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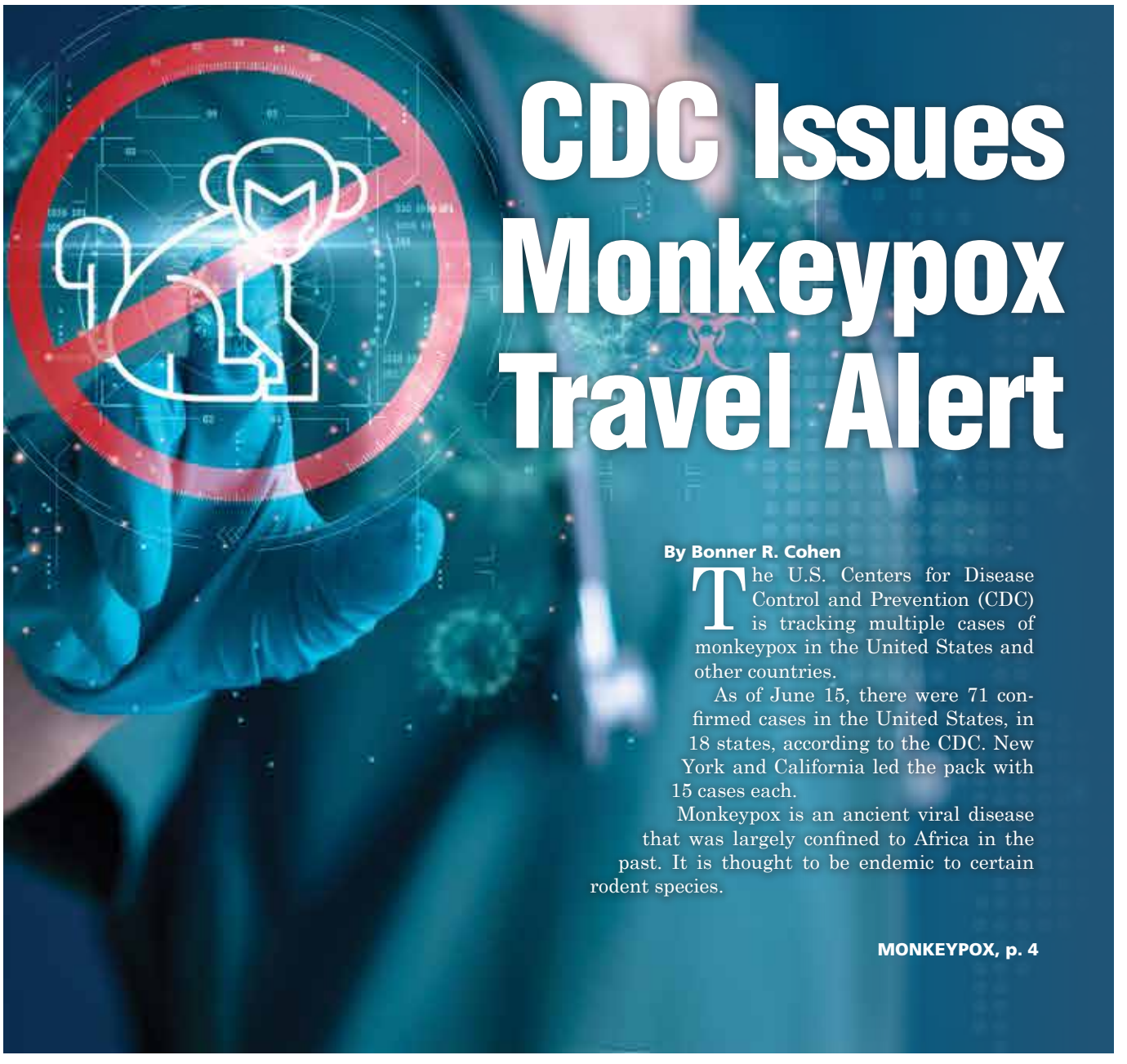
The Pulse



CDC Issues Monkeypox Travel Alert

By Bonner R. Cohen

The U.S. Centers for Disease Control and Prevention (CDC) is tracking multiple cases of monkeypox in the United States and other countries.

As of June 15, there were 71 confirmed cases in the United States, in 18 states, according to the CDC. New York and California led the pack with 15 cases each.

Monkeypox is an ancient viral disease that was largely confined to Africa in the past. It is thought to be endemic to certain rodent species.

MONKEYPOX, p. 4

Pfizer Braced for Vaccine Adverse Events, Documents Show

By Kevin Stone

Pfizer hired 600 additional full-time employees to prepare for reports of adverse events related to the COVID-19 vaccines, according to U.S. Food and Drug Administration (FDA) documents released under a Freedom of Information Act Request (FOIA).

In the 10,000 pages released on April 1, Pfizer disclosed to the agency it hired 600 additional full-time employees to process adverse event reports in the three months following the Emergency Use Authorization (EUA) for its mRNA

ADVERSE EVENTS, p. 6

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The Heartland Institute
3939 North Wilke Road
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The Heartland Institute
3939 North Wilke Road
Arlington Heights, IL 60004
312/377-4000 voice • 312/277-4122 fax

Goodman Institute
6335 W Northwest Hwy - #2111
Dallas, TX 75225

Health Care News is available on the internet. Point your web browser to **HeartlandDailyNews.com**

PUBLISHED BY
James Taylor, The Heartland Institute
John C. Goodman, The Goodman Institute

EXECUTIVE EDITOR
S.T. Karnick

MANAGING EDITOR
AnneMarie Schieber

ASSOCIATE EDITOR
Joe Barnett

ASSOCIATE PUBLISHER
Jim Lakely

DESIGN AND PRODUCTION
Donald Kendal

ADVERTISING MANAGER
Jim Lakely

CIRCULATION MANAGER
Keely Drukala

CONTRIBUTING EDITORS
Joseph Coletti, Benjamin Domenech
James P. Gelfand, John C. Goodman
Christie Herrera, Devon Herrick
Christina Herrin
Robert Laszewski, Sean Parnell
Greg Scandlen, Grace-Marie Turner

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Rising Obesity Traced to Federal Dietary Guidelines

By Kevin Stone

The dramatic rise in U.S. obesity rates is prompting medical professionals to reject the federal government's dietary guidelines.

For decades, federal government agencies have advised Americans to limit their fat intake and calories as the way to control obesity and heart disease, yet Americans are more obese than ever.

Among adults aged 20 years or more, severe obesity nearly doubled from 4.7 percent in 1999-2020 to 9.2 percent in 2017-18, according to the Centers for Disease Control and Prevention (CDC). Severe obesity is defined as a Body Mass Index (BMI) of 40 or higher.

Obesity, defined as a BMI of 30 or higher, increased from 30.5 percent to 42.4 percent.

Heart disease is down, but the decline appears to be more closely linked to a reduction in the number of cigarette smokers than to dietary changes.

"Instead of helping us stay trim and slim, the government's advice was contributing to an epidemic of obesity."

JOHN C. GOODMAN
PRESIDENT
GOODMAN INSTITUTE

Food Pyramid Knocked

The longstanding dietary advice from the federal government has harmed the public's health, says John C. Goodman, president of the Goodman Institute for Public Policy Research and co-publisher of *Health Care News*.

"For many years, federal agencies encouraged Americans to eat a diet low in fat but high in carbohydrates," said Goodman. "This advice was accompanied by food pyramids and other literature, even though there was very little scientific evidence to support any of it.

"We now know the advice was wrong," said Goodman. "Instead of helping us stay trim and slim, the government's advice was contributing to an epidemic of obesity."

Fewer Carbs, Healthy Fat

The Nutrition Coalition, a nonprofit group of medical practitioners and consumers, supports "Low Carb Healthy Fat (LCHF)" diets and is using research to press for reform of the federal recommendations.

The coalition's list of "healthy" fats includes foods high in Omega 3, monosaturated fats, and conjugated linoleic fatty acids (CLA), including certain types of beef, wild game, and some grains.

Reform is needed because federal dietary advice led to the obesity epidemic, says Nina Teicholz, a member of the board of directors of The Nutrition Coalition.

"Americans have followed the guidelines, according to the best available government data, which has resulted in a 30 percent increase in carbohydrate consumption in America over recent decades," said Teicholz.

The government's suggested limit on carbohydrate consumption is far too high, says Teicholz.

"The dietary guidelines advise consuming less than 50 percent of calories as carbohydrates, which many experts consider to be excessive for metabolic health," says Teicholz. "There is a large quantity of high-quality, rigorous clinical trial data showing that carbohydrate restriction can ameliorate if not reverse pre-diabetes, type 2 diabetes, obesity, blood pressure, and other metabolic conditions."

Research Questioned

The claims that low fat intake reduces obesity and improves heart health can be traced to a controversial "energy balance" theory of weight gain and loss popularized by Louis Newburgh of the University of Michigan in the 1930s.

Later, the Seven Countries Study (SCS) by Ancel Keys, initiated in 1956 and first published in 1978, examined the effects of different dietary fatty acids on serum cholesterol levels, attributing high consumption of saturated fats to increased risk of heart disease. The SCS is the basis for the so-called Mediterranean diet.

The SCS was criticized by Jacob Yerushalmy and Herman E. Hilleboe, who said Keys cherry-picked seven countries out of the 21 for which data were available. Analysis of the full dataset reduced the link between fat intake and heart disease to a "tenuous correlation," the researchers found.

Endocrinologist Robert Lustig says Keys failed to separate out consumption of trans-fat, which peaked in the 1960s. In addition, although Keys said sucrose and saturated fat were intercorrelated, he didn't perform the sucrose half of his multivariate correlation analysis, says Lustig. The results Keys found for Japan and Italy could be explained by their lower consumption of saturated fat or sugar, said Lustig.

Despite the scientific controversy, the U.S. Senate Select Committee on Nutrition and Human Needs, led by Sen. George McGovern (D-SD), used the SCS findings to advocate specific dietary goals for Americans in the two-volume "McGovern Report," titled *Dietary Goals for the United States,* in 1977.

Kevin Stone (**kevin.s.stone@gmail.com**) *writes from Arlington, Texas.*

INTERNET INFO

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CDC Issues Monkeypox Travel Alert

Continued from page 1

A Known Quantity

It is extremely unlikely monkeypox will trigger a pandemic, because it is completely unlike COVID, said former CDC director Brenda Fitzgerald in an interview with *The Daily Signal* on May 23.

"The problem with COVID-19 is that it was a new virus and you had to make some assumptions about what it would do and then act accordingly," said Fitzgerald. "And we may not have done that correctly or … maybe did not evaluate correctly what to do. But this is a completely different business because this is a known virus."

Public health officials gave conflicting messages on wearing masks and whether asymptomatic people could spread the coronavirus, says Fitzgerald.

"In my opinion, those comments should never have been made with an unknown disease," said Fitzgerald.

Pet Prairie Dogs Carried Pox

This is not the first U.S. outbreak of monkeypox. The virus infected 47 people in the Midwest in 2003, says Fitzgerald.

"The important thing about [monkeypox] was that it was transferred in a way that we were well familiar with, in that they got it from animals," said Fitzgerald. "In this particular case, they were prairie dogs that were being sold as pets."

Monkeypox did not spread from human contact like cold viruses do, says Fitzgerald.

"The most important thing is, nobody else gave it [to another person]," said Fitzgerald. "The person-to-person transmission for this virus is [if] you're exposed to the lesions [or have] prolonged face-to-face contact" with an infected person.

