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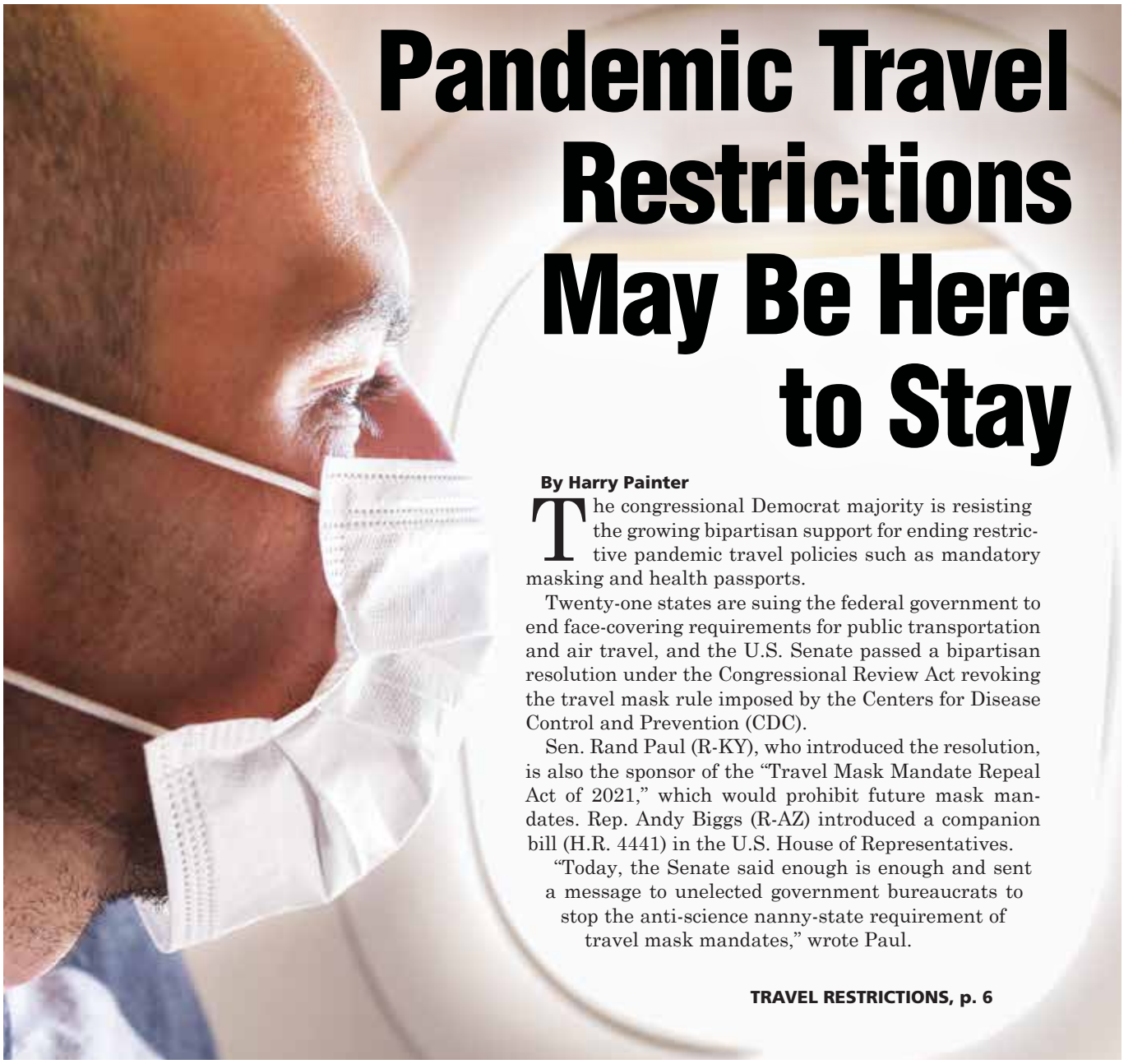
# HEALTH CARE NEWS


Vol. 23 No. 5 May 2022 HealthCareNewsOnline.com

## The Pulse





# Pandemic Travel Restrictions May Be Here to Stay

**By Harry Painter**

The congressional Democrat majority is resisting the growing bipartisan support for ending restrictive pandemic travel policies such as mandatory masking and health passports.

Twenty-one states are suing the federal government to end face-covering requirements for public transportation and air travel, and the U.S. Senate passed a bipartisan resolution under the Congressional Review Act revoking the travel mask rule imposed by the Centers for Disease Control and Prevention (CDC).

Sen. Rand Paul (R-KY), who introduced the resolution, is also the sponsor of the "Travel Mask Mandate Repeal Act of 2021," which would prohibit future mask mandates. Rep. Andy Biggs (R-AZ) introduced a companion bill (H.R. 4441) in the U.S. House of Representatives.

> "Today, the Senate said enough is enough and sent a message to unelected government bureaucrats to stop the anti-science nanny-state requirement of travel mask mandates," wrote Paul.

**TRAVEL RESTRICTIONS, p. 6**

# CMS Plans to Rate Private Insurers on Wokeness

**By Bonner R. Cohen**

The Centers for Medicare and Medicaid Services (CMS) is making changes to its rating systems for Obamacare and seniors' health plans to require insurers to collect and report race and ethnicity data to promote "health equity."

The CMS will require Medicare Advantage plans and insurance sold on the federal or state health insurance exchanges to report "stratified

**RACIAL EQUITY, p. 4**

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Health Care News

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*Health Care News* is published by The Heartland Institute and The Goodman Institute—nonprofit and nonpartisan public policy research organizations serving the nation's federal and state elected officials, journalists, and other opinion leaders. Their activities are tax-exempt under Section 501(c)(3) of the Internal Revenue Code.



# States Agree to Liberate Mental Health Care Providers and Patients

**By AnneMarie Schieber**

State legislatures are considering joining the Interstate Licensed Professional Counselors Compact, which would allow mental health therapists licensed in one jurisdiction to practice in any other that is party to the agreement.

The proposal would expand mental health services delivered primarily through telehealth but also in person. The compact could offer consumers consistent standards of practice across borders by sharing disciplinary sanctions in the event of complaints against a provider.

The compact would allow officials to verify practitioners' licensure status nearly instantly. Individual states would continue to regulate care.

States with active military service personnel have been especially receptive because the compact allows spouses to continue working in the event of a move.

Ten states must enact the compact into law before it can go into effect, according to counselingcompact.org. As of March 2022, Alabama, Georgia, Maryland, Mississippi, Utah, and West Virginia had enacted legislation, and bills were pending in 16 states.

**"I think of any compact [in health care], this would make the most sense. It will help deal with the staff shortages and access issues which are really harming the entire health industry."**

**JIM ABELER**
**MINNESOTA STATE SENATOR (R-ANOKA)**

### Pandemic Drove Demand

Demand for mental health services has risen since the pandemic began, says Matt Dean, a senior health policy fellow at The Heartland Institute, which co-publishes *Health Care News*, in written legislative testimony on the compact.

"The pandemic has made things much worse for those living with mental illness and stressed otherwise healthy people to the point where they now need help," said Dean. "Isolation, stress, and life changes have created an unprecedented surge in demand for already-scarce mental health services."

Mental illness has increased during the pandemic, according to a study by the Centers for Disease Control and Prevention published in 2021.

"During August 2020-February 2021, the percentage of adults with recent symptoms of anxiety or a depressive disorder increased from 36.4% to 41.5%, and the percentage of those reporting an unmet mental health care need increased from 9.2% to 11.7%," states the report. "Increases were largest among adults aged 18-29 years."

COVID-19 lockdowns made access to care more difficult, says Dean.

"Patients were prevented from travel or from participating in residential, group, and, in many cases, in-person counseling," said Dean.

### Colorado's Access Issues

Patients in Colorado have been especially hard-pressed. Colorado ranks 47th among the states in mental health care, according to a national survey published by the nonprofit advocacy group Mental Health America.

In-person care is difficult to offer in rural areas of the Rocky Mountains, says Dean, who testified before the Colorado Senate Finance Committee.

"Access issues driven by sparsity and terrain certainly impacted that ranking," said Dean.

Colorado has a large unmet demand for mental health counseling, says Kiara Kuenzler, Psy.D., CEO of Jefferson Center, a private health care provider, according to a news report on the State of Reform website.

Kuenzler said her organization has more than 60 unfilled positions for licensed professional counselors and could serve 10,000 more patients each year if the compact takes effect.

### Telehealth Speeds Compact

Minnesota is considering the counseling compact, says state Sen. Jim Abeler (R-Anoka).

"Telehealth has really taken off since the pandemic," Abeler told *Health Care News*. "It has moved the discussion forward by 10 years.

"When people cross state lines and they want to continue care with their counselor in the former state, they suddenly find out they can't," said Abeler. "This fills that gap. I think of any compact [in health care], this would make the most sense. It will help deal with the staff shortages and access issues which are really harming the entire health industry."

Licensing compacts exist for a wide variety of health care professions, including speech and occupational therapists, physician assistants, and nurses. They expedite the licensing process or offer "mutual recognition" of licenses from home states.

The counseling compact uses the mutual recognition model. All provisions in the model legislation must be enacted by a state to join the compact officially.

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

## INTERNET INFO

Counseling Compact Model Legislation, The Council of State Governments National Center for Interstate Compacts, December 4, 2020: **https://counselingcompact.org/wp-content/uploads/2022/03/Final_Counseling_Compact_3.1.22.pdf**

# CMS Plans to Rate Private Insurers on Wokeness

**Continued from page 1**

race and ethnicity" data beginning in 2023. Information will be collected on five measures: colorectal cancer screening, controlling high blood pressure, hemoglobin A1c (HBA1c) control for patients with diabetes, prenatal and postpartum care, and child and adolescent well-care visits.

Additional procedures and treatment outcomes could be added in future years—stratified by income, gender, and geography—states a CMS letter published as part of the agency's annual rulemaking process.

Collecting more data will benefit coverage providers, or Qualified Health Plans (QHP), and eventually figure into the "starred" quality rating system enrollees rely on and affect government reimbursements to the plans, says the CMS.

"Reporting of stratified data would provide insight and awareness for QHP insurers into the quality of care among members of different demographics enrolled in each health plan and thereby allow insurers to advance health equity," states the letter.


**"The proposed changes are deceptively pernicious because they will force the health care sector to consider care through the lens of race. CMS claims that increasing the focus on race will somehow increase health equity."**

**JEFF STIER, SENIOR FELLOW, CONSUMER CHOICE CENTER**

### 'Focus on Race'

The CMS proposal will contribute nothing to public health, says Jeff Stier, a senior fellow at the Consumer Choice Center.

"The proposed changes are deceptively pernicious because they will force the health care sector to consider care through the lens of race," said Stier. "CMS claims that increasing the focus on race will somehow increase health equity."

This is the opposite of removing barriers to care, says Stier.

"Equity is defined as 'something that is just and fair,'" said Stier. "Any commonsense interpretation of the meaning of equity would require a deemphasis on race, not a focus on race. Unless of course, 'equity' is just code language for something completely unjust and unfair, such as using race as a factor in [deciding] how health care is provided."

The direction of CMS policy is misguided if the aim is to improve the well-being of disadvantaged individuals, says Stier.

"There's no doubt that there are disparities in health outcomes that cut across a wide range of socioeconomic factors, but we should focus on advancements in science, not racial division, to achieve improved outcomes for all," said Stier.

### 'Tsunami of Progressivism'

It is important for the public to pay attention to changes such as the new rating system, says Chad Savage, M.D., president of DPC Action, health care policy fellow at the Docs 4 Patient Care Foundation, and policy advisor to The Heartland Institute, which co-publishes *Health Care News*.

