Nearly 10 years later, President Obama

sounded the alarm: “There may and likely will come a time in which we have likely both an airborne disease that is deadly. And in order for us to deal with that effectively, we have to put in place an infrastructure—not just here at home, but globally—that allows us to see it quickly, isolate it quickly, respond to it quickly. So that, if and when a new strain of flu like the Spanish flu crops up five years from now, or a decade from now, we’ve made the investment, and we are further along to be able to catch it. It is a smart investment for us to make.”¹² Similarly, Bill Gates warned us of a COVID-19-like pandemic in 2015.¹³

The Future of American Exceptionalism

American exceptionalism should not be defined or viewed as global political dominance different from Eurocentrism, as if we are superior to the rest of the world, nor should it be a rhetorical political slogan. Although Trump expressed the view that the word ‘exceptional’ is offensive, ‘America First’ implies a degree of arrogance irrespective of right or wrong—the interests of the US come First, rupturing the central pillars of multilateralism. In this regard, Trump’s ‘America First’ more likely implies an isolationist view, a slogan to make his base feel good, even in this, our multipolar world.

In my opinion, American exceptionalism should be viewed as our immense contributions in science and technology in the 20th century to today, which have benefited and uplifted the lives of ordinary people the world over. For example, since its founding by President John F. Kennedy more than five decades ago, the Peace Corps has contributed to solving critical challenges alongside local community leaders in 140 countries. Similarly, the Ford Foundation—and more recently the Bill and

Melinda Gates Foundation—aim to improve health and reduce poverty and could be considered forms of exceptionalism. And it's arguable that the American system of free enterprise and venture capitalism has fostered companies with a great positive impact on the modern world.

Most countries acknowledge that the USA is a nation with vast economic and military power, and its leadership role is widely accepted. The world needs America's global engagement and its stand on human rights by the force of example, not by rhetoric and double standards.

The killing of unarmed African-Americans in liberal as well conservative cities and states—reaching a boiling point with the murder of George Floyd at the hands of Minneapolis police—has gone on far too long without accountability. This violence further exposes the lie of American exceptionalism. Protestors are now taking to the streets in the U.S. and worldwide. One transformational event has intersected with yet another—a once-in-a-century public health crisis overlapping with a nationwide anti-racism movement. As stated previously, these two elements are connected. Health outcomes across the US are linked to race and socioeconomic status, and are strong predictors of life expectancy.

Rather than engage in political slogans, the US needs to realize that the economic and technological command it has on a global scale cannot be sustained with the rise of other economies in Asia and Europe. It needs to pare down the economic divide in our country: the rich getting richer, the middle class getting poorer, and the working class losing jobs to globalization. This divide needs to be addressed, not necessarily by over-taxing the rich, but by the rich and multi-billion dollar corporations paying their fair share in taxes, by creating greater opportunity with a focus on education, by bringing back manufacturing, by rebuilding our crumbling infrastructure, and by creating new sources of energy to safeguard the planet from climate change.

Globalization over the last several decades has shifted the country from a manufacturing to a service economy. Corporations and government officials who lobbied for tax loopholes and higher profits bear significant responsibility for these changes.

Our disorganized health care system has to be addressed seriously, devoid of political underpinnings and patchwork solutions. A bipartisan Task Force inclusive of scientists and health care professionals must be created to deal with future pandemics.

The events of the last few months, the previous Iraq War and its consequences, our lengthy engagement in Afghanistan, gun violence, economic inequality and racism, all beg the questions: 1) Whether American exceptionalism currently conveys the concept originally proposed by Alexis de Tocqueville nearly two centuries ago, and extolled by politicians of both parties; and 2) whether the seeming end of exceptionalism discussed in this article might be a chance for a new awakening, allowing a path forward to a kinder, gentler, and more inclusive America.



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New Essay by Anthony Gomes: Is There Finality in Death?



All beings in this world, all bodies must break up: Even the Teacher, peerless in the human world. The mighty Lord and perfect Buddha has passed away. – The joy of renunciation in The Radical Buddhist.