"Monkeypox should be easily controlled by classic public health measures of isolating symptomatic individuals and temporary quarantine of those with close physical contact with an infected person."

JANE ORIENT, M.D.
EXECUTIVE DIRECTOR
ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS

'DNA Viruses Mutate Very Slowly'

There are key differences between COVID-19 and monkeypox, wrote Jane Orient, M.D. in an email to opinion leaders. Orient is executive director of the Association of American Physicians and Surgeons, president of Physicians for Civil Defense, and a policy advisor to The Heartland Institute, which co-publishes *Health Care News*.

Unlike COVID-19, the pox evolved over a long period, wrote Orient.

"The pox virus is a DNA virus," said Orient. "Unlike RNA viruses, DNA viruses mutate very slowly. Monkeypox is similar to smallpox but far less lethal and less contagious."

Sexual Transmission

The CDC is urging health care providers to look for patients with rashes, regardless of specific risk factors such as travel, gender, or sexual orientation, as signs of monkeypox.

Although monkeypox is not classified as a sexually transmitted disease (STD), that is the way the current outbreak has spread from Africa to developed countries, says Orient.

"There is no evidence of asymptomatic transmission of monkeypox, and all current cases in the West appear to be [outcomes of] men having sex with men," said Orient.

The physical signs of moneypox are similar to other medical conditions, says Orient.

"The systemic symptoms of monkeypox—swollen lymph nodes, myalgia, asthenia, back pain, and headache—are also listed as adverse effects of COVID-19 vaccines," said Orient. "An image of a rash attributed to monkeypox appears to be a photograph of a shingles rash."

Smallpox Vaccine Effective

The U.S. Food and Drug Administration (FDA) has approved the smallpox vaccine for use against monkeypox, and it is about 85 percent effective. Fitzgerald advises against getting the shot if you did not receive the smallpox vaccine as a child.

"If you are in that situation where you're going to be a health care worker who's taking care of people, a lot of people, … then yes," said Fitzgerald in the *Daily Signal* interview. "Obviously, there are special circumstances. But for the general population, no."

Vaccines aren't necessary to end this outbreak, says Orient.

"Monkeypox should be easily controlled by classic public health measures of isolating symptomatic individuals and temporary quarantine of those with close physical contact with an infected person," said Orient.

Even vaccination against smallpox, a much more dangerous disease, has waned, because cases have become so rare the adverse effects of mass vaccination outweigh the risk of infection, says Orient.

"Routine smallpox vaccinations were discontinued in 1971, because of serious adverse effects, including myocarditis, and it is only available now for persons at high risk," said Orient.

Pols vs. People

The public should be on guard against panic induced by government, media, and others who stand to benefit from widespread fear, says Matt Dean, a senior fellow for health care policy outreach at The Heartland Institute.

"People are easier to control when they are scared," said Dean. "That this was used by governments around the world to increase and consolidate power during the COVID-19 pandemic now seems irrefutable."

The U.S. public is increasingly skeptical toward the National Institute of Allergy and Infectious Diseases (NIAID) and its parent agency, the National Institutes of Health (NIH), says Dean.

"The distrust many Americans have for our own FDA, NIAID, or NIH because of the conflicting and obviously politically motivated guidance over the past 30 months rests on a growing body of evidence that suggests our fears and liberties were used against each other for the gain of others," said Dean. "This sad fact shows how damaging it can be when politicians dictate the science of medicine."

Bonner R. Cohen, Ph.D. (**bcohen@nationalcenter.org**) *is a senior fellow at the National Center for Public Policy Research.*

Baby Formula Shortage Could Do Long-Term Harm to Nation's Children

By AnneMarie Schieber

The current baby formula shortage could have long-term negative effects on the nation's children, reports indicate.

The shortage has forced parents to spend hours online or going from store to store to find enough formula to feed their infants and toddlers, and retailers have limited how much customers can buy.

The shortage stems from a recall on February 17 of several popular brands of powdered baby food after two babies died and four got sick after ingesting formulas linked to the manufacturing facility operated by Abbott Nutrition in Sturgis, Michigan. The babies were infected by *Cronobacter*, a rare bacterium that can be deadly to infants. The plant was temporarily closed.

The Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) did not find the deaths and illnesses were caused by Abbott's products.

"[A] comprehensive investigation by Abbott, FDA, and CDC found no evidence that our formulas caused infant illnesses," Abbott tweeted on May 13.

The plant has since reopened, and Abbott says it will resume production of some products around June 20.

Meanwhile, the Biden administration has been trying to ease the shortage by invoking the Defense Production Act to speed up domestic production and import foreign supplies.

Long-Term Health Threatened

Children will suffer developmental deficiencies if their parents can't find enough baby formula, says pediatrician Roberta Bobal-Savage, M.D.

"Should the shortage be protracted, we may have a generation of small adults," said Savage. "It is likely that malnutrition in the young years leads to shorter stature as we age and may impair intellectual development. It is reasonable to predict that if formula shortages are prolonged and babies are either underfed or parents try to make their own, nutritionally inferior formulas, then you will see more failure-to-thrive infants, which can definitely lead to developmental delays and long-term concerns of not reaching their full potential."

Government Dominates Market

Adding to the problem is the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the largest U.S. purchaser of infant formula, says Doug Badger, a senior fellow at The Heritage Foundation's Center for Health and Welfare Policy and at the Galen Institute.

"For me, the most obvious issue is that WIC requires states to contract with a single supplier of infant formula," said Badger. "That supplier, in turn, must provide the state with rebates. This gives the states a cheap rate and erects a barrier to market entry that limits the number of incumbents and grants them a state-sponsored monopoly. This Cuban-style approach to markets works until it doesn't. Contamination at one production facility creates a national crisis."

Three manufacturers account for 98 percent of all U.S. baby formula sales, according to an analysis by the U.S. Department of Agriculture published in 2011: Abbott, Mead Johnson, and Nestle. The report states that in 2007, California changed its WIC supplier from Abbott to Mead Johnson and within one year Abbott's market share in California dropped from 95 percent to 5 percent.

"Congress might want to rethink the design of the WIC program," said Badger. "It might find that competition is the best way to balance supply and demand."

Biden Caught Unaware

The contamination incident at one manufacturing facility caused a nationwide market disruption in the world's largest economy, yet it did not affect other developed countries, says Kim Corba, D.O., a family medicine specialist in Allentown, Pennsylvania.

"It is interesting how the shortage has not impacted other developed countries," said Corba. "The contamination issue in the U.S. was known for months. How is it that nothing was being done with the potential of a plant shutdown? Wasn't there some recognition of how much this particular plant was contributing to the supply chain?"

President Joe Biden, speaking at a media event on June 1, said the shortages caught officials by surprise.

"I don't think anyone anticipated the impact of the shutdown of one facility," said Biden.

Biden said he did not know how serious the formula shortage was until April, even though baby formula manufacturers at the event said they knew the plant shutdown would cause shortages, writes Philip Wegmann at RealClearPpolitics.

"Robert Cleveland, senior vice president for North American operations of the Reckitt Co., … said he told Biden that 'we knew from the very beginning this would be a very serious event,'" wrote Wegmann. "Murray Kessler, CEO of Perrigo Company, told Biden that as soon as his company heard about the recall 'we could foresee that this was going to create a tremendous shortage.' The other manufacturers present said the same, and yet the president admitted he wasn't made aware of the gravity of the crisis until last month."

"It is likely that malnutrition in the young years leads to shorter stature as we age and may impair intellectual development. It is reasonable to predict that if formula shortages are prolonged and babies are either underfed or parents try to make their own, nutritionally inferior formulas, then you will see more failure-to-thrive infants, which can definitely lead to developmental delays and long-term concerns of not reaching their full potential."

ROBERTA BOBAL-SAVAGE, M.D.
PEDIATRICIAN

FDA 'Abdicates Its Responsibility'

The FDA and CDC were aware of problems at the plant as early as September 2021, after health officials in Minnesota alerted them about the death of an infant, according to Politico.

In October, a whistleblower sent a 34-page document to health officials alleging the Abbott facility falsified records and failed to test formulas and keep the facility clean.

The last FDA inspection of the plant was in September 2019, wrote William D. Marler, a lawyer who specializes in foodborne illnesses, in the *New York Post* on May 10.

"The FDA has essentially been silent on what it failed to do, but more importantly, what it plans to do to prevent the next *Cronobacter* outbreak," wrote Marler. "Instead, the FDA, facing formula shortages, abdicates its responsibility to protect the public by letting parents know they are on their own with this thin gruel of a warning: 'Those seeking access [to the formula] should consult with their health care provider in considering whether the benefit of consuming such product outweighs the potential risk of bacterial infection in the user's particular circumstances.'"

AnneMarie Schieber (**amschieber@heartland.org**) *is the managing editor of* Health Care News.

Pfizer Braced for Vaccine Adverse Events, Documents Show

Continued from page 1

COVID-19 vaccine, and it anticipated the need to hire an additional 1,800 workers by the end of June 2021. The documents did not reveal how many Pfizer workers were already assigned to adverse event reporting when the EUA was issued.

Pfizer took numerous steps in response to vaccine reactions, according to a document titled "Cumulative Analysis of Post-Authorization Adverse Event Reports" and marked "confidential," dated April 30, 2021.

"Pfizer has also taken multiple actions to help alleviate the large increase of adverse event reports." states the internal document. "This includes significant technology enhancements, and process and workflow solutions, as well as increasing the number of data entry and case processing colleagues."

"Clearly, Pfizer didn't want the data to come out. It could have shut down the vaccination effort, caused courts to stand up for human rights, put egg on the face of their FDA collaborator, and caused their stockholders to flee. But the way they tried to prevent public access showed they had something to hide. Thankfully, the court refused to let them leave the public in the dark about the facts."

TWILA BRASE
PRESIDENT AND COFOUNDER
CITIZENS' COUNCIL FOR HEALTH FREEDOM

Record Number of Adverse Events

The nonprofit Public Health and Medical Professionals for Transparency filed the FOIA lawsuit on September 16, 2021.

The plaintiffs requested 450,000 pages of material about Pfizer's vaccine and the FDA's authorization process. Pfizer initially resisted the FOIA request, claiming it could produce no more than 500 pages per month, which meant it would take about 75 years to satisfy the request.

U.S. District Judge Mark Pittman of the Northern District of Texas ordered Pfizer to release the documents at a rate of 55,000 pages per month, on January 7. The first cache of documents was released on April 1.

The documents disclose that within the initial three months of the vaccine's use, 158,893 adverse events were logged among approximately 126,212,580 doses shipped. That means the adverse event report rate was approximately one for every 800 doses.

The running tally of adverse events related to COVID-19 vaccines reported to the Vaccine Adverse Event Reporting System (VAERS) from December 14, 2020 to March 25, 2022 totals 1,205,755, surpassing the 930,952 adverse events previously reported for all other vaccines in the 32-year history of the database.

'Reason to Exercise Caution'

Pfizer's attempt to forestall disclosure of the documents appears to have been part of a pattern of nondisclosure with respect to the company's brand-name, non-EUA COVID-19 vaccine, Comirnaty.

Comirnaty is the same vaccine as the one issued under the EUA, but Pfizer can advertise it and set the price. Having an approved brand-name vaccine in the market could give institutions such as universities more legal footing to require vaccinations. Pfizer, however, would lose some of the liability protection it has had under the EUA.