"Our societal march toward progressivism has mostly occurred unnoticed in dribs and drabs," said Savage. "However, each small drop of change in the aggregate turns into a tsunami of progressivism. CMS continues this descent with this rule."

The CMS proposal is another step in a decades-long trend, says Savage.

"Years ago, they started by broadly tracking what doctors do," said Savage. "Through gradualism they have become more and more specific, replacing the doctor's decision-making, and instead subjecting them to glorified data entry clerks."

### 'Why the Obsession?'

Initially, health plans will be allowed to use telephone survey data, but eventually health care providers will have to collect the data directly from patients, says the CMS letter.

"If CMS wants to track trends, they could perform a much more cost-effective and less intrusive survey," said Savage. "Which makes one wonder why the obsession with forcing each doctor to collect this data. What are the unintended—or intended—consequences of this collection, and what do they intend to do with the results?"

In addition to the rating of racial factors, CMS describes several other initiatives on its website intended to "eliminate disparities in health care quality and access."

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

## INTERNET INFO

"Draft 2022 Call Letter for the Quality Rating System and the Qualified Health Plan Enrollee Experience Survey," Centers for Medicare and Medicaid Services, February 2022: **https://www.cms.gov/files/document/2022-call-letter-qrs-qhp-enrollee-survey.pdf**

"Equity Initiatives," Office of Minority Health, Centers for Medicare and Medicaid Services: **https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives**

COMMENTARY

# Addressing Disparities in Health Care Is Becoming Even More Difficult

By Robert F. Graboyes

Race is probably the hottest hot-button issue in America today.

Concern over racial discrimination permeates education, employment, politics, and ordinary discourse. For those whose work focuses on health care, racial issues have become an unavoidable presence.

### Need for Facts, Judgment

In health care, questions of race fall into two broad categories: First, to what extent does racial discrimination—intentional or unintentional—affect individuals' health? Second, to the extent discrimination does have an effect, how do we best mitigate its ill effects?

In 2021, physicians Bram Wispelwey and Michelle Morse suggested imposing race-based hospital admissions as part of an "antiracist agenda for medicine."

Espousing a similar sentiment, Brookings Institution scholars Rashawn Ray and Alexandra Gibbons reject the mid-20th-century's central strategy for addressing inequality: a "colorblind ideology." Citing critical race theory, they argue health care and other American institutions "are laced with racism embedded in laws, regulations, rules, and procedures that lead to differential outcomes by race."

Another Brookings scholar, Shadi Hamid, considers such proposals disturbing. He notes hospitals in various states have instituted racial preferences in distributing scarce treatments for COVID-19. Hamid says, "The possibility that someone's race could, quite literally, affect whether they qualify for lifesaving COVID treatment isn't just another inconvenience. In theory as well as practice, it is a matter of life and death."

### Little Dispassionate Discourse

In 2021, the American Medical Association and the Association of American Medical Colleges (AAMC) issued a 54-page speech code, *Advancing Health Equity*.

This document is permeated by the assumption that all racial disparities in health are caused by racism, as opposed to, say, genetics or individual behavior. The document focuses repeatedly on the impact of "whiteness" on health care in America and beseeches doctors to engage in heavily politicized and often accusatory speech.

It is increasingly difficult for retail-level primary care providers to avoid these questions. A November 2021 memo from Medicare offered physicians bonus pay if they "create and implement an anti-racism plan … to ensure that they include and are aligned with a commitment to anti-racism."

Unfortunately, there is far too little dispassionate discourse on these subjects. There is no doubt overt racism and institutional rigidities took their toll on, for example, the health of African Americans over the years. After slavery ended, Jim Crow laws continued parts of that legacy with a terrible vengeance.

### Tough Questions

Early in the 20th century, the AMA and AAMC helped destroy pathways for African Americans (and women) to become doctors, a moral failing that, to their credit, both organizations acknowledge today. In 2010, the number of black doctors as a percentage of the black population was lower than it was in 1910.

How much have these discriminatory effects diminished since the 1960s? How severe are the residual effects? To what extent are lingering effects mitigated by, say, affirmative action and existing transfer programs? Which policies would unintentionally exacerbate and reinforce existing problems? Examining these questions is a worthwhile endeavor.

These issues are deeply enmeshed with broader arguments over critical race theory and, sadly, the rhetorical chasm seem unbreachable for now. Neither side appears in much of a mood to have polite debates. Which side deserves how much blame for the acrimony is a question for another day.

It would be nice to find the middle of the road for these discussions. But as a politician a half-century ago recognized (I paraphrase), "The middle of the road is a six-inch-wide yellow line where you get hit by traffic on both sides at the same time."

*Robert F. Graboyes* (**think@heartland.org**) *is a senior research fellow with the Mercatus Center at George Mason University. A version of this article was published by* Inside Sources *on March 8, 2022. Reprinted with permission.*

**"How much have these discriminatory effects diminished since the 1960s? How severe are the residual effects? To what extent are lingering effects mitigated by, say, affirmative action and existing transfer programs? Which policies would unintentionally exacerbate and reinforce existing problems? Examining these questions is a worthwhile endeavor."**

ROBERT F. GRABOYES
SENIOR RESEARCH FELLOW
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# Obama Returns to White House to Celebrate Obamacare Anniversary

Former President Barack Obama returned to the White House to celebrate the 12th anniversary of his signature legislation, the Affordable Care Act (ACA), known as Obamacare, on April 5.

"When President Biden said he was not just going to celebrate the ACA but also announce actions that would make it even better, I had to show up," said Obama.

Normally the 10th anniversary is a time for celebration, but Donald Trump was in office at that time. In 2017, when Republicans held both chambers of Congress, an effort to "repeal and replace" the ACA failed.

Obama acknowledged the ACA's foibles, noting the sign-up website was plagued with glitches early on and not all eligible people have signed up for Obamacare.

"In some cases, health care subsidies aren't where we want them to be, which means that some working families are still having trouble paying for their coverage," said Obama.

That is a significant blind spot, says *Health Care News* co-publisher John C. Goodman, president of the Goodman Institute.

"People have discovered that Obamacare is like Medicaid, only with higher premiums," said Goodman. "The only way the government can get people to sign on is to bribe them with overly generous subsidies."

*Health Care News* will present more extensive coverage of the state of Obamacare on its 12th anniversary in our next issue.

—*Staff reports*

# Pandemic Travel Restrictions May Be Here to Stay


**Continued from page 1**

### Doesn't Like Chances

Though there is bipartisan support in the House for Biggs' legislation, it is unlikely to become law, says Citizens for Free Speech Director Patrick Wood, who supports the bill.

"It is unlikely that Speaker Pelosi will allow H.R. 4441 to come up for a vote, but if she does, there will be cross-over votes from Democrats to allow passage," said Wood. "The president has said he would veto it if passed."

**"If the government operated in a constitutional manner, it would forbid all federal agencies, states, or private businesses from issuing or requiring a proof of vaccination or a vaccine passport. Since a large part of society travels, it is a way to force compliance or you won't travel at all, thus limiting your freedom of movement."**

**PATRICK WOOD**
**DIRECTOR, CITIZENS FOR FREE SPEECH**

### Airlines Change Course

Throughout the pandemic, most airlines required passengers to wear masks. There was no federal mandate for it until President Joe Biden issued an executive order on his second day in office directing the Federal Aviation Administration (FAA), the CDC, the Transportation Security Administration (TSA), and other agencies to enforce mask requirements.

After some extensions, the travel mask mandate was set to expire on March 18, but the TSA extended it for another month.

Major airlines have turned against mandates they previously supported.

The chief executives of American Airlines, Delta Air Lines, United Airlines, and several other carriers have petitioned the federal government to allow the mask mandates to expire.

They stated the air filtration systems on passenger aircraft eliminate pathogens, making masks unnecessary, in testimony before the Senate Committee on Commerce, Science, and Transportation, in December 2021.

### Masks Cause Turbulence

Mask mandates were a factor in more than two-thirds of the 6,000 reports of unruly passenger behavior to the FAA in 2021.

The TSA has issued more than $600,000 in fines to more than 900 passengers for noncompliance with face mask requirements since February 2021. The incidents occurred in the air, in airports, at transit stations, and on public transit.

Conflicts onboard airplanes are concerning, says Competitive Enterprise Institute Senior Fellow Joel M. Zinberg, M.D.

"Unfortunately, the mask mandates have precipitated a lot of really ugly confrontations between unruly passengers and the aircrews, and that's something that endangers everyone on board," said Zinberg. "Probably a lot more than COVID does."

There is little rationale for continuing airline mask mandates, says Zinberg.

"You've gotten to some of the lowest levels of hospitalizations since the very early days of the pandemic back in spring of 2020, and all the states and most major cities are dropping indoor mask mandates," said Zinberg. "So, it really doesn't make much sense to continue these airline mandates."

Airline passengers are safer from COVID-19 than when they are at home, says Zinberg.

"The air quality on an aircraft is really better than any other indoor environment that we have, short of a medical facility like an operating room or a specialized laboratory," said Zinberg.

### Passport to Irrelevance

Similarly, the rationale for vaccine passports, which are not required to fly but have been used privately by cruise lines and others, has faded, says Zinberg.

"Breakthrough cases are now common," said Zinberg. "They're not the exception. So, it no longer makes much sense to ask people to show a passport when in fact it's not going to be protecting them and it's not an assurance that they are not positive or might pose a threat to someone else."

Although governments are ending restrictions, there are signs COVID-19 mandates could change travel long-term.

Italy and other countries that implemented passports have begun to repeal them, sometimes despite rising COVID-19 case levels, but after the United Kingdom ended its mask mandate, British Airways and other carriers decided to continue them voluntarily.

Vaccine passports, which were never implemented at the federal level, could become a permanent fixture of travel.

Some states have banned government agencies from requiring vaccine passports, and other states, such as Florida, have banned businesses from requiring proof of vaccination from their customers. However, 21 states plus Puerto Rico and the District of Columbia now offer access to the SMART Health Card, a digital health record that can be used as a vaccine passport.

### Mandates 'Violate Individual Rights'

Legislators and officials have not done more to end the restrictions because they want to be seen as taking action against COVID-19, says Zinberg.

"I think there's a bit of inertia—they haven't gotten around to it—and some of it is performative," said Zinberg. "They want to show that they're doing something, and one of the ways the government indicates concern and performance is by enforcing these mandates."

Vaccine passports and mask mandates violate individual rights under the U.S. Constitution, says Woods.

"If the government operated in a constitutional manner, it would forbid all federal agencies, states, or private businesses from issuing or requiring a proof of vaccination or a vaccine passport," said Woods.

"Since a large part of society travels, it is a way to force compliance or you won't travel at all, thus limiting your freedom of movement," said Woods.

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

# Can Chronic Kidney Disease Be Teated at Home?

**By Bonner R. Cohen**

Congress is considering a bipartisan bill that would allow chronic kidney disease (CKD) patients with renal anemia to avoid lengthy, expensive treatments by covering oral iron supplements under Medicare.

Iron-deficiency anemia (IDA) is a life-threatening condition that afflicts more than 15 percent of kidney patients, including more than half of those with liver failure (stage 5 CKD), according to the National Institutes of Health (NIH). Renal iron-deficiency anemia (IDA) is "a condition in which your blood has a lower-than-normal amount of red blood cells or hemoglobin," states the NIH.

**"Some 37 million Americans live with chronic kidney disease (CKD), a serious condition that occurs when the kidneys fail to effectively filter out toxic waste and extraneous fluid from the body. Without timely, regular treatment, kidney patients face a significantly elevated risk of stroke, heart disease, and premature death."**

**WAYNE WINEGARDEN, PH.D.**
**PACIFIC RESEARCH INSTITUTE**

### Expensive Treatment

Patients suffering from IDA face serious complications, wrote Wayne Winegarden, Ph.D., director of the Center for Medical Economics and Innovation at the Pacific Research Institute, in the *American Journal of Managed Care* on March 12.