Of all the wonders that I yet have heard, It seems to me most strange that men should fear, Seeing that death, a necessary end, Will come when it will come.— Julius Caesar, Act 2, Scene 2. William Shakespeare

With the sudden appearance of COVID-19 that has been killing the elderly at an alarming rate, doctors may be forced to make life and death decisions based on age, underlying medical condition and the need for respirators, something unthinkable in the near past. Emergency Medical Service (EMS) teams who cannot find or restart a pulse while administering CPR on adult cardiac arrest patients have been instructed not to bring those patients to hospitals. How the COVID-19 epidemic will change our approach to death remains unclear as of this writing. In this regard it is noteworthy remembering what the Roman Seneca commented some 2000 years ago: *death is sometimes a punishment, often a gift, and for many a favor.*

Death is a dreaded word no living human being wants to hear. But ultimately, all of us have to face our own death or that of our loved ones. For only one thing is certain in our lives: the fact that one day we will die.

Medically, death is declared when an individual sustains either an irreversible cessation of circulatory and respiratory functions or an irreversible cessation of all functions of the entire brain, including the brain stem. On the other hand, if a person experiences the "irreversible cessation of all functions of the brain," he or she is considered legally dead. With the availability of life-support measures, a legally brain dead subject with a beating heart may be kept "going" until the decision is made to remove all life-support measures.

The process of dying, of how, when, and where, has changed over the last century. In the US, nearly two-thirds of deaths occur in a hospital environment, in the intensive care-units where patients often undergo all sorts of complex procedures, including surgery and other life-extension measures. Some of these patients are transfers or admits from nursing homes, and many are oblivious of their life-expectancy. Their relatives not uncommonly plead with the doctor: "Please doc, do all you can," and often the doctor obliges seeking consultations for

each failing organ from a host of specialists: cardiologists, pulmonologists, gastroenterologists, kidney specialists and surgeons, all doing their thing, as if to maintain each “organ” disregarding that they are human beings, whole entities rather than parts of an unraveling body. Yes indeed, modern medicine can prolong life, but ultimately cannot avoid death. These so called “medicalized deaths” are not exactly what people desire. Polls conducted by the Kaiser Family Foundation and *The Economist* report that most healthy people hope that they will die at home peacefully, free from pain and surrounded by loved ones. However, that doesn’t mean that their wishes will hold when they are faced with a catastrophic illness such as COVID-19. In the past, I have encountered patients and their relatives rescind DNR (do not resuscitate) instructions to insert a pacemaker in a terminal patient.



The insecurities associated with death, and the much argued presence or absence of an afterlife compound our anxieties and add to the fear of dying. One can argue that death is preferred to severe disability or suffering with its devastating effect on quality of life. However, some would strongly hold a counter position that life is sacred, ordained by God, and, nobody has the right, the subject or his doctor to end life prematurely, no matter how miserable the existence. Indeed, few people if any will celebrate death with champagne as Anton Chekhov did. Chekhov’s wife, Olga was with him when he passed away. She writes that they had ordered champagne; he took a glass, and turning his face towards her, he smiled at her and said: “It’s a long time since I drank champagne.” He calmly drained his glass, lay down quietly on his left side, and shortly afterward, fell silent forever.

In the US, in contrast to some European and Canadian cultures, we prefer to let life ebb away and ultimately extinguish itself. I have been following a patient for several years on whom, years ago, I had performed a successful ablation of a

rapid heart-beat. Recently however, she was going downhill with severe limitation due to a lung condition, weight loss, and a previous cancer that left her with a single lung, now diseased as well. She was in a nursing home barely able to breathe. She said to me: "I am waiting to die a miserable death...I wish I would go quickly." Her feelings are entirely honest. If ethicists and psychologists confirm those wishes are genuine, then one might ask whether society, cultural norms or "religious righteousness" can or should deny them. With the sudden appearance of COVID-19 doctors may be forced to make life and death decisions without the input of the patient or his/her spouse or relative.