Pfizer appeared to enjoy insulation from the usual ethical requirements of disclosure, says Barbara Loe Fisher, cofounder and president of the National Vaccine Information Center.

"Pfizer's published clinical trial data did not provide evidence for the safety or efficacy of administering the Comirnaty vaccine simultaneously with other vaccines, but the CDC [Centers for Disease Control and Prevention] and medical trade associations like the American Academy of Pediatrics (AAP) are recommending the vaccine be given at the same time as other vaccines to children and adults," said Fisher.

"There are almost no CDC- or Pfizer-approved contraindications to receiving the Comirnaty vaccine, even though clinical trial data demonstrate that the majority of clinical adult and child trial participants experienced one or more adverse events, especially after the second dose," said Fisher. "It has long been recognized that strong reactions to pharmaceutical products can be a reason to exercise caution, especially with repeat doses."

'They Had Something to Hide'

The documents raise red flags, says Twila Brase, president and cofounder of the Citizens' Council for Health Freedom.

"Clearly, Pfizer didn't want the data to come out," said Brase. "It could have shut down the vaccination effort, caused courts to stand up for human rights, put egg on the face of their FDA collaborator, and caused their stockholders to flee. But the way they tried to prevent public access showed they had something to hide. Thankfully, the court refused to let them leave the public in the dark about the facts."

The American people were not given enough information about the vaccines to make informed decisions about getting the shots, says Brase.

"Given the overwhelming narrative that the vaccines are safe, the right thing to do would have been to stand up and tell the truth," said Brase. "Having a single statement notifying the patient that the product has not been approved, in a two- to four-page document at the time of injection, is insufficient warning about the realities and possible side effects."

'Largest Experiment Ever'

The widespread use of mRNA vaccines has been unprecedented, says Brase.

"The people of the world have become subjects in the largest experiment ever, and it's not just an experiment on COVID, it's an experiment on mRNA," said Brase.

"It's a genetic trial," said Brase. "Those who refused to take the shot are the controls. Those who got the shots are yet to find out what, if any, impacts they may experience now and in the coming years, or whether it will impact their yet-to-be-born children."

Kevin Stone (**kevin.s.stone@gmail.com**) *writes from Arlington, Texas.*

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Foundation Launches Alternative Vaccine Injury Reporting System

By Ashley Bateman

The Truth for Health Foundation has launched the Citizens' Vaccine Injury Reporting System (CVIRS) as an alternative to the database managed by federal health agencies.

CVIRS is intended to provide more accurate and timely data than the Vaccine Adverse Events Reporting System (VAERS) jointly run by the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA). VAERS has been criticized as an outdated and unreliable database for vaccine injuries, especially since the emergency use authorization of COVID-19 vaccines, says Lee Vliet, M.D., president and CEO of the Truth for Health Foundation.

"The VAERS system is seriously flawed, difficult to use, and intimidating, with threats of fines and prosecution for a false statement on every screen," said Vliet. "VAERS has been known, since the Harvard study in 2010, to seriously underreport adverse events because of the difficulty in using it. Laypeople cannot easily self-report, and there is a disincentive for health professionals to report adverse events due to the system being so time-consuming for each report."

Launched in April in English, Spanish, and Chinese, CVIRS is designed to be user-friendly, with reporting taking less than 20 minutes via cell phone.

"The VAERS system is seriously flawed, difficult to use, and intimidating, with threats of fines and prosecution for a false statement on every screen. VAERS has been known, since the Harvard study in 2010, to seriously underreport adverse events because of the difficulty in using it. Laypeople cannot easily self-report, and there is a disincentive for health professionals to report adverse events due to the system being so time-consuming for each report."

LEE VLIET, M.D.
PRESIDENT AND CEO
TRUTH FOR HEALTH FOUNDATION

VAERS Backlog

VAERS has a backlog of more than 22,000 cases, an unknown quantity of which has not yet been assigned a case identification number, and the site itself is unwieldy and fails to provide an accurate picture of COVID-19 vaccine reactions, says Vliet.

"The CDC has not been posting adverse events in a timely manner," said Vliet. "Expert analysts confirm that adverse event reports have been deleted after filing—over 6,300 in the last four weeks alone, including 80 deaths—and there has been no effort to inform the public of the adverse events."

Thousands of reports of heart attacks, myocarditis, and other heart-related reactions should have resulted in an investigation by the U.S. Food and Drug Administration, says pharmacologist David Gortler, Pharm.D., a former senior advisor to the FDA commissioner for drug safety and a policy advisor to The Heartland Institute, which co-publishes *Health Care News*.

"The process is badly flawed, and what results that are found tend to be dismissed with the tired, worn-out expression of 'correlation is not causation' which even the FDA disagrees with," said Gortler.

The VAERS database misses most adverse events, says Gortler.

"Studies acknowledged by FDA officials show that the FDA's various safety databases only collect an estimated 1 to 13 percent of all adverse events that occur," said Gortler. "Multiple FDA drug safety epidemiologists have stated during official FDA presentations that it only takes a single well-documented adverse event to justify a safety signal investigation and in turn to warn the American public of the potential risk."

Reporting Flaws

Data collection for VAERS is intrinsically flawed, and there is little incentive for health care workers or bureaucrats at the U.S. Department of Health and Human Services (HHS) to log reported injuries, says Gortler.

"Nurses, pharmacists, and physicians simply don't take the time to report what patients tell them, because they aren't required to do so," said Gortler. "Neither are the 80,000-plus employees that work for HHS, which includes the 20,000 employees at the FDA. Many clinicians ask themselves if federal HHS employees aren't mandated to take the time to report, why should we?"

Truth for Health plans to avoid VAERS' flaws by recruiting physicians, epidemiologists, and scientists who are motivated to collect accurate data voluntarily for the good of public health, says Vliet.

"The software design ensures easy, rapid accessibility and reporting, … unlike cumbersome, hard-to-use VAERS," said Vliet.

The organization also provides information on treatment plans for vaccine injuries.

'Government Failure'

Federal health agencies will probably not make use of CVIRS data, even if it is more accurate and up-to-date, says Vliet.

"The government has been negligent in using the signals of risk in VAERS to guide official policy," said Vliet. "We don't expect CVIRS to overcome government failure to do its duty to protect the public. We are using CVIRS to put reliable information in the hands of the public to be able to make their own decisions, as medicine should be doing."

Reactions to COVID-19 vaccines are not followed up in the way reactions to other shots were in the past, says Gortler.

"Historically, the FDA has sought safety warnings on labels, up to and including … a prescribing restriction known as a Risk Evaluation and Mitigation Strategy (REMS) for much less," said Gortler. "Thousands of serious, debilitating, and deadly safety VAERS reports following COVID vaccines and boosters are not being held to the same regulatory standards."

Vaccine reactions could be much more prevalent than the government claims, says Gortler.

"If approximately 1 to 13 percent of adverse events are reported, extrapolating those numbers means the actual number of adverse health events could easily be in the hundreds of thousands in the United States and many millions worldwide," said Gortler.

"Much like the White House under Biden, it seems that the FDA is unequally applying its own logic," said Gortler

Ashley Bateman (**bateman.ae@googlemail.com**) *writes from Virginia.*

Direct Primary Care Rescues a Rural Michigan Community

By AnneMarie Schieber

Patients in a rural Michigan community now have access to health care through two direct primary care (DPC) centers.

Christian Healthcare Centers (CHC)—a nonprofit, faith-based health care organization—has opened a second facility in Newaygo County, Michigan, allowing residents to get basic care without hours of travel.

CHC had no plans to expand its operations in Newaygo, a remote area outside Grand Rapids, but it was asked to do so by community leaders, says Mark Blocher, president and CEO of CHC.

"The doctor-to-patient ratio in Newaygo County was 3,000 patients per doctor, which is three times more than [what is] ideal for doctors to be able to provide the kind of care that patients need at the primary level," said Blocher. "There are a total of 21 doctors in the entire county, and not all of them are in primary care, so what happens is people in the county end up having to travel significant distances in order to get basic care."

There has been a critical need for a new model of health care, says City of Newaygo Mayor Ed Fedell.

"There are a lot of people who cannot afford insurance and to go to the other health care providers, said Fedell. "If they can't afford the costs, then they have the tendency to not get the care they really need. A lot of times they go straight to the emergency room."

'Affordable, Convenient, and Personalized'

CHC opened the first dedicated DPC facility in the Grand Rapids, Michigan market in 2017.

CHC does not accept insurance. Patients pay a monthly membership fee, which is often less than $100 a month, and receive unlimited primary care, often with a physician, within 24 hours. Members also get free routine lab work and low-cost prescription drugs and imaging, all with no co-pays or deductibles. Patients are not excluded because of preexisting conditions, says Blocher.

"Our only enrollment criterion is the patient has a pulse," said Blocher. "We provide concierge-level care for the cost of a cell phone bill.

"It's like staying at a five-star hotel for the price of a two-star motel," said Blocher. "We prioritize being affordable, convenient, and personalized in the care we provide."

'Eliminating Doctor Burnout'

The City of Newaygo donated land for the new facility, and private investors built the 8,150 square foot building CHC now leases.

CHC had no trouble attracting staff, discovering physicians, nurses, and health professionals living in the area who wanted to practice there. The direct-pay model interests health care professionals because it gives them independence from corporate medicine, says Blocher.

"Doctors are not under the pressure to see so many patients a day, or perform so many procedures, to cover the overhead of a very large and expensive health care system," said Blocher. "So, I do see this as improving doctor satisfaction and eliminating doctor burnout, and also a way to provide better patient care because it's more personalized and not such a pursuit of payment, which we see more and more, where the patient gets lost in the process."

"Our only enrollment criterion is the patient has a pulse. We provide concierge-level care for the cost of a cell phone bill. It's like staying at a five-star hotel for the price of a two-star motel. We prioritize being affordable, convenient, and personalized in the care we provide."

MARK BLOCHER
PRESIDENT AND CEO
CHRISTIAN HEALTHCARE CENTERS

Surgical Fees 'All-inclusive'

Response to the Newaygo location was so strong CHC decided to offer surgical procedures for predetermined prices paid directly by patients, says Blocher.

"We publish the fees on our website, and those fees are what we call bundled fees, unlike when you go to the hospital and you get seven or eight bills," said Blocher. "Our patients know before they schedule a surgery what the cost of that procedure is going to be and it will be all-inclusive, so it will include the cost of anesthesia and products in that bundled fee."

Patients will be able to get surgical procedures that don't require sedation, such as endoscopies, colonoscopies, carpal tunnel release, and orthopedic repair.

'Medical Cartel' Pushback

The pioneer in direct-pay surgery is the Surgery Center of Oklahoma (SCO). CHC is on to something big, SCO Medical Director Kevin Smith, M.D., told *Health Care News*.

"This Gandhi quote applies to the experience and efforts aimed at promoting medical price transparency: 'First they ignore us, then they laugh at us, then they fight us, then we win,'" said Smith. "Congratulations to CHC for enduring all the pushback the medical cartel has had to offer. Newaygo residents may now transition from victims of the system to beneficiaries of affordable, high-quality care."

AnneMarie Schieber (**amschieber@heartland.org**) *is the managing editor of* Health Care News.

COMMENTARY

Florida Should Pioneer This Solution to Out-of-Control Obamacare Premiums

By Michael F. Cannon

Floridians who purchase their own health insurance pay premiums about 5 percent higher than the national average.