"Some 37 million Americans live with chronic kidney disease (CKD), a serious condition that occurs when the kidneys fail to effectively filter out toxic waste and extraneous fluid from the body," wrote Winegarden. "Without timely, regular treatment, kidney patients face a significantly elevated risk of stroke, heart disease, and premature death."

Pills to treat IDA are not covered by Medicare prescription drug plans (Part D), forcing millions of Americans to seek frequent and lengthy intravenous (IV) infusion with erythropoiesis-stimulating agents (ESA) that cause bone marrow tissues to produce more red blood cells.

### Infusion Center Alternative

The oral treatment for IDA isn't the same as the iron in multivitamins and mineral supplements, says Winegarden.

"Due to the unique nature of the condition, over-the-counter iron supplements don't work," wrote Winegarden. "Traditionally, this condition has required patients not yet dependent on dialysis to make the trek to infusion centers, where they undergo an hours-long intravenous (IV) infusion process."

Long visits to IV infusion centers are no longer necessary, says Winegarden.

"Continued medical innovation has led to a safe and effective oral treatment for renal anemia that can be taken at home rather than IV infusion in a clinical setting," wrote Winegarden.

### Scientific Backing

A form of ferric citrate taken orally outperformed traditional infusion treatment, a peer-reviewed study published by the *National Library of Medicine* in 2019 found.

"Compared with usual care, ferric citrate coordination complex treatment resulted in significantly fewer annualized hospital visits, fewer days in hospital, and a lower incidence of the composite endpoint of death, provision of dialysis, or transplantation," wrote the study's authors.

End-stage renal disease patients who received the oral medication did not need infusion treatment as frequently, a study published in the *Journal of the American Society of Nephrology* in 2015 found.

"In conclusion, treatment with ferric citrate (FC) as a phosphate binder results in increased iron parameters apparent after 12 weeks and reduces IV iron and ESA (e.g., Procrit) use while maintaining hemoglobin over 52 weeks, with a safety profile similar to that of available binders," write the study's authors.

### Pill Approved, Not Covered

As effective as at-home ferric citrate treatments appear to be, they will remain beyond the reach of Medicare patients unless the Centers for Medicare and Medicaid Services (CMS) revises its regulations.

Currently, Medicare covers only the therapy when a patient reaches end-stage renal disease, or kidney failure, and receives preauthorization from CMS.

The Food and Drug Administration (FDA) approved Auryxia for IDA in 2017, but CMS removed the treatment from Medicare Part D in 2018.

The action resulted in a lawsuit by Auryxia maker Akebia.

"Although CMS provided almost no explanation for its decision, CMS appears to have concluded that Auryxia falls within the exclusion for 'mineral products,'" states the complaint, the Healio Health website reported.

"That conclusion is contrary to the plain meaning of the statute," says Akebia's complaint. "Auryxia is a patented drug product consisting of a complex synthetic compound, not a naturally occurring mineral product."

### Alternative Less Costly

At-home treatment of renal anemia with oral medications is less expensive and more convenient than infusion with drugs, says health economist Devon Herrick, Ph.D., a policy advisor to The Heartland Institute, which co-publishes *Health Care News*.

"The list price for Auryxia is about $8 per pill," said Herrick. "CKD patients take anywhere from one to 12 pills a day. By contrast, injections of ESAs, such as Procrit, to treat anemia, cost $70 per vial to $1,100 per vial, depending on the dosage.

"Infusions of ESA drugs will always exceed the cost of an $8 tablet," said Herrick.

### Congress Might End Exclusion

Reps. Tom O'Halleran (D-AZ), Larry Bucshon (R-IN), Markwayne Mullin (R-OK), and G. K. Butterfield (D-NC) introduced the Renal Anemia Innovation Support and Expansion (RAISE) Act in 2021.

The one-page bill (H.R. 2934) would "amend Title XVIII of the Social Security Act to remove from the list of drugs excluded from coverage under the Medicare prescription drug program prescription oral vitamins and mineral products indicated for the treatment of iron deficiency anemia in individuals with chronic kidney disease."

The RAISE Act was referred to the Committee on Energy and Commerce and could be included in another measure, say the amendment's sponsors.

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

# Congress Gives Telehealth Five More Months of Freedom

**By AnneMarie Schieber**

The federal government is extending flexible telehealth regulations adopted during the COVID-19 health emergency.

Before the pandemic, Medicare covered telehealth services only in underserved rural areas and only when delivered in approved medical facilities, not in a patient's home. Public health programs and most private insurers required enrollees who sought mental health care remotely to have an in-person visit within six months.

The Consolidated Appropriations Act, 2022 allows Medicare to continue reimbursing medical providers for expanded telehealth services for 151 days beyond the emergency, which is expected to end in July. In addition, employers can offer telehealth coverage to employees in high-deductible plans until the end of the year. The omnibus bill was signed into law on March 15.

Extending telehealth flexibility for such a limited time is puzzling, says John C. Goodman, president of the Goodman Institute and co-publisher of *Health Care News*.

"Why would Congress extend our right to talk to our doctor by phone and video for only five months?" said Goodman. "Why is Congress even involved at all? Surely these are decisions patients and doctors can make on their own, without asking permission from Big Brother."

### Lowers Medicare Spending

The temporary extension could be related to the belief telehealth would increase the taxpayer cost of Medicare, says Charlie Katebi, a health policy analyst at Americans for Prosperity (AFP).

"But there is a lot of research already that shows this would not be increasing spending," said Katebi. "You're not adding new people to the rolls. You are simply allowing people to access services remotely."

Within weeks of the emergency declaration, federal agencies suspended regulations on more than 240 telehealth services. The number of telehealth patients rose by 7,400 percent, to 10.1 million, in the first six months of 2020, according to a report by AFP and the Progressive Policy Institute. The report also found telehealth consumers tended to use less health care, not more, over time.

Telehealth use soared from March to April 2020, then stabilized two months later, according to a study by McKinsey & Company.

### 'A Revenue Generator'

Congress would have to pass separate legislation to remove telehealth restraints permanently, says Katebi.

"As the months go forward, we are going to see even more research on how telehealth saved money and reduced the need for expensive procedures," said Katebi. "I think that research is going to be helpful as lawmakers think through why these reforms are so important."

One obstacle could be resistance from providers who believe virtual visits could reduce the opportunity for selling more medical services, but that thinking is changing, says Katebi.

"The reason why is because telehealth can be a revenue generator, said Katebi. "[Providers] can see and treat a lot more patients quickly, than if they have to wait for them to come in. With telehealth, you're quickly in and out."

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

## INTERNET INFO

Charlie Katebi and Arielle Kane, "Telehealth Saves Money and Lives: Lessons From the COVID-19 Pandemic," Americans for Prosperity and Progressive Policy Institute, December 2021: **https://americansforprosperity.org/telehealth-expansion-improves-outcomes-and-lowers-costs-finds-new-bipartisan-report-from-ppi-and-afp/**

# Surgeon General Calls for Crackdown on 'Unofficial' COVID-19 Information

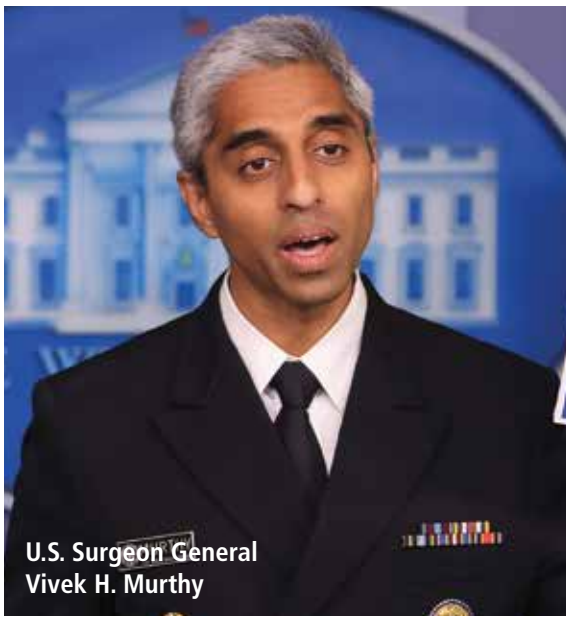
**By Kenneth Artz**

U.S. Surgeon General Vivek H. Murthy has asked social media platforms, health care systems, community organizations, and the public to share data and anecdotes on the scope and impact of misinformation about COVID-19.

"Health misinformation has caused confusion and led people to decline COVID-19 vaccines, reject public health measures such as masking and physical distancing, and use unproven treatments," states the "Call for Stories and Research on Health Misinformation," published on Murthy's official website on March 9.

Lies about the pandemic are a national security threat, according to a National Terrorism Advisory System Bulletin issued by the U.S. Department of Homeland Security.

"It has also led to harassment of and violence against public health workers, health care workers, airline staff, and other frontline workers," states Murthy's request.



U.S. Surgeon General Vivek H. Murthy

PHOTO COURTESY CHIP SOMODEVILLA/STAFF/GETTY IMAGES NEWS

### 'Believes Common Myths'

Inaccurate information is responsible for hesitancy about getting COVID-19 shots, Murthy told CNN on March 3.

"Misinformation has had a profound impact on COVID-19 and our response," said Murphy. "Studies have demonstrated that the vast majority of the American public either believes common myths about COVID-19 or thinks those myths might be true. And many of those include myths around the COVID-19 vaccine, so we've seen firsthand how misinformation is harming people's health when it comes to COVID."

The federal government is interested in effective ways to suppress these myths, says Murthy.

"We'll be looking forward to whatever information they have to share," said Murthy. "We're certainly approaching this with an open mind. Many of the new technology platforms have also been talking about solutions that they are trying to implement, but what we want to understand is what data do they have on whether these solutions are actually working or not."

### 'Now Conventional Wisdom'

Free inquiry is crucial to science and medicine, and simply calling something misinformation does not make it so, says Sally C. Pipes, president and chief executive officer of the Pacific Research Institute.

"Think about how much our understanding of COVID-19 has evolved over the course of the pandemic," said Pipes. "In March 2020, public health authorities counseled healthy people against wearing masks. Within months, they changed their guidance.

"When the vaccines were first available, some officials expressed anger at people questioning whether the shots could prevent transmission of the coronavirus," said Pipes. "We subsequently learned that vaccinated people could spread the virus. What was once 'misinformation' is now conventional wisdom."

### 'Striking Hypocrisy'

Murthy alternates between support for suppressing dissent and for public dialogue, says Chad Savage, M.D., president of DPC Action and a policy advisor to The Heartland Institute, which co-publishes *Health Care News*.

"Surgeon General Murthy recently contradicted himself over the course of several days," said Savage. "On one day, he called for the de-platforming of purveyors of ill-defined 'misinformation' regarding COVID, only to follow up with an impassioned plea for open discourse as the only option to further scientific inquiry when his own opinions were questioned," said Savage.

"The striking hypocrisy and his efforts to use his office to suppress the opinions of others reconfirm the wisdom of the saying: those who would abuse power should be nowhere near it," said Savage.

The Centers for Disease Control and Prevention (CDC) have circulated untruths on a range of medical issues, says Merrill Matthews, Ph.D., a resident scholar at the Institute for Policy Innovation.

"And as we've seen from the pandemic, the CDC has often been the source of that misinformation," said Matthews. "However, Dr. Murthy's plan would open the door for the government, which frequently spreads false information for strictly political purposes, to be the primary and perhaps the only arbiter of what is true and false health information. Let's just say that would be a very unhealthy move for the country."