As much as death is abhorred in our society, even in the setting of terminal cancer, heart failure, and old age, the recognition and understanding of the importance of quality of life and of death itself, a subject little talked about, let alone discussed, assumes considerable import. Unlike Asian societies, Western culture, more so the American, hold in disfavor old age and death. In other societies, particularly in the Eastern, old age is revered, and in some, death has no absolute finality.

One might argue that in affluent western societies there is much to live for. And so, nobody in his/her sound mind wants to die even if the ravages of age or illness are evident. Undoubtedly, a healthy mind irrespective of age and disability can amply enjoy the fruits of living, particularly if one has a caring, loving family or one has "purpose" to keep on living. It is pleasurable for an older person, a matriarch or patriarch of the family, even if disabled by disease, to be surrounded by children and grandchildren and great-grandchildren for some or all festive occasions. Furthermore, not uncommonly, in terminal medical conditions, the will to live or the "will to die" is highly personal. Even in the most desperate of situations, death may not be a welcome

alternative. A patient of mine who survived the holocaust and is now over 90 years of age and disabled, but with decent mental faculties, told me that in the Nazi concentration camp she had the option to get electrocuted on the fence while trying to escape, and some did just that. She was afraid of death and rather preferred to live a tortured existence. She survived, came to America, and raised a family. Even now, this courageous woman desperately wants to go on living, and even today, having witnessed the ravages of history, and having made a life for herself and her family, she still fears death.



OUT-OF- BODY EXPERIENCES

Some of my patients who survived an episode of sudden cardiac death, and lived to recount the experience, describe seeing their long-gone ancestors around them, perceiving detachment from their own almost lifeless bodies, and looking down at them. Immediately, thereafter, they passed through tunnels into another universe of scintillating lights, and subsequently were pulled back into their bodies at the very time of successful resuscitation. Obviously, we do not have clear scientific explanations for these perceptions. But I do believe, after questioning my patients at some length that these are true and rather repetitive perceptions in people who survived an episode of sudden cardiac death, and not a fancy of their imaginations, nor perhaps dream-like states. Quite astounding is the fact that these experiences have, most of the time, been positive and not frightening. Whether they occur during activity at some cortical level due to an alteration of neurotransmitters as a result of the cessation of blood supply to the brain, or they reflect the detachment of the living energy from the body, perhaps can only be determined by scientific experiments such as functional-Magnetic Resonance Imaging (fMRI) or Positron Emission Tomography (PET) scanning during a cardiac arrest, something that is practically impossible to accomplish in the setting of

a non-beating heart and no blood circulation.

On the other hand, electroencephalographic (EEG) studies that determine brain activity have been recorded during blackout spells (in the condition known as vasovagal syncope) induced by head-up Tilt Testing, where the bed is tilted to a 70, or 80-degree angle, for a period of 20 to 30 minutes. These studies reported by Ammirati F and coworkers [\[1\]](#) showed that in patients who blacked out because of temporary cessation of heart rhythm, there was *a sudden reduction and disappearance of brain wave activity (i.e. a flat EEG)* seen at the onset of blackout spells. The EEG normalized immediately after recovery. This study obviously proves that loss of consciousness even over a short time span is accompanied by loss of brain activity. Moss and Rockoff [\[2\]](#) reported on a 62-year-old woman who had simultaneous EEG and ECG during emergent carotid artery surgery. While the surgeon was closing the incision, the patient developed cardiac arrest. There was loss of EEG activity within 15 seconds of heart stoppage and activity returned almost instantly after resuscitation. In animal models of cardiac arrest produced by rapid injection of potassium chloride, a flat EEG occurred within 25 seconds of cardiac standstill. These studies do show that the occurrence of cardiac arrest with resultant loss of blood flow to the brain is associated with a loss of brain electrical activity. *Does this then imply that extrasensory perceptions during cardiac arrest are not related to brain activity, but rather to the release of another form of energy from the body?*