One reason for the disparity is the Affordable Care Act, or Obamacare. In Florida, premiums for individual health care policies have risen an average of 12 percent a year since the law took effect. They now cost more than double what they were before the law took effect.

In fact, premiums are so high, Congress is giving some households earning $212,000 a year a $12,000 government subsidy to help them afford Obamacare plans.

And that's not all. As premiums have risen, Obamacare has made coverage worse for the sick. The law's supposed "consumer protections" push insurers to adopt narrow networks and impose other restrictions that ration care for the sick.

Florida Governor Ron DeSantis

PHOTO COURTESY GAGE SKIDMORE/FLICKR.COM

"State lawmakers have it in their power to let Floridians access better, more affordable, and more secure health insurance by opening the state to competition from insurers in Puerto Rico and other U.S. territories."

How Competition Can Help

State lawmakers have it in their power to let Floridians access better, more affordable, and more secure health insurance by opening the state to competition from insurers in Puerto Rico and other U.S. territories.

How? Obamacare's "guaranteed availability, community rating, single risk pool, rate review, medical loss ratio, and essential health benefits" regulations are the law's costliest hidden taxes. They are the main drivers of rising premiums and health care rationing.

In 2014, however, the Obama administration exempted health insurance in American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands from those regulations. Subsequent administrations have preserved this exemption.

If state lawmakers pass a law recognizing insurance licenses from U.S. territories, Florida consumers and employers could purchase individual or group plans from insurers in Puerto Rico or any other U.S. territory.

Less-Costly Coverage

Many established health insurers already do business in the territories, including Aetna, UnitedHealthcare, Humana, and BlueCross BlueShield, each of which already has provider networks in Florida.

Opening Florida's market to these territories' plans would improve the quality and cost of health insurance. Floridians could save 50 percent or more on their plans, and Florida employers could offer more flexible and affordable coverage options and compensation packages, including higher wages.

The move would also provide a much-needed dose of competition. Federal and state regulations create so many barriers to competition that just two insurers controlled 92 percent of Florida's individual health insurance market in 2019.

The reform would also help struggling territories. Allowing insurers in Puerto Rico (population: three million), Guam (153,836), and the U.S. Virgin Islands (87,146) to compete in a market as vast as Florida's (population: 22 million) could create an economic boom in those territories.

Protecting Consumers

To protect consumers, Florida lawmakers could require disclosures to ensure consumers know what they're getting. They could further provide that each territory's health insurance regulations become part of any insurance contract, so Florida residents could enforce consumer protections in Florida courts.

People have rights when it comes to their health care. Just as Florida residents have a right to choose their health insurance, including the right to travel to a U.S. territory and buy health insurance there, they have the right to buy those same health plans without leaving home.

Florida law recognizes many occupational licenses from other states. Recognizing insurance licenses from U.S. territories would give Floridians additional choices alongside Obamacare.

Michael F. Cannon **(@mfcannon)** *is director of health policy studies at the Cato Institute. A version of this article appeared in the* South Florida SunSentinel *on May 16, 2022, and on the Cato Institute blog.*

New Tools to Help Political Candidates Win on Health Care

Two new resources are being offered to help political candidates win on health care in the 2022 election and beyond.

The Goodman Institute for Public Policy Research has launched a health care blog to help educate legislators and the public on free-market solutions to today's health care challenges. The blog publishes original content and links to relevant articles and studies. Devon Herrick, Ph.D., and John Goodman, Ph.D., co-publisher of *Health Care News,* edit the blog and write original content for it.

Posts include "Obamacare Made Drug Benefits Worthless," "Should We Eat What Our Ancestors Ate?" and "Your TV Causes Heart Disease (but Your iPad Doesn't)."

Reclaiming a Space

The intention of the blog is to offer market solutions for health care problems, filling a gap once defended by the now-defunct National Center for Policy Analysis (NCPA), writes Goodman.

"For many years, our health care blog was the only free enterprise health policy blog on the internet," Goodman writes. "Then, when the NCPA closed its doors, the health blog stopped as well. During this five-year hiatus, no one else has come forward to claim the space. So, my colleagues and I have decided to restart the blog in connection with the Goodman Institute."

The blog is free of charge, and readers are encouraged to share their views.

Informing Voters, Candidates

The Goodman Institute released an online question-and-answer guide on May 20 to help voters and candidates become better informed on solutions to health care problems.

"This brief Q & A covers all the major issues, including telemedicine, direct primary care, portable health insurance, Health Savings Accounts, continuous open enrollment, etc.," Goodman told *Health Care News*. "There are two types of information: one, what the issue is about, and two, how the two political parties have differed. This is an invaluable resource for voters and candidates alike."

—Staff reports

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COMMENTARY

Obamacare Failed to Accomplish Any of Its Goals in 12 Years

By Devon Herrick

The Patient Protection and Affordable Care Act (ACA), or Obamacare, marked another anniversary on March 23. Twelve years after its passage, the program has yet to live up to its proponents' promises.

Congress approved Obamacare on the grounds it could lower the number of people who do not have health insurance and provide the underinsured with better coverage. The plan would protect consumers with preexisting conditions from being denied insurance or charged excessive premiums (called guaranteed issue and community rating) and would lower the cost of coverage for the average family by $2,500.

It is not surprising the ACA could not fulfill any of these goals.

Expanded Medicaid, Managed Care

One way Obamacare was supposed to expand coverage to the uninsured was by broadening the pool of people who could qualify for care at no cost through Medicaid.

Today, the vast majority of the newly insured are covered through the government's health care safety net program. The costs of Medicaid expansion are about $80 billion a year, to cover 15 million "new" beneficiaries.

Those who don't meet the financial requirements of Medicaid can buy taxpayer-subsidized insurance in the Healthcare Marketplace (that is, Obamacare plans). Because these plans can't deny coverage to anyone who is already sick, the coverage is like the managed care plans used in Medicaid, with limited access to doctors and no access to the best specialists and hospitals.

In 2021, two million people received coverage under these subsidized plans. The subsidies cost taxpayers $50 billion a year, or $25,000 a person. The cost is probably higher, because some enrollees may have dropped health coverage offered by their employer, so the net gain for these "newly insured" may be close to zero.

Rising Deductibles, Premiums

Despite the name, the Affordable Care Act has made coverage unaffordable not just for taxpayers but for everyone not getting a generous subsidy.

Average annual Obamacare premiums increased about 40 percent from 2016 to 2021. While this hike in cost is significant, it would be even greater if consumers had not begun increasing their deductibles and gravitating to less generous plans as premiums rose.

Consumers who don't qualify for subsidies tend to opt for silver (39 percent) or bronze (36 percent) plans that require 30 percent and 40 percent cost-sharing, respectively. After consumers reach middle age, the premiums skyrocket. Those aged 45 to 54 years pay $529 a month, on average. Consumers ages 55 to 64 pay about $771. The average deductible in 2021 was $4,490, and deductibles of more than $8,000 are common. This is true for both family and individual deductibles, meaning most Obamacare enrollees never file a claim or get any tangible benefit in return for their costly premiums.

Congress temporarily expanded the ACA as part of the American Rescue Plan, the COVID-19 relief package. As a result, families making more than 400 percent of the federal poverty level will not have to pay more than 8.5 percent of their household income for a silver plan. The cost to taxpayers for the new subsidy is estimated at $17,000 a year for every newly insured individual.

In many cases, people far from poor receive subsidies for insurance that is of little value. Eliminating the family glitch, where family members do not qualify for subsidies if offered coverage through a job, as the IRS is doing through its rulemaking process, will cost an estimated $22,500 per newly insured family member. This is much more expensive than the employer-provided coverage they declined.

Despite Subsidies, Enrollees Pay

In health care, there is an 80/20 rule: the least healthy 20 percent of the population consumes 80 percent of the health care dollars.

In fact, the sickest 5 percent of the population consumes 50 percent of the health care dollars in any given year, with the composition of the sickest group varying from year to year.

Obamacare became a vehicle to funnel the premiums of the healthier 80 percent of consumers to the sickest 5 percent. It does this even though 80 percent to 95 percent of healthier enrollees still must pay for most of their care out of pocket because they never meet their deductibles.

This means people with preexisting chronic conditions such as asthma, diabetes, and heart disease are essentially paying for most, if not all, of their routine care out of pocket as if they had no insurance. Worse, because of the increasing prevalence of narrow networks, the doctors many Americans with chronic conditions have always seen are out of reach. The best hospitals for specialty care are also often in no ACA plan's network.

The ACA was touted to protect people with preexisting conditions while making high-quality coverage affordable. It has had quite the opposite effect. Looking at the data since its inception, it is tough to argue Obamacare has accomplished its goals.

Devon Herrick, Ph.D. (**devonherrick@sbcglobal.net**) *is a health economist, former hospital accountant, editor of the health care blog at the Goodman Institute, and policy advisor to The Heartland Institute, the organizations that co-publish* Health Care News.

"Despite the name, the Affordable Care Act has made coverage unaffordable not just for taxpayers but for everyone not getting a generous subsidy. Average annual Obamacare premiums increased about 40 percent from 2016 to 2021. While this hike in cost is significant, it would be even greater if consumers had not begun increasing their deductibles and gravitating to less generous plans as premiums rose."

Congress Considers Allowing Alternatives to Animal Testing in Medical Research

By Bonner Cohen

Bipartisan legislation advancing in Congress would allow drug developers to use alternatives to animal testing.

The 1938 Food, Drug, and Cosmetics Act (FDCA) requires testing experimental drugs for toxicity in animals before conducting human clinical trials for safety and efficacy. Congress is considering a proposal that would allow the use of nonclinical tests or studies, including cell-based assays, organ chips, microphysiological systems, sophisticated computer modeling, and other human biology-based methods instead of animal tests.

U.S. Rep. Vern Buchanan (R-FL) introduced HR 2565, the FDA Modernization Act of 2021, in the U.S. House of Representatives to "amend the Federal Food, Drug, and Cosmetic Act to allow manufacturers and sponsors of a drug to use alternative testing methods to animal testing to investigate the safety and effectiveness of a drug, and for other purposes."

Buchanan's one-page bill was attached to a larger bill (HR 7667) that was unanimously approved by the House Committee on Energy and Commerce on May 18.

Sen. Rand Paul (R-KY), an M.D., introduced a bill (S 2952) identical to Buchanan's in the Senate.

"While at the FDA, Gortler also advocated for reducing or eliminating the FDA's requirements for animal testing in favor of brand-new, state-of-the-art OOC (human organ-on-a-chip technology, which uses microchips lined with human cells to model human disease states)."

ARTICLE IN *YALE MEDICINE MAGAZINE*

'Cutting Red Tape'

Animal testing is unnecessary, cruel, and expensive, said Paul in a statement about his bill.

"The FDA Modernization Act would accelerate innovation and get safer, more effective drugs to market more quickly by cutting red tape that is not supported by current science," said Paul. "It would also prevent the needless suffering and death of animal test subjects—which is something I think both Republicans and Democrats agree needs to end."

Animal testing is not always predictive of the effects of drugs on humans, said Gary K. Michelson, M.D., founder and co-chair of the Michelson Center for Public Policy, in a statement.

"The most predictive technologies in existence should be available to drug sponsors to provide the safest and most effective medicines for patients," said Michelson. "Animal data should not be the automatic reflex if there are superior non-animal test methods that predict what will happen in human clinical trials."