### 'The Height of Hubris'

Federal health officials such as Murthy should be held accountable for making false claims, says Jane Orient, M.D., executive director of the Association of American Physicians and Surgeons.

"Of course, there is a double standard, and 'misinformation' means whatever he or Big Tech wants," said Orient.

The federal government has been a font of official misinformation, says Linda Gorman, director of the Health Care Policy Center at the Independence Institute.

"If people relied on the federal government to identify 'health misinformation,' we would still be blaming eggs and butter for atherosclerosis," said Gorman. "Given the torrents of bad information that flow from the federal government in health and other spheres of interest, it is the height of hubris to claim that its officials are competent to identify health misinformation."

### 'It Is Scary'

The misinformation in the media is nothing compared to the false statements made by the U.S. government, says Jay Lehr, Ph.D., a senior policy advisor to the International Climate Science Coalition.

"The administration's truly insane consideration that vaccine deniers are terrorists is not surprising," said Lehr. "They want to polarize the nation, ending with most scared people siding with them.

"Their goal is to take over the government, eliminating personal freedom and creating a communist nation," said Lehr. "It is scary, but they will not win. The midterm elections will prove they have gone way too far to enslave us."

*Kenneth Artz* (**KApublishing@gmx.com**) *writes from Dallas, Texas.*

**"If people relied on the federal government to identify 'health misinformation,' we would still be blaming eggs and butter for atherosclerosis. Given the torrents of bad information that flow from the federal government in health and other spheres of interest, it is the height of hubris to claim that its officials are competent to identify health misinformation."**

**LINDA GORMAN**
**INDEPENDENCE INSTITUTE**

## INTERNET INFO

Office of the Surgeon General, "Call for Stories and Research on Health Misinformation," U.S. Department of Health and Human Services, March 18, 2022: **https://www.hhs.gov/surgeongeneral/health-misinformation-rfi/index.html**

Michael Nedelman and John Bonifield, "Surgeon General Launches Effort to Get to the Bottom of COVID-19 Misinformation," CNN, March 3, 2022: **https://www.cnn.com/2022/03/03/health/surgeon-general-misinformation/index.html**

"National Terrorism Advisory System Bulletin," U.S. Department of Homeland Security, Feb. 7, 2022: **https://www.dhs.gov/ntas/advisory/national-terrorism-advisory-system-bulletin-february-07-2022**

COMMENTARY

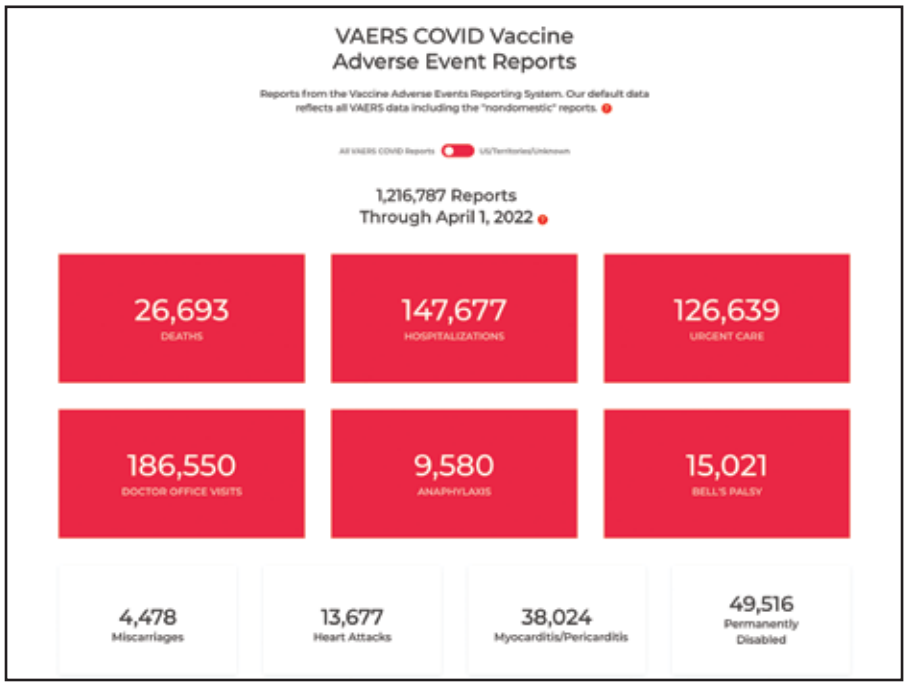
# FDA, CDC, White House Suppressing Adverse Vaccine Effects

**By David Gortler**

Serious cardiovascular, thrombotic, and neurologic adverse events related to COVID-19 vaccines have occurred around the world.

The U.S. Food and Drug Administration's (FDA) Vaccine Adverse Event Reporting System (VAERS) shows serious risks from the vaccines, even though the FDA collects only an estimated 10 percent of all negative reactions.

Federal agencies and vaccine manufacturers haven't officially warned the American public about these risks, despite having this information for almost a whole year. Why? Because it would counter the narrative that taking endless vaccines and boosters is your patriotic duty.




*Screenshot from Openvaers.com/covid-data*

> **"Federal agencies and vaccine manufacturers haven't officially warned the American public about these risks, despite having this information for almost a whole year. Why? Because it would counter the narrative that taking endless vaccines and boosters is your patriotic duty."**
>
> **DAVID GORTLER, PHARM.D.**
> **PHARMACOLOGIST AND PHARMACIST**

### Unanswered Questions

It's clear there are both safety and efficacy problems with vaccines and boosters.

The FDA's 18,000 employees have access to the same drug safety data as the public, but there is no updated COVID-19 labeling reflecting the latest safety and efficacy findings in VAERS; no FDA "Dear Doctor" letters giving updated safety guidance; and no "Dear Pharmacist" letters to druggists who administer thousands of boosters to kids and other young, healthy people every day.

Why isn't the FDA recommending follow-up symptom tracking to avoid further inflammatory disease tragedies? Instead, the FDA has proposed to extend the dosing interval, hoping it will mitigate risk, when there is no concrete clinical evidence it will do anything.

The FDA is also ignoring its own drug safety epidemiologists who have stated in official presentations a single, well-documented adverse event justifies a safety signal investigation and public warning.

Why isn't the FDA demanding studies addressing genotoxicity, teratogenicity, oncogenicity, the potential for reduced fertility in men and women, the clinical effects of spike proteins in donated blood, and the bioaccumulation of the vaccine in women's ovaries? Why isn't the agency convening a dedicated Data Safety Monitoring Board to surveil all the post-market effects of vaccines?

Are Americans expected to believe the $6.5 billion-per-year, taxpayer-funded FDA lacks adequate funding to address these public health issues?

### Professionals' Licenses at Risk

A physician, pharmacist, nurse, or anyone else with a clinical professional license working at a federal health agency must have a "current, active, full, and unrestricted license or registration from any state in the U.S," the FDA states.

Not *fully warning* patients about the potential dangers before administering useless and potentially dangerous vaccines and boosters places these professionals' licenses at risk, regardless of what the CDC, FDA, or White House says.

Physicians, pharmacists, and nurses have always been held to a higher standard. They are expected to think for themselves rather than simply take orders. As the truth about vaccine efficacy and safety becomes clear, federal employees and mRNA vaccine manufacturers who colluded to withhold information from the public will be held accountable.

### Need for Investigations

After a rash of "early retirements" of federal public health employees (with full benefits, of course), expect the other shoe to drop and starker evidence of clear malfeasance to come to light.

When that happens, the licensed practitioners and scientists responsible for withholding vital health information from the public should be thoroughly investigated by their academic boards and licensing authorities.

In addition, in remaining quiet, federal employees appear to violate very specific obligations in the Federal Public Health Vision, Mission, and Values document; in particular, the sections labeled public health, accountability, and communication.

Their silence also contradicts the FDA motto, which is to assure, "All food is safe; all medical products are safe and effective and the public health is advanced and protected." It also violates the CDC motto, which pledges to "Base all public health decisions on the highest quality scientific data that is derived openly and objectively."

### Still at It

In fact, FDA and CDC officials are still pushing potentially unsafe and seemingly ineffective COVID-19 vaccines by purposely hiding facts from the public.

The original strain of COVID-19 has been replaced by mutations. Continuing to promote the original vaccine for the mutated strain of COVD-19 is akin to offering last season's vaccine for this year's flu. The original Wuhan, China version of COVID-19 doesn't exist today.

That hasn't stopped federal health agencies. The FDA website shows images of kids and young adults with bandages from their latest vaccination and/or boosters, despite CDC data indicating there is no benefit for younger age groups. The same nonsense can be seen on the CDC's vaccines.gov website.

### New Leaders Needed

No scientific accountability will ever take place under the existing government leadership.

It will probably take a combination of courageous whistleblowers, a strong president who actually believes in "following the science," and an assertive new Congress to call the necessary hearings and issue the necessary subpoenas to uncover the many CDC and FDA civil and executive service malefactors who, along with Anthony Fauci, have taken the American people for fools.

If Republicans gain control again, will anyone other than Sen. Ron Johnson do anything to hold CDC and FDA officials accountable? Or will they just again "reach across the aisle," try to "find a middle ground," and play the "go along to get along" game?

*David Gortler, Pharm.D., FCCP* (**dgortler@eppc.org**) *is a pharmacologist and pharmacist, a health policy fellow at the Ethics and Public Policy Center, and a policy advisor to The Heartland Institute. He served as a senior advisor to the FDA commissioner under President Donald Trump.* *A version of this article was published by American Thinker on March 29, 2022. Reprinted with permission.*

# Sen. Johnson to Health Agencies: Answer Our Questions

**By AnneMarie Schieber**

Biden administration officials' answers to questions regarding COVID-19 data show their disdain for U.S. citizens, says Sen. Ron Johnson (R-WI).

"The grossly inadequate response to my legitimate oversight demonstrates a level of arrogance toward the American public that is unacceptable," wrote Johnson in a letter to U.S. Health and Human Services Secretary Xavier Becerra and other health agency heads on March 23.

"[T]he lack of transparency from federal health agencies has eroded public confidence in the agencies you represent—which will take years, and probably a complete restructuring of them, to repair," wrote Johnson.

Johnson asked federal agencies to explain the 1,183,495 incidents reported on the Centers for Disease Control and Prevention's (CDC) Vaccine Adverse Event Reporting System (VAERS) following COVID-19 shots, which includes 25,641 deaths. More than a quarter (28 percent) of the deaths occurred within two days of receiving a shot.

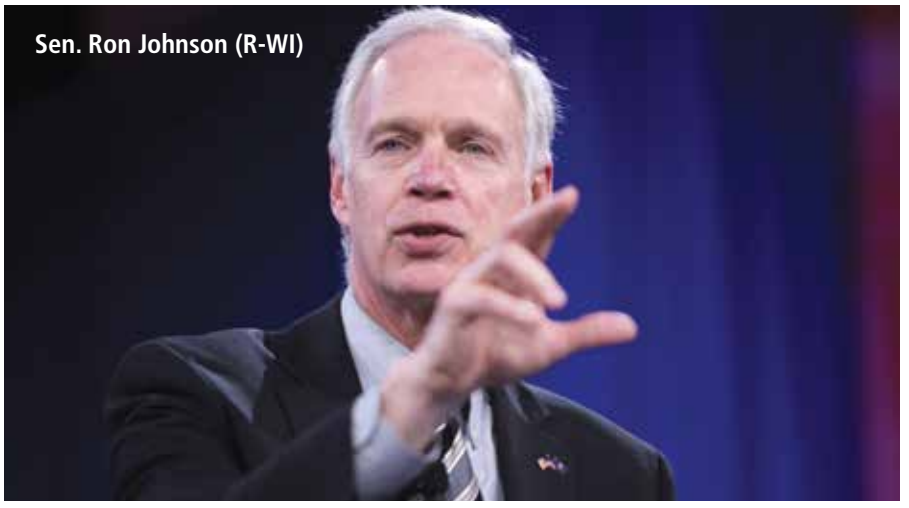

Sen. Ron Johnson (R-WI)

PHOTO COURTESY GAGE SKIDMORE/FLICKR.COM

**"[T]he lack of transparency from federal health agencies has eroded public confidence in the agencies you represent—which will take years, and probably a complete restructuring of them, to repair."**

**SEN. RON JOHNSON (R-WI)**

### Praised for Courage

Johnson has spotlighted the plight of patients who have been ignored, says Jane Orient, M.D., executive director of the Association of American Physicians and Surgeons.

