

# Racial Triage

The medical concept of [triage](#) became widely employed during World War I. In the industrialized warfare of the Western Front, casualties soon overwhelmed available medical care. New weapons like machine guns, high explosive artillery, and poison gas produced thousands of casualties quickly.

There were only so many doctors and beds to go around, so a quick decision on rationing care had to be made. To maximize the number of lives saved, the wounded were divided into three groups: those whose treatment could wait, those who could live if treated immediately, and those for whom death was nearly certain, who would only be provided palliative care.

The process was no doubt grim. But the moral principles behind it were sound. In a world where resources are scarce, medical care would be provided in a way that furthered the general goals of medicine: the saving of lives and the alleviation of suffering.

While care rarely must be rationed in such ways today, the term lives on. For doctors, even military doctors, all lives matter. According to neutral principles of life-saving triage, military doctors provide medical care to friendly and enemy wounded alike, without regard to nationality.

## Risk Management vs. Playing God

Outside of a hospital's narrow confines, life and death issues are balanced in [more complex ways](#). We accept the risk of deadly car accidents for the benefits of driving. Similarly, we voluntarily assume risks to life and limb as necessary costs of a career, recreation, or to prevent greater risks.

The coronavirus lockdowns and masking orders were justified to save lives. Authorities proceeded as if life were the only

social value. This calculus was wrong, as these policies produced massive economic harm, while increasing [deaths of despair](#) from [drug overdoses](#) and [suicide](#), as well as harm from [delayed care](#) for other health conditions. The normal and complex balancing of risk we were familiar with for everything ranging from airplanes to Big Macs, went out the window. Everything would be done to prevent even one coronavirus death.

While the risks of coronavirus were [massively exaggerated](#), the virus does apparently present a significant risk to the elderly. The vast majority of people who have died have been over [70 years of age](#), particularly those in nursing home care.

The vaccines that have emerged in recent weeks are welcome news. They appear to work, though some may have significant side effects. This, of course, is true of most vaccines. Here the trade-off is between life and life; namely, the fatality risk to any one recipient of the vaccine should be balanced by avoiding the individual and collective mortality risk from the disease. For the elderly, the balance is significantly skewed in favor of taking the vaccine, as the disease's mortality risks are more substantial.

Who should be vaccinated, and in what order? One would think whatever minimizes death and hospitalization is the most obvious choice, but [such reasoning](#) does not prevail in our increasingly "woke" regime.

After a year of maudlin death counts and a morality play that casts Donald Trump and ordinary people trying to live their lives as villains, minimizing deaths is now a secondary concern.

**Racial "Justice" Infects the**

# Healthcare System

[Harald Schmidt](#) of the Perelman School of Medicine said it is reasonable to prioritize essential workers over older adults for the vaccine. “Older populations are whiter. . . . Society is structured in a way that enables them to live longer. Instead of giving additional health benefits to those who already had more of them, we can start to level the playing field a bit.”

Schmidt’s is no mere fringe opinion. The CDC’s Advisory Council on Immunization Practices has [recommended](#) vaccinating healthcare workers and “frontline workers” with the same priority level as the elderly, because of the ethical principle of “mitigating health inequities.” This is necessary because “Racial and ethnic minority groups [are] under-represented among adults >65.”

This is what a managerial regime intoxicated by Marxist ideas about racial justice looks like. We were told earlier this year that “All Lives Matter” was so obvious that it didn’t need to be stated, but that instead, we urgently needed to learn that Black Lives Matter. This collective indifference was supposedly evidenced by the fact that violent felons resisting arrest sometimes get shot by the police.

But the Black Lives Matter movement and its fellow travelers meant exactly what they said: all lives don’t matter equally, and white lives should be placed lower on the list of vaccine priority, to elevate proportionately less white (though younger and safer) “frontline workers,” such as school teachers and mail carriers. Such a policy will lead to more deaths by design because [more lives can be saved](#) cost-effectively by prioritizing the elderly of all races for vaccination. Such deliberate indifference to avoidable death is deemed an appropriate collective punishment to rebalance the racial injustices of yesteryear.

This admission is only surprising because it is so brazen and grotesque. But it should not be that surprising. In a million smaller ways, the same race obsession prevails in government and business. Biden's cabinet is a good example. The "pathbreaking" demographic background of each candidate is hailed as a [victory for diversity](#); their talents and competence are an afterthought, as are the lives and fortunes of whites not considered for such roles because of their race.

The explicit guiding principle of such obsessive racial politics is now anti-whiteness, masked by the anodyne term "racial equity." This principle now extends openly and unapologetically—though logically—to vaccine policies that will cause additional deaths among a population of elderly white people. These excess deaths are not a bug but a feature of this regime. If more whites die, health "equity" is restored, balancing out the higher mortality among blacks and other minorities caused by various factors unrelated to the coronavirus.

One can expect, in years ahead, every political issue will be transformed by this inequitable notion of equity. If whites have larger 401(k)s, for example, why shouldn't tax rates be applied differently to whites to achieve equity? Similarly, if prisons do not reflect society's racial makeup, then convictions and sentences would have to be adjusted without regard to individual behavior and merit.

## **In America, All Lives Matter**

Our civilization and our Constitution are built on the principles of human dignity and human rights. Other civilizations and governments distinguish men by unchosen characteristics, such as birth and rank, and ethnicity. For us, until recently, the only relevant characteristic was citizenship. Such principles provided a way forward from the anachronistic and discordant principles of racial distinction

behind slavery and the Jim Crow regime.

Western Civilization also gave us modern medicine. Its human-centered ethics prevailed even during the brutal meat-grinder of World War I. Today, the principle even extends to medical treatment for fanatic terrorists, who would not apply the same chivalry in return.

But at home, under the genocidal principles of Marxist “racial equity,” these principles are being abandoned by our half-educated and over-confident managerial class. The Taliban are being treated with more humanity and consideration than elderly white Americans.

This is not justice. Rather, it is a grave injustice that exposes the lack of moral authority among the expert class, which has shown no respect for ordinary Americans’ legitimate interests and superior moral intuitions.

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