'Organ on a Chip'

David Gortler, Pharm.D., a policy advisor to The Heartland Institute, which co-publishes *Health Care News*, supported alternatives to animal testing while evaluating new drugs for approval at the U.S. Food and Drug Administration (FDA).

"While at the FDA, Gortler also advocated for reducing or eliminating the FDA's requirements for animal testing in favor of brand-new, state-of-the-art OOC (human organ-on-a-chip technology, which uses microchips lined with human cells to model human disease states)," states an article in *Yale Medicine Magazine*.

The technology can help get drugs approved more quickly, Gortler told the publication.

"In addition to reducing harm to animals—a regrettable longtime necessity for scientific progress—this device promises to greatly speed up drug development and approval," said Gortler. "It's a win on both sides."

The FDA remains institutionally averse to moving away from animal testing, Gortler told *Health Care News*.

"While at the FDA, I spent months preparing a detailed proposal that would test the hypothesis that OOCs would speed preclinical drug development by more accurately predicting drug safety and efficacy in humans," said Gortler. "Comparative studies already show that OOC technology better predicts human drug responses than crude animal tests, but my scientific report was actively ignored by antagonistic and partisan bureaucrats."

Hush, Puppies

Animals are also used in taxpayer-funded medical research, which has been a target of animal rights groups.

The White Coat Waste Project, which opposes animal testing, alleged beagle puppies were abused in research funded by the National Institute of Allergy and Infectious Diseases (NIAID), headed by Anthony Fauci, M.D.

The group said the dogs' vocal cords were cut so they couldn't bark. Federal legislators, including Paul, sent letters to Fauci demanding to know why healthy beagle puppies were "decorded" and later euthanized.

"De-barking" is not an unusual or cruel practice, stated the NIAID, in an email to MedPageToday.

"Vocal cordectomies, conducted humanely under anesthesia, may be used in research facilities where numerous dogs are present," the NIAID statement said. "This is to reduce noise, which is not only stressful to the animals but can also reach decibel levels that exceed OSHA allowable limits for people and can lead to hearing loss."

'Require Animal Testing'

Animal testing is not only not unethical but might be morally required, says H. Sterling Burnett, Ph.D., an environmental ethicist and senior fellow with The Heartland Institute.

"It may be cheaper or more efficient to use models only, but from the ethical perspective of best ensuring there are no negative effects to human health, which should be the main goal of government involvement in product testing, it is legitimate to require animal testing," said Burnett.

Policymakers should not let empathy elevate animals to the status of human beings, says Burnett.

"Animal suffering is a bad, but not a moral evil," said Burnett. "Allowing preventable human illnesses or deaths from a new product in order to avoid animals suffering is both a bad and evil. It treats animals, which don't have rights, as more important than humans, which do."

In a free market, the government would not be responsible for testing drugs or cosmetics, says Burnett.

"A strict tort-based system would require full disclosure that not testing products on animals raises questions of both safety and sometimes efficacy, and that the producers are willing to accept all liability for any resulting illnesses and death from the use of the product or chemical," said Burnett. "But as long as the FDA is involved, I would argue it should require testing on animals."

Bonner R. Cohen, Ph.D. (**bcohen@nationalcenter.org**) *is a senior fellow at the National Center for Public Policy Research.*

Oregon OKs Physician-Assisted Suicide for Nonresidents

By Ashley Bateman

Oregon health officials are allowing physician-assisted suicide for nonresidents.

Oregon's Death with Dignity Act permits physicians to provide lethal medications to terminally ill patients. The law requires patients seeking physician-assisted suicide to show proof of residency, such as a driver's license, property lease or title, or an Oregon tax return.

The Oregon Health Authority (OHA) will no longer "apply or otherwise enforce" the residency requirement, under an agreement reached to settle a lawsuit on March 28.

'No Legal Merit'

A lawsuit claiming the Oregon law's residency requirement violates the U.S. Constitution's Privileges and Immunities and Commerce clauses was filed in the U.S. District Court in Portland in October 2021.

In the settlement, the defendants, which included various state officials and Multnomah County District Attorney Mike Schmidt, agreed not to enforce the residency requirement or prosecute anyone for violating it.

In addition, the OHA agreed to recommend to the state legislature specific changes in statutory language eliminating the residency requirement from the law.

Officials failed to defend the legislation Oregon voters approved, says William L. Toffler, M.D., a family practitioner in Portland.

"The state just went into negotiations," said Toffler. "That's going against what the people voted on in 1994 and 1997. The people of Oregon were voting on a law that would only apply to the state of Oregon. Constitutionally, the case had no legal merit and should not have reached a quick settlement."

The plaintiffs in the case were Oregon physician Nicholas Gideonse, M.D., who stated he wanted to prescribe lethal drugs to patients residing across the state line in Washington, and Compassion and Choices, a nonprofit group that supports assisted suicide.

Death Destination

Oregon could become the go-to spot for suicidal patients, says Twila Brase, R.N., Ph.N., president of the Citizens' Council for Health Freedom and a policy advisor to The Heartland Institute, which co-publishes *Health Care News*.

"Oregon may become the place where sick Americans go to kill themselves, with the help of physicians who have forgotten the tenets of medicine," said Brase.

"Matters of life and death should be handled by one's own physician or health professionals who know the patient and their family and life situation. Death is irreversible, and hastening it should not be taken lightly."

MARILYN SINGLETON, M.D., J.D.

Physician-assisted suicide violates medical ethics, says Brase.

"Hippocrates wrote that 'life is sacred' and as a physician treating a patient he would 'never give him an herb to soothe his pain, even if he begs for it in anguish, if it might take away his breath,'" said Brase. "Helping a patient kill himself is the antithesis of being a physician."

'Predatory Practices Going Unnoticed'

In 2019, Oregon amended the law by removing a 15-day waiting period and created alternatives for the administration of deadly drugs to patients who cannot swallow or "ingest" the drugs themselves.

"That is no longer assisted suicide, it is euthanasia, administered by a doctor," said Toffler.

The law still requires 24 hours between a patient's request and the physician's provision of drugs.

Allowing Oregon physicians to prescribe drugs to residents of other states increases the risk of abuse, said Lois Anderson, executive director of Oregon Right to Life, in a statement published on March 29.

"We already have a problem with dangerously short physician-patient relationships and the push to eliminate any waiting period for life-ending drugs," said Anderson. "We should not be expanding access to lethal prescriptions. The residency requirement at least protected some patients from predatory practices going unnoticed in the current execution of the law."

'Something Very Unnatural'

The OHA's 2018 annual report describes two physicians who violated the Death with Dignity Act and the Oregon Medical Practice Act, one of whom was determined to have committed "dozens" of violations and was repeatedly negligent in prescribing controlled substances.

The Oregon Medical Board ordered the physician "not [to] prescribe or manage the prescriptions for any medication for any patient enrolled in hospice care" or "any patient requesting Death with Dignity," according to the Euthanasia Prevention Coalition.

The lawsuit settlement could lead to more abusive practices, says Brase.

"As we've seen in Europe, the countries that embrace indirect euthanasia move easily into explicit euthanasia, including for people who are simply unhappy with their life," said Brase.

In Oregon, 2,217 lethal prescriptions have been written since the law was enacted in 1997. The rate of physician-assisted death increased 60 percent between 2014 and 2018.

Procedural changes have obscured the Oregon law's effects, says Brase.

"I find it particularly disturbing that Oregon recommends the death certificates report the underlying diseases as cause of death and mark the manner of death as 'natural,'" said Brase. "There is nothing natural about suicide, and there is something very unnatural about a physician helping patients kill themselves."

Prescribing Across State Borders

Allowing nonresidents to receive lethal prescriptions in Oregon they could take back to their own states has national implications, says Toffler.

"It's not a regional issue when you're talking about people accessing assisted suicide even in states where it's not legal," said Toffler. "It is very much against the laws of other states."

After the settlement, co-plaintiff Compassion and Choices published guidelines on its website urging patients and doctors to be in Oregon during drug administration.

Performing physician-assisted suicide by telemedicine or medical tourism would be unwise, says Marilyn Singleton, M.D., J.D., former president of the Association of American Physicians and Surgeons.

"Matters of life and death should be handled by one's own physician or health professionals who know the patient and their family and life situation," said Singleton. "Death is irreversible, and hastening it should not be taken lightly."

Ashley Bateman (**bateman.ae@googlemail.com**) *writes from Virginia.*

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Medical Establishment, Biden Admin. Adopt Gender 'X' Policies

By Harry Painter

The Biden administration and the American Medical Association (AMA) have adopted policies that replace the concept of biological sex with self-selected gender identity.

The AMA adopted a policy to remove sex "as a legal designation on the public portion of the birth certificate" in June 2021. The AMA said it would support collecting and submitting an individual's birth sex on the U.S. Standard Certificate of Live Birth form for medical, public health, and statistical purposes only.

In 2019, *Federal Practitioner*, a clinical journal for medical employees of the U.S. Department of Veterans Affairs, the U.S. Department of Defense, and the U.S. Public Health Service, published a paper advocating adding a self-identified gender identity field to electronic health records. The authors of the peer-reviewed article, "Evolving Sex and Gender in Electronic Health Records," included psychiatrists and psychologists.

Biden on Board

President Joe Biden reaffirmed his commitment to surgical and chemical treatment of individuals with body dysphoria by announcing his selection of a transgender, Adm. Rachel Levine, an M.D., as assistant secretary of health, before he took office. Born a male named Richard, Levine fathered two children before transitioning to a female and supports so-called gender-conforming medical procedures for children.

"There is no argument among medical professionals—pediatricians, pediatric endocrinologists, adolescent medicine physicians, adolescent psychiatrists, psychologists, etc.—about the value and importance of gender-affirming care," said Levine, the *Daily Mail* reported on May 2.

In addition, the Biden administration has threatened to punish states that pass laws criminalizing child sex-change procedures.

'There Are Only Two Sexes'

Ignoring patients' biological sex at birth violates a fundamental truth of medical science, says Twila Brase, R.N., president and cofounder of the Citizens' Council for Health Freedom and a policy advisor to The Heartland Institute, which co-publishes *Health Care News*.

"From the biological and medical perspective, there are only two sexes: male and female," said Brase. "It doesn't matter what sex you claim to be; there can be no gender-neutral in the lab."

Requiring medical practitioners to affirm gender identity over biology could lead to a loss of freedom in health care, says Brase.

"Whatever the damage might be to the patient from reinforcing their preferred identity rather than their biological reality, there may be broader yet unrealized damage to the entire health care system," said Brase. "Health care workers forced to violate their own moral code and deep-seated values—by acting out a reality they do not believe or agree with—may choose to resign or retire early. This will exacerbate the ever-growing shortage of doctors and nurses."

Removing Conscience Protections

The Biden administration is also taking steps to deny conscience protections in federal statutes that prohibit discriminating against health care providers who refuse to participate in services based on moral objections or religious beliefs.

About 100,000 nurses left the field in 2021, leading to a nationwide nursing shortage that has been widely blamed on changes in working conditions during the COVID-19 pandemic. Removing conscience protections for political reasons will only worsen the medical personnel shortages, says Brase.

"Whatever the reasons for their exit, nurses and doctors need to be given a reason to stay, but increasingly, political agendas give them a reason to leave," said Brase.

COVID-19 policies have shown the dangers of politics blocking health care choices, says Brase.

"The decision to deny COVID patients access to lifesaving medications like ivermectin tied the hands of their doctors and subjected them to last-ditch, dangerous mechanical ventilation," said Brase.