THE CONCEPT OF AFTERLIFE

Not uncommonly, fear of death, or lack thereof, and the idea of an afterlife are strongly rooted in religious beliefs. The teachings of world religions: Christianity, Islam, Hinduism, Buddhism, and Judaism have different philosophical viewpoints on these matters. In Judaism, the Torah is silent on the presence of an afterlife. Instead, it entirely focuses on *Olam Ha Ze*, meaning this world. This view is contrary to that held

in the Christian and Muslim faiths, where Heaven is the eternal realm for chaste people, and damnation into Hell for evil ones. I have met dying people of the Christian faith who expressed certain contentment that soon they would attain the Kingdom of Heaven and perpetual life in the presence of Christ. Yet, despite their belief in a better eternal kingdom ahead, these believers were eager to delay dying. In the far eastern religions of Hinduism, Buddhism, Jainism and Sikhism, and even in Kabbalistic Judaism, an afterlife is grounded in the theology of reincarnation, in which life is reordered after death as another earthly life in the physical world. The transmigration of souls, or *samsara*, results in the passage of a soul from body to body as determined by the force of one's actions, or Karma, in the recent past. Successive reincarnations attempt to achieve a superior grade of consciousness, which ultimately leads to liberation from the cycle or rebirth, and the attainment of *Moksha*. In Tibetan Buddhism, Bodhisattvas are not reborn through the force of *karma* and destructive emotions, but rather due to the power of their compassion. Thus, the Hindu and Buddhist do not view death as an end in and of itself.

Death, on the other hand might be more difficult to accept for a Jew, in contrast to a Christian or Muslim, who has the promise of Heaven. I have witnessed prolonged and futile resuscitative codes on Rabbis sometimes for over an hour, when the doctors in attendance well knew that the effort was useless.



Reconnecting in the After-Life

A single person is missing for you, and the whole world is empty.— [Joan Didion, The Year of Magical Thinking.](#)

There is a strong desire for a loved one, particularly for a spouse or a parent to communicate with the dead person, and

this is often achieved through mediums. One of my patients, whom I shall call Mary, related her story in search of her dead child, whom I shall call Mallory. Mary together with her husband and her teenage son had a meeting with a psychic. She said to me: "Immediately the psychic said there was a little girl present and she would not stop talking. The psychic's voice changed to that of a little girl, and, looking directly at me, said, "'Mommy, you are crying too much. Please stop. I don't throw up anymore and I can run and dance. I am so happy here. Those doctors can't hurt me or call me names anymore. Please stop crying. I am okay.'" To her father, she asked that he should not be so sad. To her brother, she said she loved him and made reference to a tattoo he talked about. She also said that what happened to her was supposed to happen, and none of them could have changed it.

"The tears were flowing heavily," said Mary. "We heard a lot from Mallory that day. We all left there with a new peace in our hearts, and I felt a huge weight had been lifted off my shoulders. I often think back to that reading and how it played a major role in my being able to move on."

After my wife died of cancer at a young age of 40, I searched for her wherever I went, in whatever I saw. I expressed these feelings in a poem I wrote:

*"Amid flowers: I searched her face;
in the ocean wind: I heard her cry;
in the falling star: I saw her leap;
in the snowflakes: I felt her breath."*

Recently, a friend of mine whose wife died of cancer claimed that he felt her presence at home in the form of shifting light. Undoubtedly each encounter, whether real or a figment of one's imagination, provides relief and closure to overwhelming grief. Needless to say, it's not the objective of

this essay to refute or confirm these extra-sensory perceptions; after all, the existence of anything only occurs when we perceive it, and so if one perceives and believes that the person felt the presence of the dead person in a parallel universe, so be it. Something that we do not perceive for all practical purposes does not exist *for us, but might exist for others*. Undoubtedly, the lonely deaths due to COVID-19 without the presence of loved ones will leave families grieving and empty for a long time with a strong desire to connect in the afterlife.