"I commend Sen. Johnson for his heroism in giving a hearing to patients who have suffered devastating injuries when virtually all of Congress is in deep denial that these otherwise unexplained events could be vaccine-related," said Orient.

### Adverse Events Understated

Reports of rising private-insurance health and death claims prompted his latest letter, says Johnson.

BKK ProVita, a German insurer covering 11 million people, received 216,000 claims by policyholders who experienced adverse events after COVID-19 shots, according to board member Andreas Schofbeck.

Using 2021 billing data, Schofbeck estimated three million of the 83 million people in Germany had negative reactions to the COVID-19 vaccines, whereas the Paul Ehrlich Institute, Germany's public health agency, reported only 244,576 adverse events in 2021.

Schofbeck was fired by his company shortly before he was to meet with representatives from the institute to discuss his analysis.

One America, an Indiana-based insurer, reported a 40 percent increase in death rates of working-age people, ages 18 to 64, in the third quarter of 2021, CEO Scott Davison reported, says Johnson.

Johnson's letter also mentions an unusual pattern of disease reported by whistleblowers at the U.S. Department of Defense (DoD). Johnson wrote several letters to DoD Secretary Lloyd Austin asking for an explanation but has not received a detailed response. The DoD dismissed the whistleblowers' claims in a response to a media "fact-checking" organization.

### No Action on Adverse Reactions

Any new medical technology should be scrutinized, says David Gortler, Pharm.D., a health policy fellow at the Ethics and Public Policy Center, advisor to the U.S. Food and Drug Administration (FDA) commissioner during the Trump administration, and policy advisor to The Heartland Institute, which co-publishes *Health Care News*.

Officials had evidence vaccines could cause heart inflammation in healthy individuals, Gortler told LifeSiteNews.

"As a drug safety expert, I've written about how the FDA had clear indications from Day 1 that mRNA vaccines do cause myocarditis and pericarditis and about how that pattern has been borne out both epidemiologically in athletes [and] in VAERS and other drug safety databases," said Gortler.

"Unfortunately, despite the fact that today there are hundreds of thousands of a wide variety of adverse events collected over a two-year period, and that these documented cases are known to only represent a small fraction of the actual number of events that occur, officials at the FDA, CDC, and Pfizer and Moderna have yet to make even a single change to mRNA vaccine safety wording to notify Americans," said Gortler.

The federal government and pharma producers have neglected their duty to inform the public of the risks of vaccines, says Gortler.

"When brand new mRNA technology is administered to a large number of people, adverse events are bound to occur," said Gortler. "That's why FDA and CDC officials have told all Americans how critical it is to report those adverse events. ... In turn, the CDC, FDA, and manufacturers must respond to what is shown, and warn the public about what it perceives as a pattern."

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

# Is Fauci Retirement Imminent?

Dr. Anthony Fauci

PHOTO COURTESY NIAID/FLICKR.COM

**By Bonner R. Cohen**

Dr. Anthony Fauci, long-serving director of the National Institute of Allergy and Infectious Diseases (NIAID) and chief health advisor to the Biden White House, is dropping hints he could retire soon.

"I have said that I would stay in what I'm doing until we get out of the pandemic phase, and I think we might be there already," Fauci told ABC News' *Start Here* podcast on March 19.

"I can't stay at this job forever," said Fauci. "Unless my staff is going to find me slumped over my desk one day, I'd rather not do that."

Fauci, 81, came to personify the nation's response to COVID-19 and has been mired in many controversies surrounding the federal government's actions regarding the pandemic.

**'Dictator-in-Chief'**

Sen. Rand Paul (R-KY) has decided not to wait for Fauci to step down.

Paul, a physician, has clashed with Fauci over pandemic policy and NIAID funding of the Wuhan Institute of Virology. Paul introduced an amendment to a bill on prevention of future pandemics (S.3799) to eliminate Fauci's position, on March 14.

"We've learned a lot over the past two years, but one lesson in particular is that no one person should be named 'Dictator-in-Chief,'" said Paul in a statement. "No one person should have unilateral authority to make decisions for millions of Americans.

"To ensure that ineffective, unscientific lockdowns and mandates are never foisted on the American people ever again, I've introduced this amendment to eliminate Dr. Anthony Fauci's position as director of the National Institute of Allergy and Infectious Diseases and divide his power into three separate new institutes," said Paul. "This will create accountability and oversight in a taxpayer-funded position that has largely abused its power and has been responsible for many failures and misinformation during the COVID-19 pandemic."

**"Dr. Fauci knows he has significant failures under his belt. He began with erroneous advice regarding AIDS transmission in the 1980s and promoted a toxic treatment for AIDS patients, while ignoring advice from clinicians who were actively treating such patients, and is now saddled with his COVID-19 missteps."**

**MARILYN M. SINGLETON, M.D., J.D., PHYSICIAN**

Each of the three new entities would be led by a director appointed by the president and confirmed by the Senate for a five-year term.

**Pushing Back at Pushback**

Adding fuel to the fire, the American Institute for Economic Research (AIER) released on Twitter in December an email exchange between Fauci and National Institutes of Health Director Francis Collins that shows them colluding to discredit an alternative strategy for dealing with the pandemic.

The emails were sent shortly after the release of the Great Barrington Declaration, which was highly critical of the Fauci-backed lockdowns across the nation. The declaration called for focusing resources on those most vulnerable to COVID-19—the elderly and those with existing health conditions—with the ultimate goal of achieving herd immunity.

Collins called the declaration the work of "three fringe epidemiologists" in an October 8, 2020 email to Fauci.

"There needs to be a quick and devastating published takedown of its premises," wrote Collins. "I don't see anything like that online yet—Is it underway?"

Fauci responded the same day by sending Collins an op-ed in *Wired* he said "debunks this theory" and forwarded a similar piece from *The Nation* a few days later.

**'Propaganda Attack'**

The "three fringe epidemiologists" Collins referred to are Drs. Jay Bhattacharya of Stanford University, Sunetra Gupta of Oxford University, and Martin Kulldorff of Harvard University.

The attempt by Fauci and Collins to discredit dissidents shut off the possibility of debate, wrote Bhattacharya on Twitter.

"So now I know what it feels like to be the subject of a propaganda attack by my own government," said Bhattacharya. "Discussion and engagement would have been a better path."

**'End the Stranglehold'**

Fauci's missteps long predate his handling of COVID-19, says Marilyn M. Singleton, M.D, J.D., a California-based physician.

"Dr. Fauci knows he has significant failures under his belt," said Singleton. "He began with erroneous advice regarding AIDS transmission in the 1980s and promoted a toxic treatment for AIDS patients, while ignoring advice from clinicians who were actively treating such patients, and is now saddled with his COVID-19 missteps.

"Given his fall from grace, it appears he is throwing out a trial balloon to see whether he will be begged to stay," said Singleton. "It is time to end the stranglehold unelected administrators have on public health policies. Kudos to Dr. [Rand] Paul."

**'NIAID Needs Intense Investigation'**

NIAID reforms beyond Paul's amendment are needed, says Jane Orient, M.D., executive director of the Association of American Physicians and Surgeons.

"Dr. Paul's idea of splitting up the NIAID doesn't prevent the emergence of a dictator-in-chief from the infectious diseases division," said Orient. "NIAID needs intense investigation from top to bottom, with special attention to [the] flow of funds, and a thorough housecleaning to remove conflicted persons.

"The once ubiquitous Dr. Fauci might be well-advised to relocate somewhere that does not have an extradition treaty and to shield as much of his lavish pension as possible from asset-forfeiture laws," said Orient.

**'DOJ Is Lawyering Up'**

The Biden Justice Department advertised for four new tort attorneys to help with vaccine injury cases, on the federal government's official hiring site, USA/JOBS, Substack reported on March 21.

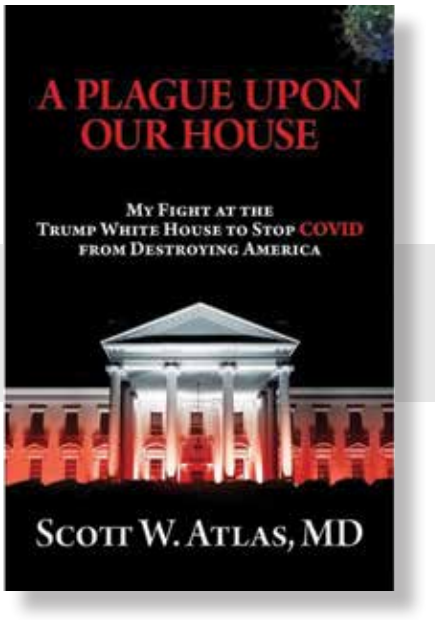
Fauci could be caught up in litigation over adverse reactions to COVID-19 shots, says Orient.

"It is interesting that the Biden administration DOJ is lawyering up to avoid having to compensate victims of vaccine injury," said Orient. "I wonder what Pfizer and Moderna are doing. Fauci might pierce their liability shield. Are they concerned?"

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

BOOK REVIEW

# White House 'Troika' Ignored Data, Pushed Pandemic Fear, Advisor Writes




*Review of* A Plague Upon Our House: My Fight at the Trump White House to Stop COVID from Destroying America, *Post Hill Press, 2021, by Scott W. Atlas, M.D., 332 pages, $23.49.*

**By Bonner R. Cohen**

Expressing his opinion about the members of the White House Coronavirus Task Force, Anthony Fauci, M.D., the long-serving director of the National Institute of Allergy and Infectious Diseases, said on CNN on September 27, 2020, "Most are working together. I think you know what the outlier is."

The "outlier" was Scott Atlas, M.D., who had joined the Task Force a few weeks earlier. Atlas' views on how the nation should respond to COVID-19 were strongly at odds with those of Fauci and other key officials who had directed public health policy since the outbreak of the disease in early 2020.

Atlas' book gives a candid view of his four-month tenure at the White House and his exposure to the public health establishment and what he describes as its media echo chamber.

**"Serious problems with the data, including overcounting of COVID as the cause of hospitalizations and deaths in the United States, have never been explained to the public and acknowledged, even though it has been documented in the medical literature. Why do these failures persist in a nominally science-based, freethinking, and ethical society like ours? Is the herd mentality so powerful, is fear such a dominant emotion, that all critical thinking and values disappear?"**

**SCOTT W. ATLAS, M.D.**
**AUTHOR, *A PLAGUE UPON OUR HOUSE***

### Lockdown Dragged On

Atlas, a senior fellow in health care policy for the Hoover Institution at Stanford University, was recruited by the Trump White House with the hope his medical background and command of data would bring a breath of fresh air to the battle against the coronavirus.

New thinking was needed. By the time Atlas arrived in Washington in August 2020, the COVID-19 response had gone off the rails. The feds and most states had quickly decided the best way to stem the spread of the virus was to shut down most of society, indefinitely. Lockdowns were pervasive, schools were closed, masks were ubiquitous.