When political agendas get in the way of care, "patients die," said Brase.

Harry Painter (**harry@harrypainter.com**) *writes from Oklahoma.*

"Whatever the damage might be to the patient from reinforcing their preferred identity rather than their biological reality, there may be broader yet unrealized damage to the entire health care system. Health care workers forced to violate their own moral code and deep-seated values—by acting out a reality they do not believe or agree with—may choose to resign or retire early. This will exacerbate the ever-growing shortage of doctors and nurses."

TWILA BRASE, R.N.
PRESIDENT AND COFOUNDER
CITIZENS' COUNCIL FOR HEALTH FREEDOM

Gender 'X' Now an Option on U.S. Passports

By Harry Painter

Americans will no longer have to identify their sex when filling out passport applications.

The U.S. State Department replaced passport application questions about the sex of the applicant with questions about "gender marker" (M/F/X) and parent's or parents' gender markers, on April 11.

Applicants are not required to provide medical documentation of any kind for their self-selected gender designation, and their gender does not have to match the sex recorded on supporting documents such as birth certificates.

The "X" gender marker is for "unspecified or another gender identity," the State Department website says.

The department set out to create a marker for "non-binary, intersex, and gender non-conforming individuals," and the vaguer final definition was chosen to be "respectful of individuals' privacy while advancing inclusion," said Secretary of State Antony Blinken in a statement announcing the change on March 31. The "X" option will be available for other travel documents starting in 2023, Blinken said.

"People are free to believe whatever they want about their identity, but science has determined people are either biologically male or female at birth. We want clarity and truth on official state documents. Information should be based on established medical fact and not an ever-changing social dialogue."

SHEILA DILLS
OKLAHOMA STATE REP. (R-TULSA)

'Ever-Changing Social Dialogue'

Blinken's announcement coincided with the International Transgender Day of Visibility, a holiday created in 2009 and recognized by President Joe Biden in 2021.

A few other countries, including Australia, Canada, Nepal, and New Zealand, allow citizens to choose a gender, rather than male or female sex, on their passports. The "X" gender option is available for driver's licenses in 21 U.S. states and the District of Columbia, and for birth certificates in 16 states and D.C.

Oklahoma Gov. Kevin Stitt signed into law the nation's first ban on nonbinary gender markers on birth certificates on April 26. Oklahoma state Rep. Sheila Dills (R-Tulsa), who introduced the bill, says government data should be objective, not subjective.

"People are free to believe whatever they want about their identity, but science has determined people are either biologically male or female at birth," Dills told *U.S News*. "We want clarity and truth on official state documents. Information should be based on established medical fact and not an ever-changing social dialogue."

'Sad and Absurd'

State recognition of nonbinary sexual identities is an attempt to manipulate reality, says Arizona state Rep. John Fillmore (R-Apache Junction).

"When the government starts dealing with people's 'feelings' we will be so far past the Orwellian moment some will feel we are in an Aesop fable or Dr. Suess's world," Fillmore told *Health Care News*. "This is sad and absurd."

Fillmore has backed multiple bills to limit sexual identifiers to male and female on all state-issued documents. The most recent, HB 2294, states, "A document issued by any agency, board, commission or department of this state that is required by law to indicate an individual's sex may only indicate the individual's sex as either male or female."

HB 2294 failed in a vote in the Arizona House of Representatives, with bipartisan opposition, on February 17.

Governments allowing nonbinary choices give credence to individuals' delusions, says Fillmore.

"When the 'feelings' start clogging courts, causing conflicting legislation and so on, will America wake up?" Fillmore said. "The first thing we must do is establish that society is not responsible for feelings, nor thoughts, and the silly ones must be sent back to the psychiatric halls that have created this stupidity."

Executive Activism

The current push to create the "X" marker came after activist Dana Zzyym sued the State Department for refusing to issue a sex-neutral passport and the department issued Zzyym an "X" passport in October 2021.

The U.S. passport form also includes a checkbox to indicate whether the applicant is changing the gender marker. A parent or legal guardian must provide consent to the gender identity selection of a dependent child under age 16.

The State Department website cautions the government "cannot guarantee your entry or transit through other countries" and travelers "may face entry restrictions in countries that do not recognize the X gender marker."

The White House also announced it would add an "X" gender marker to the U.S. visa system. The Social Security Administration announced it would stop requiring a doctor's note to update an individual's record.

The U.S. Department of Homeland Security announced it would update its airport body scanners, reducing screening to accommodate transgender, nonbinary, and gender nonconforming travelers.

Harry Painter (**harry@harrypainter.com**) *writes from Oklahoma.*

INTERNET INFO

"Identity Document Laws and Policies," Movement Advancement Project, May 2022: **https://www.lgbtmap.org/equality-maps/identity_document_laws/**

‘Pregnant People’ Term Gains Currency Over ‘Pregnant Women’

By AnneMarie Schieber

“Pregnant people” is an emerging woke term used to suggest pregnancy is not necessarily a function of the female sex.

California bill SB 1142, introduced by state senators Nancy Skinner (D-Berkeley) and Anna Caballero (D-Merced), makes multiple references to “pregnant people” and offers taxpayer funding for abortions to both residents and nonresidents The most glaring example in the five-page bill states, “If the United States Supreme Court overturns the protections under Roe v. Wade, *people* in over one-half of the states in the country, over 36,000,000 women *and other people* who may become pregnant, will lose access to abortion care” (emphasis added).

The term “pregnant people” is used four times. The only reference in the bill to “women” and “girls” describes the existing law that created the state’s Commission on the Status of Women and Girls.

‘Unsexing Pregnancy’

A 2022 article in the *Columbia Law Review* (CLR) sheds light on the types of scenarios where the term “pregnant people” is thought to be appropriate.

They include pregnant women who don’t identify as female and couples involved in surrogate parenting or pursuing adoption. Two additional categories are unclear: “expectant couples in which one partner is pregnant,” and “pregnant people who rely on networks of family and friends for support and caregiving.” The stated objective of referring to “pregnant people” is “gender neutrality” and “equity.”

The CLR article cites another paper, published in 2019, titled “Unsexing Pregnancy,” which discusses workplace accommodation and how linking women with pregnancy could cause legal problems.

For example, a woman who changes her birth certificate to say she was born a male could become pregnant and be denied certain coverage. Or a “nonpregnant” expectant parent who experiences symptoms of pregnancy such as weight gain and morning sickness could be excluded from treatment if the benefit specifies “women.”

Disconnecting Sex and Gender

A growing list of influential organizations, publications, and people have disconnected pregnancy from the female sex.

Centers for Disease Control and Prevention Director Rochelle Walensky used the term “pregnant people” when discussing COVID-19 vaccination during pregnancy, reported *The Hill* in an April 2021 article that used the gendered term “pregnant women.” Christopher Zahn, vice president of practice activities for the American College of Obstetricians and Gynecologists, was quoted using the term “pregnant people” in Gothamist on February 15.

The Associated Press (AP) addresses gender in its diversity, equity, and inclusion guidelines.

“Gender is not synonymous with sex,” states the *AP Stylebook*. “[G]ender refers to a person’s social identity, whereas sex refers to biological characteristics.” The AP has not updated its policies to address pregnant and birthing people, as of press time.

The medical community is also being influenced by the movement to disconnect pregnancy from the female sex. The Association of American Medical Colleges (AAMC), which administers the Medical College Admission Test (MCAT), embraces the new terminology in a poll titled “From Pregnancy to Policy—The Experiences of Birthing People in the United States,” released on May 16. The survey of 1,206 “people who had given birth” asked them to rate their experience. Those who categorized themselves as LGBTQ+ reported a less than ideal birthing experience.

“The onus is on the transgender person to make medical personnel aware of their situation. It is part of their medical history, just like smoking, past surgeries, or current medications. Carrying the pretense of a magical gender ‘change’ into the doctor’s office or emergency room is foolhardy and a recipe for inappropriate medical treatment. Imagine the consequences of missing a prostate cancer diagnosis in a ‘woman.’”

MARILYN SINGLETON, M.D., J.D.
FORMER PRESIDENT
ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS

‘Blurring Genders’ Has Consequences

The point of such polls and of adding words to the “Newspeak dictionary” goes beyond an attempt to avoid offending certain groups of people, says Marilyn Singleton, M.D., J.D., a board-certified anesthesiologist and former president of the Association of American Physicians and Surgeons.

“Blurring genders is part of the movement to make us all the same,” said Singleton. “Note to collectivists: we are unique individuals and will never all be the same.”

Embracing the new terminology could invite conflict into the exam room, says Singleton.

“The onus is on the transgender person to make medical personnel aware of their situation,” said Singleton. “It is part of their medical history, just like smoking, past surgeries, or current medications.”

Biological sex differences do not disappear because an individual self-identifies with the other gender, says Singleton.

“Carrying the pretense of a magical gender ‘change’ into the doctor’s office or emergency room is foolhardy and a recipe for inappropriate medical treatment,” said Singleton. “Imagine the consequences of missing a prostate cancer diagnosis in a ‘woman.’”

AnneMarie Schieber (**amschieber@heartland.org**) *is the managing editor of* Health Care News.

Biden Administration Threatens States Over Child Gender Procedures

By Harry Painter

Alabama and other states that ban performing gender reassignment procedures on children will face consequences, the Biden administration says.

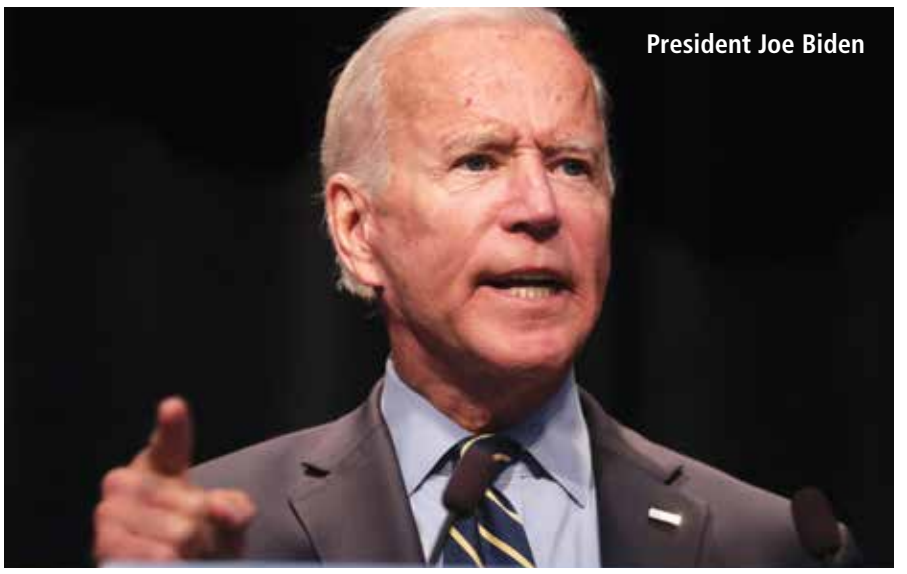
Alabama passed a law making it a felony to use puberty blockers, hormone treatments, and gender reassignment surgery on children.

"President Biden has committed in both words and actions to fight for all Americans and will not hesitate to hold these states accountable," said White House Press Secretary Jen Psaki in her daily press briefing on April 8. "Alabama's lawmakers and other legislators who are contemplating these discriminatory bills have been put on notice by the Department of Justice and the Department of Health and Human Services that laws and policies preventing care that health care professionals recommend for transgender minors may violate the Constitution and federal law."