The Concept of Mass/Energy Applied to the Afterlife

The much acclaimed, Portuguese poet Fernando Pessoa, though his heteronym, Bernardo Soares, said of death: *When I see a dead body, death seems to me a departure. The corpse looks to me like a suit that was left behind...*

In death, all the physical, biochemical, and mental energy within us, the very idea in our brains of who we are and what we are, is energy that dissipates slowly as the body cools down. The French philosopher Rene Descartes said: "I think, therefore I am." One can therefore pose the questions: Where does the energy spent on thinking of who we are, and other mental functions disappear? *One of the fundamentals of physics is that energy does not die, that it cannot be created nor destroyed—it simply gets converted into other forms of energy.* And so, the body ultimately reverts to dust, intermingling with the soil of the earth, passing on its mass/energy, or rather converting into other forms of energy, such as biochemical energy into plants and all living beings—providing nourishment to mother earth, the continuum cycle of death and rebirth. An important common belief in native American culture is profound respect for Mother Nature—the earth, the sky, the trees and the animals, and that we humans are a part of nature. Our suffering, our illnesses are not different from

those of the animals around us, and when we die we become part of that from which we came: from dust to dust. Our biological material is recycled and re-distributed; and even if we do not believe in an afterlife we live on as biological matter in mother earth in the cycle of life and rebirth.

But of the soul or the spirit of man—where does that energy go?

I am incapable of conceiving infinity, and yet I do not accept finity. I want this adventure that is the context of my life to go on without end. – Simone de Beauvoir.

I depart as air—I shake my white locks at the runaway sun, I effuse my flesh in eddies, and drift it in lacy jags. I bequeath myself to the dirt to grow from the grass I love...Walt Whitman

In $E = mc^2$ Einstein reached the conclusion that mass and kinetic energy are equivalent, and can be converted into each other since the speed of light (c^2) is constant. Thus, a small amount of mass can generate a large amount of energy and vice versa. Who is to say that this energy within us does not transcend from one universe into another? Or pass on to the closest of kin? Indeed, do we not feel the energy, the life of the dead person, within us? I believe that after the death of my young wife, I was no longer the person I was before. I became a different person incorporating within me her energy. In my view, this was not a concerted effort on my part, but rather a spontaneous phenomenon without thought or intention. Thus, I believe that the very thought, the idea of a dead loved one: a wife, to a husband, or vice-versa, a parent to a child, lives within our minds as the very source of our own new amalgamated energy.

One can plausibly argue that there is no such thing as a soul or spirit as separate entities; that the very soul or spirit resides in our brain as a conglomeration of a host of neuro-

hormones and neural transmitters that makes us feel and appreciate beauty, spirituality, a sense of transcendence though chemical interactions.

However, any such chemical interactions are, after all, a source of mass and energy.

There are possibly an infinite number of universes, and everything that can possibly happen occurs in some universe. All possible universes exist at the same time, regardless of what really happens in any of them. In this regard, space and time are limitless. In Einstein's theory of relativity, there is no such thing as time in the singular. Time passes differently for different observers depending on motion. Time slows down substantially, and with it the aging process when travelling into space and at the speed of light. When Einstein's old friend Besso died, he lamented that Besso had departed from this world a little ahead of him. That means nothing, he thought. "People like us...know that the distinction between past, present, and future is only a stubbornly persistent illusion." Thus, immortality does not mean a perpetual existence in time without end, but rather resides outside of time altogether. This spiritual energy within us, the soul, the atman, whatever you may want to call it, exists within us, around us, since the past, present and future, or what we call space and time, could be but timeless illusions.

Undoubtedly, science has come a long way in understanding the physical nature of the human body, but our understanding of the human brain, the thinking process, such lofty and abstract attributes like spirituality, clairvoyance, the soul, and the presence or recognition of alternate parallel universes is lacking profoundly. It is possible that life continues as forms of energy in a parallel universe—some solace to the living and dying in these tragic times.

[\[1\]](#) Ammirati F, Colivicchi F, Di Battista G et al: Electroencephalographic Correlates of Vasovagal Syncope

Induced by Head-Up Tilt Testing. Stroke, 1998; 29: 2347-2351.

[\[2\]](#) Moss J, Rockoff M: EEG Monitoring During Cardiac Arrest and Resuscitation. Journal of American Medical Association. 1980; 244: 2750-2751.