What was originally sold as a 15-day nationwide lockdown dragged on for months and even longer in states whose governors prided themselves on imposing the most severe restrictions imaginable. The media, with few exceptions, exulted in putting out the most sensational—and often factually incorrect—news on the pandemic. And yet new "cases" continued, and the death toll, especially among the elderly, showed no sign of abating.

### 'Troika' Ignored Data

What struck Atlas was the lack of scientific data supporting the policies adopted by the Centers for Disease Control and Prevention (CDC), Fauci, and Deborah Birx, M.D., who served as White House Coronavirus Response Coordinator under President Donald Trump.

Atlas regularly attended the White House COVID Task Force chaired by Vice President Pence, and the COVID Huddle, a separate group focused on messaging. He was regularly exposed to what he calls "the troika" of U.S. COVID policy: Fauci, Birx, and CDC Director Robert Redfield.

None of the three showed any interest in the COVID-related data Atlas had gathered from all over the world, which consistently showed the futility of societal shutdowns favored by the troika. Fauci did not confront him directly, but Atlas suspects he was behind leaks to the media, where Atlas's views on focusing the COVID effort on the truly vulnerable were regularly distorted.

### 'Herd Mentality'

The prevailing assumption that everyone was equally in danger undergirded policies that stayed in place throughout 2020 and beyond, says Atlas.

"Even the initial evidence showed that elderly, frail people with preexisting comorbidities—conditions that weakened their natural immunological systems—were the ones at highest risk of death," writes Atlas. Nevertheless, he writes, public health officials kept recommending "draconian isolation of everyone."

"Serious problems with the data, including overcounting of COVID as the cause of hospitalizations and deaths in the United States, have never been explained to the public and acknowledged, even though it has been documented in the medical literature," writes Atlas. "Why do these failures persist in a nominally science-based, freethinking, and ethical society like ours?

"Is the herd mentality so powerful, is fear such a dominant emotion, that all critical thinking and values disappear?" Atlas asks.

Sadly, the answer to his question is yes.

### 'Bizarrely Prioritized Testing'

In addition to the society-wide lockdowns and school closures, there was no real focus on testing for COVID, long after it has become clear it was the elderly who really needed to be tested.

"[The] Fauci-Birx testing strategy was not merely unfocused; their strategy bizarrely prioritized testing in the lowest-risk people and the lowest-risk environments—students and schools—while letting the deaths continue in the nursing homes and assisted living facilities, where a once-per-week schedule was assumed to be effective," writes Atlas.

"It was baffling to me, an incomprehensible error of whoever assembled the Task Force, that there were zero public health policy experts and no experts with medical knowledge who also analyzed economic, social, and other broad public health impacts other than the infection itself," writes Atlas.

### Trump Gone, Fauci Remains

In his many public statements during the pandemic, Trump repeatedly said he favored opening the country back up and returning to normal as soon as possible, but the troika consistently undermined his wishes. Atlas, who had a cordial working relationship with Trump, faults him for failing to take corrective action.

"I believe the president made a massive error in judgment," writes Atlas. "Against his own gut feeling, he delegated authority to medical bureaucrats, and then he failed to correct that mistake."

Trump is no longer in office, and Atlas is back at Hoover. Fauci, the chief architect of America's failed response to COVID, is still in the White House, now advising President Joe Biden.

Still held in high esteem by the establishment, Fauci will be delivering the commencement at Princeton University this spring.

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

# COVID-19 Pediatric Deaths Drop 24 Percent after CDC Fixes Data

**By AnneMarie Schieber**

Pediatric deaths from COVID-19 in the Centers for Disease Control and Prevention (CDC) Data Tracker dropped 24 percent after the agency fixed a data glitch.

The CDC website reported 1,755 deaths from COVID-19 among children ages 0 to 17 over the course of the pandemic, including 738 deaths in the first 10 weeks of 2022. The upsurge in mortality as the omicron variant of the COVID-19 virus spread was misinterpreted as indicating children were especially vulnerable to the new strain.

Media outlets had trumpeted the inflated CDC numbers.

"Up to a third of all child deaths from COVID-19 in the United States have occurred during the surge of highly contagious omicron variant, according to newly released data," reported the *New York Post* on March 12. "Children seem to be facing increasing risks as mask mandates are abandoned and vaccination rates stall," the *Guardian* reported on March 11, in an article that was later amended.

> **"The CDC cannot be relied upon. It withholds data and produces seriously misleading data. There are pervasive conflicts of interest."**
>
> **JANE ORIENT, M.D.**
> **EXECUTIVE DIRECTOR, ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS**

### Unrelated Deaths Counted

The number of pediatric deaths dropped by 23.7 percent, to 1,339, after the data glitch was corrected, says the CDC.

"On March 15, 2022, data on deaths were adjusted after resolving a coding logic error," stated the data tracker webpage. "This resulted in decreased death counts across all demographic categories."

The data tracker no longer displays that explanation. A screen shot of the original CDC announcement remains on Twitter.

The error was caused by a faulty algorithm, CDC spokesman Jasmine Reed told the *Washington Examiner* on March 18.

"An adjustment was made to COVID Data Tracker's mortality data on March 14 involving the removal of 72,277—including 416 pediatric deaths—deaths previously reported across 26 states because CDC's algorithm was accidentally counting deaths that were not COVID-19-related," said Reed. "Working with near real-time data in an emergency is critical to guide decision-making but may also mean we often have incomplete information when data are first reported."

### 'Very Shaky Credibility'

Data glitches and other blunders have tarnished the CDC's reputation, especially for their bias toward government intrusion, say Jane Orient, M.D., executive director of the Association of American Physicians and Surgeons and a policy advisor to The Heartland Institute, which co-publishes *Health Care News*.

"The CDC cannot be relied upon," said Orient. "It withholds data and produces seriously misleading data. There are pervasive conflicts of interest. It has no data or contradictory, biased data underlying its tyrannical recommendations [such] as for masking, and [makes] no effort to consider adverse effects. Arguably, we should abolish it and 'build back better.'"

The CDC needs an overhaul, says Chad Savage, M.D., president of DPC Action and a policy advisor to The Heartland Institute.

"Claims that COVID deaths were being overcounted were buttressed by the CDC's recent 'correction' of the number of pediatric COVID deaths," said Savage. "This adds to the torrent of conspiratorial-sounding claims, such as the Wuhan lab leak theory, that subsequently prove to be true, further undermining the very shaky remaining credibility of the public health establishment.

"Serious changes need to be made, with the bright light of transparency, if there is to be any hope of restoring public trust in these institutions," said Savage.

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

# Virtual Health in 'Post-Pandemic' World

**By Kenneth Artz**

States and the federal government will have to act if pandemic emergency policies that allowed millions of patients greater access to virtual health care are to become permanent, a new report states.

Public policy changes are required to ensure continuing access to telehealth services, says the research paper, "Virtual Health in a Post-COVID World: Optimizing Regulation, Reimbursement, and Regularity," by Robert Graboyes, Ph.D., Darcy N. Bryan, M.D., and Lyle Berkowitz, M.D., published by the Mercatus Center at George Mason University on March 8.

There are barriers to the telehealth model of medical practice, say the authors.

"In the case of expanding virtual health, obstacles include regulatory hurdles at the state and federal levels, poor or nonexistent reimbursement for any care outside the traditional face-to-face visit, and cultural resistance from both patients and providers to doing things differently," write the authors. "Real progress will require coherent regulatory reforms, appropriate reimbursements, and cultural acceptance (regularity) to sustain a broad vision of virtual health."

**"Health tech entrepreneurs are a key audience because they are developing new virtual care technologies at a rapid clip and understanding the reactions of policymakers and health care providers will be crucial to their success. It is these entrepreneurs, these creators, who will ultimately provide the technologies to quell the fears and answer the questions asked by policymakers and providers."**

**ROBERT GRABOYES, PH.D.**
**SENIOR RESEARCH FELLOW , MERCATUS CENTER**

### Pandemic Expanded Telehealth

Reacting quickly during the pandemic was a tough challenge for government officials, says Graboyes**,** a senior research fellow and health care scholar at the Mercatus Center.

"For policymakers—legislative, executive, regulatory—pre-COVID years saw a moderate flow of questions to resolve," Graboyes told *Health Care News*. "During the pandemic, questions came at them as if out of a firehose. For the most part, they responded well.

"They opened new avenues for care with astonishing speed," said Graboyes. "Telemedicine went from the remote edges of care straight to the center of American medicine in the span of a month or two, and this required an epic reduction in legal and regulatory obstacles. The challenge now is how to retain this new sense of openness and experimentation."

### Key Stakeholders Need Attention

The paper aims to address the concerns of health care providers and entrepreneurs, says Graboyes.

"Health care providers are a critical audience not only because of their intimate relationship with patients but also because they are extremely influential with policymakers," said Graboyes.

"Health tech entrepreneurs are a key audience because they are developing new virtual care technologies at a rapid clip and understanding the reactions of policymakers and health care providers will be crucial to their success," said Graboyes. "It is these entrepreneurs, these creators, who will ultimately provide the technologies to quell the fears and answer the questions asked by policymakers and providers."

### Virtual Solutions Proven

The pandemic showed virtual medicine can help address the longstanding problem of deploying highly trained people to the places where they are needed, says Graboyes.

"For instance, if physicians in one locality are pushed to their limits by, say, an epidemic, then remote doctors can relieve some of the pressure by handling some of their caseloads," said Graboyes.

"We have something of a crisis in care for rural areas, and virtual care can fill some of those gaps, too," said Graboyes. "Furthermore, virtual care facilitates the ability to shift some care to nurse practitioners, physician assistants, and others—with the option of transferring to a physician when needed."

Virtual care also makes it possible for specialists to serve patients nationwide, says Graboyes.

"Not every community can have a world-class neurologist," said Graboyes. "Many cannot attract any neurologist at all. With virtual care, any community with an internet connection can access top-level specialty care, at least to some degree."

### Physicians Saw Success

Health care providers approve of virtual technology after seeing it work during the pandemic, says Merrill Matthews, Ph.D., resident scholar with the Institute for Policy Innovation.

"Even though telehealth has been available for several years, it took the pandemic to push the medical community into embracing it," said Matthews.

Physicians are generally cautious about their practices, says Matthews.

"First, doctors are typically very slow to embrace changes in a medical model that has been practiced for centuries," said Matthews. "While many were quick to adopt innovative products such as iPads as tools, such tools were aids to providing health care the way doctors had always done it, not a new way to provide care."

Doctors now view virtual health care positively, says Matthews.

"A poll by the American Medical Association last January found that 85 percent of the physicians surveyed said telehealth increased timeliness of care," said Matthews. "And 75 percent said it allowed them to deliver high-quality care. My guess is telehealth is here to stay, at least for certain health care providers who will find ways to integrate it into their practices."

### Pay Issues Remain

Some telehealth issues still await resolution, such as reimbursement for services, says Matthews.

"Should a doctor receive the same amount for a telehealth visit as an in-person visit?" asked Matthews. "Doctors thought so. Insurers have generally wanted to pay less for a telehealth visit. But how much less, and will doctors think low telehealth reimbursements may not be worth their time?"

Differing regulations and processes also present hurdles for virtual medicine, says Matthews.

"Different states differ in their willingness to embrace, regulate, and pay for telehealth, as are different private-sector health insurers and Medicare and Medicaid," said Matthews.