In addition, federal health agencies have released a series of documents detailing the specific gender surgeries and hormonal treatments for minors the Biden administration supports.

Leftist activist groups, including the American Civil Liberties Union (ACLU), GLAAD, and The Trevor Project, condemned the Alabama bill for banning "gender-affirming care." The ACLU said in a tweet it will sue the state.

Arizona and Texas have passed laws cracking down on such procedures, and more than a dozen other states are considering similar laws.



President Joe Biden

PHOTO COURTESY GAGE SKIDMORE/FLICKR.COM

"With rare exceptions relating to bona fide chromosomal and receptor abnormalities or in cases of exceedingly rare mental health disorders, any attempt at morphing basic scientific precepts to accommodate a deranged political agenda that uses children as its victims is nothing less than the worst form of child abuse and should be shunned by physicians, policymakers, and the lay public alike."

JULIO GONZALES, M.D., J.D.
FOUNDER
UNITED STATES MEDICAL ASSOCIATION

'Captured by Progressives'

Gender reassignment of children is supported by health care professionals, said Psaki.

"Every major medical association agrees that gender-affirming health care for transgender kids is a best practice and potentially lifesaving," said Psaki.

Truth isn't decided by consensus, said Jane M. Orient, M.D., executive director of the Association of American Physicians and Surgeons (AAPS).

"That every major medical association 'agrees' with something does not make it correct," said Orient. "'Major' likely means it makes significant contributions to politicians."

Furthermore, these groups' statements don't represent a medical consensus, says Orient.

"Rank-and-file members have little influence on what the official position might be," said Orient. "Members are never even polled, as far as I know."

Government health agencies, medical societies, and industry groups are largely run by leftists, says Orient.

"The organizations have big budgets, and they get funding from entities with a profit [motive] or ideological agenda: research funding is a government monopoly and the professional-managerial class has mostly been captured by progressives," said Orient.

'Informed Consent Is Impossible'

The American Medical Association (AMA) strengthened its opposition to "governmental intrusion" into gender-affirming care in 2021, arguing that denying such care to children can have "tragic consequences."

The AMA's position is hypocritical, says Orient.

"The AMA favors government intrusion into many forms of medical care, such as forbidding therapy directed toward reducing unwanted same-sex attraction; blocking progesterone treatment intended to reverse a chemical abortion; or many forms of stem-cell or cancer therapy," said Orient.

Scientists, psychologists, doctors, and policy advocates differ on how to handle gender dysphoria, particularly in children, says Orient.

"I think AAPS members would agree that gender-confused children need compassionate, appropriate care, but most would disagree with puberty blockers, cross-sex hormones, or mutilating surgery in minors, on the general principle that informed consent is impossible," said Orient.

The surgeries can involve removing breasts and mutilating genitals, and puberty-blocking drugs can leave patients sterile and cause other irreversible damage.

The research shows such interventions are inappropriate and harmful to children, says a position statement titled "Gender Dysphoria in Children," published by the American College of Pediatricians in 2018.

'Worst Form of Child Abuse'

The United States Medical Association (USMA) was created in response to the AMA's leftward movement and opposes use of gender-transition procedures on children, says Julio Gonzales, M.D., J.D., USMA founder, and former Florida state representative.

"The USMA stands firmly against genital mutilation and delusion-reinforcing interventions performed on innocent children who are not yet sufficiently mature to make a sound decision on their mental health," said Gonzales. "Despite Ms. Psaki's ransacking of the available scientific knowledge, physicians are well aware that all mammals, including *homo sapiens*, are either male or female."

Gender-reassignment procedures are inappropriate for nearly all patients, says Gonzales.

"With rare exceptions relating to bona fide chromosomal and receptor abnormalities or in cases of exceedingly rare mental health disorders, any attempt at morphing basic scientific precepts to accommodate a deranged political agenda that uses children as its victims is nothing less than the worst form of child abuse and should be shunned by physicians, policymakers, and the lay public alike," said Gonzales.

'Children Are Not Political Pawns'

President Joe Biden supports the radical transgender agenda and is willing to sacrifice the well-being of children to achieve political goals, says Gonzales.

"He is meddling with a very complicated issue having significant, lifelong, deleterious ramifications on innocent patients for decades to come," said Gonzalez. "Our children are not political pawns to be recklessly deployed without concern for their physical or mental wellbeing.

"President Biden may fight for deranged leftist policies, but he has repeatedly demonstrated that he is unwilling to fight for the very children he is spuriously claiming to defend," said Gonzalez. "He will only fight against gender-dysphoric children and the parents who are trying to raise them."

Harry Painter (**harry@harrypainter.com**) *writes from Oklahoma.*

INTERNET INFO

Michelle Cretella, M.D. *et al.*, "Gender Dysphoria in Children," American College of Pediatricians position statement, November 2018: **https://web.archive.org/web/20220402114528/https://acpeds.org/position-statements/gender-dysphoria-in-children**

COMMENTARY

Let's Hope the Nation Does Not Follow California's Example

By Marilyn M. Singleton, M.D., J.D.

In early April, a congressman had a nasty encounter with a rabid fox on the grounds of the U.S. Capitol. Let's trust he is no worse for wear. But the question lingers: how did the fox know he was from California? Is this some sort of sign from above?

They—whoever they are—say, "As California goes, so goes the nation." Let's hope not. The California state legislature has put forth some bills that boggle the mind and are intended to change families' and physicians' relationship with the government forever.

"Authoritarian agendas tend to ignore the facts. COVID is waning, yet the current vaccine was formulated for a virus that is no longer dominant and does not prevent infection or transmission, as evidenced so well by the outbreak among White House personnel and members of Congress, including thrice-vaccinated House Speaker Nancy Pelosi (D-CA)."

Assisting Abortions

First, the governor and the legislature put their imprimatur on policy recommendations by the newly formed California Future of Abortion (CA FAB) Council. The "reproductive justice" advocates who make up this council hope to seal California's legacy as a "reproductive freedom" state.

CA FAB has lobbied legislators to enshrine into law their blueprint for abortion services: Recommendations to Protect, Strengthen, and Expand Abortion Services in California. The legislators are eagerly taking the bait.

Gov. Gavin Newsom has already signed SB 245. This law prohibits insurers from charging deductibles, copays, or any other individual payments for abortion services for women covered by insurance. In other words, abortions must be free to the user.

Taking this a step further is SB 1142, which would establish an Abortion Practical Support Fund that would use taxpayer money to provide airfare, lodging, gas money, food, child care, abortion doula support, and other benefits for "pregnant people" from other states who come to California for abortions (see related article, page 16).

To ensure no fetus is left behind, SB 1375 would expand the number of clinicians who can perform aspiration abortions, by allowing nurse practitioners (NPs) to do so without an attending physician. Worse yet, SB 1375 would eliminate both "minimum standards" and the completion of "board-recognized training" in abortion techniques. It would also allow NPs and physician assistants (PAs) to determine the viability of the fetus and the health of the mother, which could increase the number of abortions performed after viability.

California lawmakers are not satisfied with basic abortions. The ghoulish AB 2223 would prohibit civil or criminal liability with regard to abortion for the mother or "a person who aids or assists" in the abortion, even in cases of perinatal death. As written, the bill would essentially decriminalize infanticide via neglect for up to a month after the baby's birth.

Expanding Vaccine Mandates, Censorship

Now for the tyranny imposed on those out of the womb.

California state Sen. Richard Pan, M.D., whose SB 871 proposes requiring COVID vaccinations for all students, sponsored a trifecta. AB 2098 would charge physicians with unprofessional conduct for dissemination of yet-to-be-defined "misinformation" about the COVID virus, vaccine, prevention, and treatments.

A sister bill, SB 1390, would prohibit social media platforms from "amplifying" so-called "harmful content," subjectively defined as "[d]isinformation or misinformation, including, but not limited to, false or misleading information regarding medicine or vaccinations, false or misleading information regarding elections, and conspiracy theories."

Platforms found to be in violation could be fined up to $100,000.

Another bill, SB 1464 would require law enforcement agencies to enforce public health orders and withhold state funds from those that publicly oppose or adopt a policy to oppose the orders.

Mandating Vaccines

Further intruding into the family unit, SB 866 would permit California children 12 and older to be injected with various vaccines without parental notification or consent.

While treating children as adults, California legislators would also treat adults as children: AB 1993 would require proof of COVID-19 vaccination for all employees and independent contractors beginning in January 2023.

Authoritarian agendas tend to ignore the facts. COVID is waning, yet the current vaccine was formulated for a virus that is no longer dominant and does not prevent infection or transmission, as evidenced so well by the outbreak among White House personnel and members of Congress, including thrice-vaccinated House Speaker Nancy Pelosi (D-CA).

The bill was eventually pulled by the author because of pushback from labor unions. It is too bad regular citizens don't have that much clout.

Oddly, these soulless legislators, who claim to protect us all, failed to move out of committee SB 1042, a bill to place human trafficking within the definition of a violent felony and serious felony for the Three Strikes Law.

Marking a Rare Win

Finally, there is some good news: at least one judge still believes in constitutional rights.

AB 979, which was enacted into law, mandated corporate boards of directors satisfy certain racial, ethnic, and LGBT quotas. The court reasoned this was not a case where discrimination should be remedied by more discrimination and ruled the law "violates the Equal Protection Clause of the California Constitution on its face."

I feel sorry for the congressman who was bitten and the new mama fox that had to be euthanized as a result. My greater concern, however, is for California's legislators, who seem to have hearts of stone and minds of fertilizer.

Marilyn Singleton, M.D., J.D. (**https://marilynsingletonmdjd.com/contact/**), *is a board-certified anesthesiologist and past president of the Association of American Physicians and Surgeons.* *A version of this article appeared on marilynsingltonmdjd.com on April 12, 2022. Reprinted with permission.*

Pandemic Lockdowns, Mandates Were Ineffective and Costly, Studies Find

By Bonner R. Cohen

Up to 100 million Americans could become infected with COVID-19 this fall, the White House announced on May 6.

The U.S. public health establishment will have to change its approach if it is to avoid repeating the costly mistakes made so far during the pandemic, say the authors of "A Final Report Card on the States' Response to COVID-19," published by the National Bureau of Economic Research (NBER).

"The COVID-19 pandemic was distinct from other previous health pandemics in the degree to which we saw government interventions in the economy and suspension of individual freedoms—including policies such as lockdowns, curfews, mask and vaccine mandates, mandatory business closures, school shutdowns, and so on," state the authors, Phil Kerpen of the Committee to Unleash Prosperity, Casey Mulligan of The University of Chicago, and Stephen Moore of The Heritage Foundation.

It is doubtful proponents of lockdowns have learned from their mistakes, says Kerpen.

"I fear that a lot of the liberal politicians and so-called public health experts would rather make the same mistakes over again than admit they were wrong," said Kerpen on the *Heartland Daily Podcast*.

Lockdowns Didn't Protect Health

The NBER study compared the 50 states and the District of Columbia on three metrics: death rates from COVID, adjusted for comorbidities; unemployment and output growth; and the number of days schools were open.

The authors adjusted COVID-19 mortality through March 5, 2022 for age and the pre-pandemic prevalence of obesity and diabetes, which are highly correlated with higher COVID death rates.

They found mortality and economic performance were unrelated, indicating the government-imposed lockdowns did not improve health. They found a positive correlation between state economic performance and the number of days schools were open.

Montana scored highest on the economy, followed by South Dakota, Nebraska, and Utah. These three states were also among the seven that kept at least 85 percent of their schools open.

States Graded, Florida Lauded

The authors graded the states on their combined scores.

Receiving A-pluses, in order of their scores, were Utah, Nebraska, and Vermont. Earning an A were Montana, South Dakota, Florida, New Hampshire, Maine, and Arkansas.

Receiving Fs, in order from highest to lowest, were Illinois, California, New Mexico, New York, and the District of Columbia, with New Jersey finishing last.

The study singles out Florida, which kept businesses running during the pandemic.

"Although sometimes criticized as having policies that were 'too open,' Florida proved to have average mortality while maintaining a high level of economic activity and 96 percent open schools," states the report.

Masks Missed Mark

School mask mandates didn't slow the spread of the virus and significantly disrupted children's education, say Emily Burns, Josh Stevenson, and Phil Kerpen in a study titled "No, Masks Don't Help Keep Kids in School," published on *substack.com*.

"One of the reasons we were told masks were essential for school kids this year was that masks would reduce the likelihood of school closures, by reducing disease incidence," the report states. "Unfortunately, like so much the [Centers for Disease Control and Prevention] has promised, the opposite turns out to be true. … Children in masked districts experienced, on average, four times the number of disrupted learning days as those in mask-optional districts. The same districts had 2.5 times higher case rates during the same period [the January peak of the Omnicron wave]."

It is unclear why masked districts were more likely to stay closed, Kerpen told the *Heartland Daily Podcast*.

"The masks create panic and an edge, and when you get people already on edge and you get into the winter and you have a seasonal uptick in cases, [they close the schools]," said Kerpen. "In the places where things were more normal, you get a seasonal increase and they say, well we sort of expected that [and] we're not going to get into a panic. You didn't get zero closures in mask-optional places, but fewer, because they are driven by real absenteeism instead of perception and theory."

"Although sometimes criticized as having policies that were 'too open,' Florida proved to have average mortality while maintaining a high level of economic activity and 96 percent open schools."

A FINAL REPORT CARD ON THE STATES' RESPONSE TO COVID-19
NATIONAL BUREAU OF ECONOMIC RESEARCH

Bonner R. Cohen, Ph.D. (**bcohen@nationalcenter.org**) *is a senior fellow at the National Center for Public Policy Research.*

INTERNET INFO

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State Pandemic Performance - Combined Score

A +		A		B		C		D		F		F-	
Utah	3.46	Montana	2.29	Idaho	1.63	Georgia	.57	Wisconsin	-.61	Illinois	-2.28	New York	-2.94
Nebraska	3.25	South Dakota	2.08	Iowa	1.43	Alabama	.43	Ohio	-.62	California	-2.51	District of Columbia	-3.30
Vermont	3.24	Florida	2.04	South Carolina	1.32	Wyoming	.42	Alaska	-.63	New Mexico	-2.61	New Jersey	-3.61
		New Hampshire	1.99	North Carolina	1.15	Washington	.36	Oklahoma	-.63				
		Maine	1.95	North Dakota	1.08	Mississippi	.24	Colorado	-.68				
		Arkansas	1.88	West Virginia	1.01	Tennessee	.18	Virginia	-.78				
				Missouri	.70	Texas	.06	Arizona	-.91				
				Kansas	.70	Minnesota	-.16	Delaware	-.95				
				Indiana	.66	Rhode Island	-.16	Hawaii	-1.01				
						Kentucky	-.19	Michigan	-1.27				
						Louisiana	-.29	Massachusetts	-1.44				
						Oregon	-.37	Pennsylvania	-1.45				
								Connecticut	-1.51				
								Nevada	-1.57				
								Maryland	-1.64				

Source: Committee to Unleash Prosperity

New York Times Backtracks on COVID-19 Lockdown Harm

By Kevin Stone

The New York Times (NYT) has belatedly acknowledged the growing body of evidence that school shutdowns have cost students dearly in terms of math and reading test scores.

"Remote learning was a failure," stated NYT senior writer David Leonhardt in an article titled "Not Good for Learning" on May 5. Leonhardt reported on a study published by the Center for Education Policy Research at Harvard University titled "Consequences of Remote and Hybrid Instruction During the Pandemic," which reviewed Measure of Academic Progress (MAP) test data for 2.1 million students in 10,000 schools in 49 states and Washington, D.C.

On average, students who attended school in person for nearly all of 2020 and 2021 lost about 20 percent of the math learned in a typical school year, whereas students who stayed home lost an average of about 50 percent of the math learned in a typical school year, the study found.

"'Remote learning was a failure,' stated NYT senior writer David Leonhardt in an article titled 'Not Good for Learning' on May 5. Leonhardt reported on a study published by the Center for Education Policy Research at Harvard University titled 'Consequences of Remote and Hybrid Instruction During the Pandemic,' which reviewed Measure of Academic Progress (MAP) test data for 2.1 million students in 10,000 schools in 49 states and Washington, D.C."

'Catastrophic Educational Losses'

It is becoming impossible for mainstream media outlets to ignore the growing evidence that the economic lockdowns and school closures were a costly mistake, says Jeffrey A. Tucker, founder and president of the Brownstone Institute.

"Not even *The New York Times* can deny the crisis caused by the shutdowns, which affects the whole of society, especially the catastrophic educational losses," said Tucker.

The Leonhardt article marks an about-face for the NYT, which should be held accountable for its early and persistent support for shuttering the economy, says Tucker.

"What's outrageous is the lack of responsibility here, said Tucker. "The NYT essentially began this era with its promotion of COVID lockdowns. The losses are incalculable. We need honesty not only about the effects but also about the cause. Their own venue was a major player."

'Not New News'

The Harvard study gave the NYT cover to admit the lockdowns were a failure, says Tim Benson, a senior policy analyst at The Heartland Institute, which co-publishes *Health Care News*.

"What is shown in the Harvard study is not new news," said Benson.

In 2021, NWEA, a nonprofit group that develops and administers education assessments for public school districts across the country, published an analysis showing the devastating effects of shuttering schools on children, says Benson.

"NWEA reported back in December on how 'historically marginalized students and students in high-poverty schools were disproportionately impacted' by school closures, and that this learning loss could cost all American children about $2 trillion in lifetime earnings, about $43,800 for each kid."

The Organisation for Economic Co-operation and Development (OECD) found the economic costs of the learning losses worldwide have been enormous, says Benson.

"The OECD estimates that learning losses from pandemic-era school closures could cause a 3 percent decline in lifetime earnings and that a loss of just one-third of a year of learning has a long-term economic impact of $14 trillion," said Benson.

'School Shutdowns Were Never Justified'

From the beginning of the COVID-19 pandemic, there was evidence school-aged children were among the groups at lowest risk of serious infection or transmission of the SARS-CoV2 virus, says Tucker.

"The experience of Sweden shows that the school shutdowns were never justified," said Tucker. "Even based on demographic data from January 2020, we knew this already. The elites sacrificed a whole generation of school kids, and the public is demanding answers now. Rightly so."

A study released in January 2022 showed masks and lockdowns were ineffective. The metadata analysis of previously published research by three economists from Johns Hopkins University, Lund University in Sweden, and the Danish think tank the Center for Political Studies found restrictions reduced COVID-19 mortality by 0.2 percent.

Newsweek tried to discredit the study in an article titled "Did a Johns Hopkins Study 'Prove' Lockdowns Don't Work? What We Know So Far," published on February 7. The article criticized the study for not being peer-reviewed and cast doubt on the results because they were publicized by "right-leaning outlets" such as *The National Post*, *The Washington Times*, and *The Wall Street Journal*.

The article did not offer a factual rebuttal of the study but quoted Seth Flaxman, an associate professor in the Department of Computer Science at the University of Oxford.

"Smoking causes cancer, the Earth is round, and ordering people to stay at home (the correct definition of lockdown) decreases disease transmission," said Flaxman. "None of this is controversial among scientists. A study purporting to prove the opposite is almost certain to be fundamentally flawed."

'Unions Used the Pandemic'

The teachers unions bear much of the blame for students' educational losses, says Benson.

"The Harvard study showed this learning loss was especially pronounced in bluer states where teachers unions had more political muscle to throw around to keep schools closed as long as possible," said Benson. "If the unions had their way, and the push-back from apoplectic parents wasn't so pronounced, schools would still be closed."

The lockdowns were about politics, not public safety, says Benson.

"The unions used the pandemic to try to leverage whatever they could politically, lumping in non-education-related demands—including Medicare for all, rent cancellation, the implementation of wealth taxes, and defunding police departments—in discussions about when to 'safely' reopen schools," said Benson. "This travesty lies entirely at the feet of the teachers' unions, the more radical members of their rank and file, and the politicians who enable them to maintain their monopoly on education."

*Kevin Stone (**kevin.s.stone@gmail.com**) writes from Arlington, Texas.*

Feds' Free COVID-19 Test Program Plagued by Problems

By Harry Painter

The federal government's effort to distribute free COVID-19 test kits to the public has been plagued by problems.

The Biden administration announced a third round of free COVID-19 tests in May. The administration previously made available up to four rapid antigen tests per U.S. household. The third round authorizes households to order eight more tests.

Supply chain problems and U.S. Postal Service delays have made it hard for people to get enough test kits. Critics have also pointed out the administration's inequitable distribution of tests and the hidden costs levied on insurance companies, which are ultimately borne by consumers.

"Government should never attempt to perform a function that private entities provide. Government just isn't good at this sort of thing."

DOUG BADGER
SENIOR FELLOW
THE HERITAGE FOUNDATION

Touts Market-Based Approach

The federal government is going about it the wrong way, says Doug Badger, a senior fellow for health and welfare policy at The Heritage Foundation.

"At this point, tests should be moving through well-established supply chains," said Badger. "If the administration considers it a priority to make rapid, at-home tests a priority, it should negotiate prices with manufacturers, which would use distributors to get them to pharmacies."

With the government paying for the tests, retailers could charge a small dispensing fee which would be far lower than current prices for rapid tests at pharmacies, says Badger.

"The federal government could stipulate those pharmacies sell them at low prices—for example, $2 or $3—and it can cover them free of charge for Medicare and Medicaid recipients," said Badger. "But government shouldn't be mailing them directly to households,"

President Joe Biden's plan to distribute test kits, announced in early 2022 after the Omicron variant had begun to recede, was "convoluted, costly and late," wrote Badger on January 25.

'Shifting the Costs to Consumers'

Mandated regular testing of populations with no symptoms, such as students, should be paid for by the entities that require them, says Badger.

"States that require regular testing of schoolchildren and others should pay for the tests," said Badger. "Establishing mandates and then requiring others to cover their costs is irresponsible. If a state thinks regular testing is the right policy, it should bear the costs. They may be less enthusiastic about mandates if they paid for tests, rather than shifting the costs to consumers through higher insurance premiums," said Badger.

Reporters and others pressed the Federal Emergency Management Agency (FEMA) early this year to explain the unexpectedly low use of its vaccination sites as COVID cases surged.

"The government has not proven terribly adept at managing supply chains," said Badger. "The FEMA vaccination centers, for example, were a bust. Once manufacturers produced a sufficient supply, commercial pharmacies handled inoculations efficiently.

"Government should never attempt to perform a function that private entities provide," said Badger. "Government just isn't good at this sort of thing."

Harry Painter (**harry@harrypainter.com**) *writes from Oklahoma.*

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