*Kenneth Artz* (**KApublishing@gmx.com**) *writes from Dallas, Texas.*

## INTERNET INFO

Robert Graboyes, Ph.D., Darcy N. Bryan, M.D., and Lyle Berkowitz, M.D., "Virtual Health in a Post–COVID World: Optimizing Regulation, Reimbursement, and Regularity," Mercatus Center at George Mason University, March 8, 2022: **https://www.mercatus.org/publications/healthcare/virtual-health-post%E2%80%93covid-world-optimizing-regulation-reimbursement-and**

# Opioid Crisis Victims Finally to Get Help After D.C., States Settle with Purdue

**By AnneMarie Schieber**

A U.S. bankruptcy judge has approved an agreement by Purdue Pharma, the maker of Oxycontin, and its principal owners, the Sackler family, to pay $6 billion to settle lawsuits by eight states and the District of Columbia.

Attorneys general from California, Connecticut, D.C., Delaware, Maryland, Oregon, Rhode Island, Vermont, and Washington did not agree to an earlier deal reached with other states because the Sackler family, the primary owners of the company, were not held sufficiently accountable.

The judge overruled objections to the settlement from the U.S. Department of Justice and 20 states that opposed the deal.

Under the new deal, the Sacklers agreed to pay $1.2 billion more in cash and will not be protected from future criminal liability related to Oxycontin.

**"It's a big pot of money, and what's been holding it up is states' attorneys general who are competing for media attention. This money could have been done a year ago. It could have been used on people in dire need during COVID, and the money sat because these AGs like their names in the news. More money is better than less, but we are talking about more than $32 billion."**

**PETER PITTS**
**PRESIDENT**
**CENTER FOR MEDICINE IN THE PUBLIC INTEREST**

### Sackler Family Canceled

The Sacklers also agreed to give up control of Purdue Pharma and establish a new company which will have its profits turned over to a fund to fight the opioid crisis.

The Sacklers agreed to a videoconference with victims' families and to create a $750 million fund to compensate about 149,000 people with individual claims.

The family will not to object to the removal of their name from museums and other institutions their philanthropy supported. The Sacklers and Purdue Pharma also issued separate statements expressing regret over the toll from the painkiller.

State and local governments will distribute the funds, in addition to the $26 billion Johnson & Johnson and three distributors have agreed to pay for related claims. The Purdue settlement money will flow after the agreement is given final approval by the bankruptcy judge.

### AGs 'Competing for Media Attention'

It is time to stop the grandstanding and distribute the money to help victims, Peter Pitts, president of the Center for Medicine in the Public Interest and a former U.S. Food and Drug Administration associate commissioner, told *The Heartland Daily Podcast* on March 30.

"It's a big pot of money, and what's been holding it up is states' attorneys general who are competing for media attention," said Pitts.

"This money could have been done a year ago," said Pitts. "It could have been used on people in dire need during COVID, and the money sat because these AGs like their names in the news. More money is better than less, but we are talking about more than $32 billion."

### Opioid Epidemic Unabated

The COVID-19 pandemic has been particularly devastating in the fight against substance abuse and addiction.

The Centers for Disease Control and Prevention (CDC) reported U.S. drug overdose deaths topped 100,000 in the 12 months ending April 2021, an increase of 28.5 percent from the same period in 2020.

The holdout states failed to consider the epidemic of opioid deaths when they held out for more money and items that have nothing to do with public health, such as apologies and removing names, says Pitts.

"[Beyond the original cash settlement] you are talking around the margins, but I didn't see any of the plaintiffs' attorneys saying they were going to waive their fees on this one, so I don't think [it's] all about the public health," said Pitts.

### Epidemic Predates Oxycontin

The opioid crisis was not caused solely by the introduction of Oxycontin in 1996, says Jeffrey Singer, M.D., a surgeon and senior fellow at the Cato Institute.

"Data from the Substance Abuse and Mental Health Services Administration (SAMHSA) show the percentage of prescription and illicit opioid addiction among the U.S. adult population has been essentially unchanged since SAMHSA began its survey in 2002," said Singer.

"SAMHSA and CDC data show no correlation between the number of prescriptions and nonmedical opioid use or opioid addiction; and the University of Pittsburgh, using CDC data, found overdose deaths have been exponentially rising since at least 1979 [Oxycontin was approved in 1996], with different drugs predominating as the cause of death at different times over the decades," said Singer.

### Doctors, Insurers 'Off the Hook'

Purdue Pharma was targeted, but there is plenty of blame to go around, says Pitts.

"I'm shocked that physicians say we didn't know opioids were addictive," said Pitts. "We've known this for 1,000 years, so how did doctors get off the hook?"

Third-party payers approved all the reimbursements for prescription painkillers, says Pitts.

"Insurance companies loved opioids because they were cheap," said Pitts. "A lot of opioids were prescribed for conditions in which there were on-patent non-opioid drugs, but the insurers didn't want to pay the money."

### Income Class Problem

Criminalizing opioids was not the solution to addiction and overdose deaths politicians thought, says Singer.

"This has always been about drug prohibition," said Singer. "When most of the drug deaths involved minorities and marginalized groups in earlier decades, prohibitionists blamed the drug users. When it started involving the white middle class, prohibitionists blamed Purdue Pharma and the Sackler family.

"Hanging a Sackler trophy on their wall may help advance political careers and give politicians a slush fund, but the deaths will continue to increase until we end drug prohibition," said Singer.

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

## INTERNET INFO

"Stop the Grandstanding and Get Settlement Money to Opioid Treatment Centers—Guest, Peter Pitts," The Heartland Daily Podcast, March 30, 2022: **https://www.heartland.org/multimedia/podcasts/stop-the-grandstanding-and-get-settlement-money-to-opioid-treatment-centers-guest-peter-pitts**

# Doctors Increase Use of Light Therapy to Manage Pain

**By Kevin Stone**

The opioid epidemic and patients with lingering symptoms of COVID-19 have led medical professionals to explore alternatives to potentially addictive pharmaceuticals, such as light therapy.

A technology discovered in 1967 that uses red and near-infrared light to stimulate cell growth and reduce inflammation, called photobiomodulation (PBM) therapy, is gradually gaining acceptance by health care providers.

The medical devices used to deliver the noninvasive treatment are approved by the U.S. Food and Drug Administration (FDA) to manage pain and for a variety of conditions. Achieving pain relief can require multiple therapy sessions with a trained physician or technician over several weeks.

PBM has been used in more than 100 million patient treatments without documented side effects, according to the PBM Foundation. The treatment has been shown to reduce the cost of care by 73 percent.

The use of light therapy has been supported by more than 940 randomized clinical trials and 9,000 research studies.

PHOTO COURTESY PBM FOUNDATION

**"I have been using PBM in my practice for 30 years, and in that time I never wrote prescriptions for post-op opioid narcotic prescriptions. In 99 percent of the cases, patients need nothing [for pain] or use over-the-counter pain meds. I do surgical extractions, impactions, and periodontal-flap surgery. In addition, I have been treating facial pain, TMD (temporomandibular joint disorders), and trigeminal neuralgia on a referral basis. Not only do patients not need pain meds, [they] don't require muscle relaxants, anti-inflammatory drugs, or amitriptyline."**

**GERRY ROSS, D.D.S.**

### Drug-Free Pain Relief

PBM is an alternative to addictive pain medications, says Gerry Ross, D.D.S.

"I have been using PBM in my practice for 30 years, and in that time I never wrote prescriptions for post-op opioid narcotic prescriptions," said Ross. "In 99 percent of the cases, patients need nothing [for pain] or use over-the-counter pain meds."

PBM can be used after complicated procedures, says Ross.

"I do surgical extractions, impactions, and periodontal-flap surgery," said Ross. "In addition, I have been treating facial pain, TMD (temporomandibular joint disorders), and trigeminal neuralgia on a referral basis. Not only do patients not need pain meds, [they] don't require muscle relaxants, anti-inflammatory drugs, or amitriptyline."

Other professionals have adopted PBM technology after taking one of the more than 200 courses he has taught, says Ross.

"I recently taught an oral surgeon who travels to different general practices doing impactions and difficult surgical cases, and she immediately stopped needing to prescribe opioids," said Ross.

### Therapeutic Limits

Multiple studies have shown PBM therapy is beneficial above a certain dose threshold but less effective or even damaging above a higher threshold, which is called a biphasic dose response.

Currently, PBM requires close monitoring of exposure levels, careful application to deliver precise dosages and wavelengths for the specific condition treated, and extensive training for clinical technicians, says Ross.

"The World Association for Photobiomodulation Therapy, formed in 1994 in Barcelona, is working on this and is looking to publish parameters for all treatments," said Ross. "There are numerous different companies using different wavelengths, and many will make claims to sell units that are not based on the science. "

There are currently more than 4,000 published research papers examining the healing power of PBM, some of which have found PBM therapy is not very effective, says Ross.

"Some of the conflicting research may be because PBM eliminates the use of many pharmaceuticals, with much of the research being sponsored by the companies that manufacture these drugs, while many PBM companies do not have the funds to back their own research," said Ross.

### Treats 'Long COVID'

Earlier this year, Shepherd University (SU) in Shepherdstown, West Virginia opened a PBM center using a $500,000 grant under the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

The center will "focus on wellness, explore deaddiction to opioids, and treat long COVID-19 symptoms," says Parveen Arany, M.D., the center's interim executive director, an SU press release stated on March 15.

"A lot of people have had COVID-19 and as they are recovering, we are finding things like fatigue, depression, [and] other kinds of chronic diseases that are causing concern," said Arany. "We would like to use this innovative treatment that is nonpharmacological and noninvasive and focuses on the host's resilience. We are trying to make people healthier and better."

### 'Antiquated FDA Approval Process'

The spread of PBM treatment has been slowed by the sluggish FDA approval process for therapies and devices, says Edward Hudgins, Ph.D., founder of the Human Achievement Alliance.

"PBM will be further developed and new applications created to the extent that medical research entrepreneurs are free to innovate," said Hudgins. "This freedom will depend in part on reducing government regulations and certification requirements.

"A recent Tufts [University] analysis found that on average it takes 10 to 12 years at a cost of $3 billion to bring a new medication from research lab to market," said Hudgins. "This is in large part because of an antiquated FDA approval process."

### 'Patients Suffer Needlessly'

Medical progress has been slowed by government restrictions on access to potentially beneficial treatments, says Jeffrey Singer, M.D., a senior fellow at the Cato Institute.

"Unfortunately, the FDA regulatory system has thrown a lot of sand in the gears of the discovery process, often making patients suffer needlessly for years before being allowed to try the treatment or device," said Singer.

"As a matter of principle, I think it's always a good thing to discover new, effective ways of relieving pain that are noninvasive and have fewer side effects, including drug dependence," said Singer. "It's also important to keep in mind that a therapeutic method that works for some people may not work for others. There are many factors that go into how an individual patient responds to a specific drug or therapeutic treatment."

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

# Canadian Patients Tell Tales of Woe About Waiting for Health Care

**By Ashley Bateman**

Patients in Canada's single-payer health care system continue to suffer from delayed diagnosis, treatment, and surgery, says a health reform group.

There were 400,000 non-COVID procedures and surgeries delayed during the pandemic, says SecondStreet.org President Colin Craig.

"If you ever need an anecdote to rebut claims about how 'wonderful' Canada's health care system is, our webpage can provide plenty of rebuttals," Craig told *Health Care News*.

Canadians died on waiting lists even before the pandemic, says the group, based on data from 50 provincial health departments, individual hospitals, and health regions across Canada on surgeries that were canceled due to the death of the patient from 2018 to 2019.

At least 1,480 people in Canada's socialized health care system died while waiting for a scheduled surgery during this period, Second Street.org found. The group's data cover less than half the country, indicating the total is much higher.

**"Sadly, there are hundreds of thousands of stories to tell, so we would never be able to capture them all. We try to highlight different examples: patients dying due to long waiting lists, patients suffering from chronic pain because of long waiting lists, patients traveling abroad for health care, etc."**

**COLIN CRAIG**
**PRESIDENT, SECONDSTREET.ORG**

### Single-Payer Fact-Checks

In addition to producing videos and documenting treatment delays, SecondStreet investigates the accuracy of public figures' claims about Canada's health care system.

For example, on *Real Time with Bill Maher,* actor Jim Carrey claimed the Canadian health care system is not a "failure," he "never waited for anything in my life," "I chose my own doctors," and his mother "never paid for a prescription" while he was growing up. Carrey called the country's health care system "fantastic."

Carrey hasn't lived in Canada in four decades, and Commonwealth Fund research found of 11 developed countries, waiting lists in Canada to see a specialist or receive surgery are the longest, says SecondStreet.org contributor Heidi McKillop in a video report.

"What's unfortunate is that we often see celebrities opining on all kinds of public policy matters for which they know nothing," said Craig. "Even people who are against health reform in Canada would likely concede that our system has been plagued by waiting lists for years."

People assume prescription drugs are inexpensive or free in Canada, but that is not the case, says McKillop.

"We didn't examine it in the video, but Carrey's comments about prescription medication also present an inaccurate picture," said McKillop. "The average Canadian family spends hundreds of dollars on medication each year."

### Patient Testimonials

In testimony on SecondStreet.org's website, patients in Canada's health care system talk about having to leave the country for treatment, which they paid for out of their own pockets, says Craig.

"For about three years now, SecondStreet.org has been gathering patient stories that demonstrate the long waiting lists that plague our system, and the troubles patients endure," said Craig.

"Sadly, there are hundreds of thousands of stories to tell, so we would never be able to capture them all," said Craig. "We try to highlight different examples: patients dying due to long waiting lists, patients suffering from chronic pain because of long waiting lists, patients traveling abroad for health care, etc."

### Preventable Tragedies

In one testimony, Ontario retired registered nurse Judy Anderson describes how treatment delays cost the lives of both her daughters from heart disease.

Anderson's older daughter suffered from cardiomyopathy. As an adult, she was fitted with a pacemaker, but her disease eventually progressed to congestive heart failure. The daugher needed surgery but was placed on a waiting list.

"They waited far too long. … [Her death] could have been prevented," says Anderson in the video.

Years earlier, Anderson's second daughter showed an irregular heartbeat and murmur at age 10. A cardiologist found multiple heart problems developing and recommended surgery at the local children's hospital. The hospital refused to acknowledge the immediate need for care. Anderson's daughter died two weeks later of cardiac arrest.

### Health Care Exiles

Canadian patients made 217,000 trips to other countries in 2017 for health care, according to SecondStreet.org.

Patients must leave the country for timely care because Canada makes it illegal for private providers to compete with the government system.

"Thank God I was able to go to the U.S. and see a specialist," says Ontario resident Chris Vander Doelen in another video testimonial. "What [the U.S. medical providers] did for me prevented me from waiting until my death in Canada. Because here you just wait and wait and wait, and if it's not active and it's not eating you alive, they put you on the back burner. I couldn't afford to be on the back burner. I had to save myself."

At age 51, Doelen's prostate-antigen test came back with abnormal results. Biopsy results were positive for prostate cancer. Doelen underwent surgery, but it failed to stop the cancer from growing.

A PET (positron emission tomography) scan would have given surgeons an exact image of where Doelen's remaining cancer cells were located, but there are waiting lists for diagnostic tests in Canada's public health care system. Doelen's doctor recommended he travel to Los Angeles for the scan, instead of waiting.

Doelen received the scan and used the images for successful treatment in Canada. He would have died in Canada waiting for the PET scan if he hadn't gone to the United States for care, says Doelen.

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

**INTERNET INFO**

"Patient Stories," Second Street.org: **https://secondstreet.org/health-reform/**

COMMENTARY

# Permanent Daylight Saving Time Is a Dark Idea

**By Grace-Marie Turner**

In the interest of playing God with time and saving Americans from the inconvenience of resetting their (mostly self-setting) clocks twice a year, the U.S. Senate unanimously approved a bill on March 15 to make daylight saving time permanent.

The legislation is now in the hands of the U.S. House of Representatives.

### Unintended Consequences

Winter is a particular problem for some parts of the country, with shorter days leading to travel accidents attributed to poor visibility.

"The sun rose at 8:27 AM on January 7, 1974," *The Washingtonian* reported regarding the federal government's short-lived imposition of year-round daylight saving time. "Children in the Washington area had left for school in the dark that morning, thanks to a new national experiment during a wrenching energy crisis."

The early-morning darkness "quickly proved dangerous for children: A 6-year-old Alexandria girl was struck by a car on her way to Polk Elementary School on January 7; the accident broke her leg," *The Washingtonian* reported. "Two Prince George's County students were hurt in February. In the weeks after the change, eight Florida kids were killed in traffic accidents."

Some of the deaths may not have been directly attributable to the time change, but politicians will nonetheless be blamed.

Nearly 80 percent of Americans approved of permanent daylight saving time in December 1973, but support plummeted to 42 percent after three months of dark mornings.

### Sleep Cycles

Changing the clocks twice a year interrupts sleep schedules, one reason why making standard or daylight saving time permanent might have some appeal.

But the Senate has it wrong. Standard time, not daylight saving time, is what aligns with the human circadian biology, according to the American Academy of Sleep Medicine (AASM).

Studies show disrupting that rhythm has been associated with increased risks of obesity, metabolic syndrome, cardiovascular disease, and depression. The AASM supports year-round standard time and says 20 medical organizations stand behind that position. "We call on the House to take more time to assess the potential ramifications of establishing permanent daylight-saving time before making such an important decision that will affect all Americans," states the AASM.

### Later Sunrise ≠ Longer Daylight

George Mason University economist Charles Blahous did a little research and observes permanent daylight-saving time would mean sunrise in some parts of the year could occur as late as 9:06 in Indianapolis, 9:01 in Detroit, 8:51 in Salt Lake City, and 8:49 in Omaha.

In a response post, fiscal and budget expert Jonathan Bydlak makes this sage observation: "I don't understand why they can't just pass a law that mandates longer daylight instead. That way it wouldn't get too dark in the evenings, and the sun also would come up earlier in the mornings. Washington is so out of touch with the wishes of the people."

Indeed.

After a flood of op-eds and columns in the days after the Senate vote, Speaker Nancy Pelosi said advancing the Senate bill in the House is not a priority right now. Good move.

Let's put this bad idea back to sleep.

*Grace-Marie Turner* (**galen@galen.org**) *is the president of the Galen Institute. A version of this article appeared on the American Healthcare Choices blog on March 18, 2022. Reprinted with permission.*

# The People's House Still Not Completely Reopened

**By Ashley Bateman**

After two years of the coronavirus pandemic lockdown, Congress has begun a phased reopening of the U.S. Capitol to the public.

The cap on the number of visitors on official tours was raised from nine to 15. Tours led by lawmakers or their aides have resumed, as have student tours led by Capitol guides. The Capitol Visitor Center and restaurants and exhibits will open on May 30.

The U.S. Capitol and the Senate Office Buildings have been closed to the public since March 12, 2020.

Sen. Bill Hagerty (R-TN) introduced S.R. 512, which broadens visitor access, in February, and it passed the Senate by unanimous consent in March. Congressional leadership and the U.S. Capitol Police are working on a "phased" reopening of the entire Capitol Building and Dome with limited tours that began on March 28.

> **"Every American should have the ability to contact a member who is not their representative, because he or she may sit on a key committee that affects their district or they are a key vote that affects every American."**
>
> **ART HARMAN**
> **CONSERVATIVE CAUCUS EXECUTIVE DIRECTOR**

### First Amendment Right

The First Amendment to the U.S. Constitution prohibits Congress from blocking citizens' right "to petition the Government for a redress of grievances." The U.S. government has violated this fundamental guarantee for more than two years, says Conservative Caucus Executive Director Art Harman.

"It's been a great disappointment and disturbing, constitutionally, that [the government] can just arbitrarily close the congressional offices and building," said Harman. "If you cannot walk into your [representative's] office and speak, you're limiting that [First Amendment] right."

The National Institute for Lobbying and Ethics and more than 200 other organizations and individuals, including the U.S. Chamber of Commerce, the Freedom Foundation, the American Business Defense Council, and the U.S. Travel Association, requested the Capitol reopen fully by mid-July, in a letter to congressional leaders on March 9.

### Shutdown 'Caused Irreparable Damage'

Congress has gradually tightened restrictions on constituents' access to legislators over the years, says Harman.

"I published one of the first-ever lists of public emails for Congress and maintained that, until they decided to stop that and went to web forms on their websites," said Harman. "Then they further restricted [communication] by requiring a person to enter their ZIP code."

Citizens shouldn't be limited to communicating only with their own members of Congress, says Harman.

"Every American should have the ability to contact a member who is not their representative, because he or she may sit on a key committee that affects their district or they are a key vote that affects every American," said Harman.

Most concerning, the long shutdown set a precedent for the government to deny Americans access to government buildings and elected officials in the future, says Harman.

"These big-government lockdowns and mandates have caused irreparable damage that will be felt for generations to come," Hagerty said. "As we move ahead, we must not lose sight of this lesson."

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

COMMENTARY

# COVID-19: Can We Relax Yet?

**By Jane Orient, M.D.**

There is less about COVID-19 in the news lately, because of the war in Ukraine, but can you let your guard down?

The accompanying graph by financial executive Edward Dowd based on Centers for Disease Control and Prevention (CDC) data shows U.S. deaths per week from all causes over time, and the dates when various public health interventions were implemented. There is clearly a big peak in mortality among 25- to 44-year-olds in 2021 around the time of the vaccination mandate for this age group.

This excess mortality is not due to COVID, which has not become more lethal among young people. It cannot be from Delta, which has a relatively low case fatality rate (0.3 percent). Omicron is not included in the graph but is thought to be more transmissible but less severe.

**"The accompanying graph by financial executive Edward Dowd based on Centers for Disease Control and Prevention (CDC) data shows U.S. deaths per week from all causes over time, and the dates when various public health interventions were implemented. There is clearly a big peak in mortality among 25- to 44-year-olds in 2021 around the time of the vaccination mandate for this age group. This excess mortality is not due to COVID, which has not become more lethal among young people. It cannot be from Delta, which has a relatively low case fatality rate (0.3 percent)."**

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

## Mortality Spike Confirmed

"Fact-checkers" at Reuters dismissed Dowd's graph as "misleading" and created their own, based on the CDC data.

Yet their chart also shows a big peak, and Reuters acknowledged mortality for this age group was 84 percent higher than baseline. It appears their plot starts many months later than Dowd's, which begins with pre-COVID-19 mortality data in 2019.

Reuters notes Dowd has no medical credentials. Is it a problem that Dowd, an investment professional, has no public-health background? Math works the same for rainfall, stock prices, crop yields, death rates, and everything else. In addition, unlike public health authorities, financial analysts pay a price when they are wrong.

Life insurance companies are also reporting a highly significant rise in claims in the prime working age group. The reason for the spike in deaths is not clear, but it is not from COVID. It happens to coincide with the vaccination push.

## Vaccine Push Continues

Advertising pitches featuring the heads of the American Medical Association and other groups are urging parents to get their children vaccinated. Pfizer and Moderna have received U.S. Food and Drug Administration (FDA) authorization for a second booster, the fourth dose for people 50 and older.

A court ordered Pfizer to release a huge trove of documents on its COVID vaccine, which it wanted to conceal for 75 years. The documents show nearly 160,000 adverse events from Pfizer's vaccine.

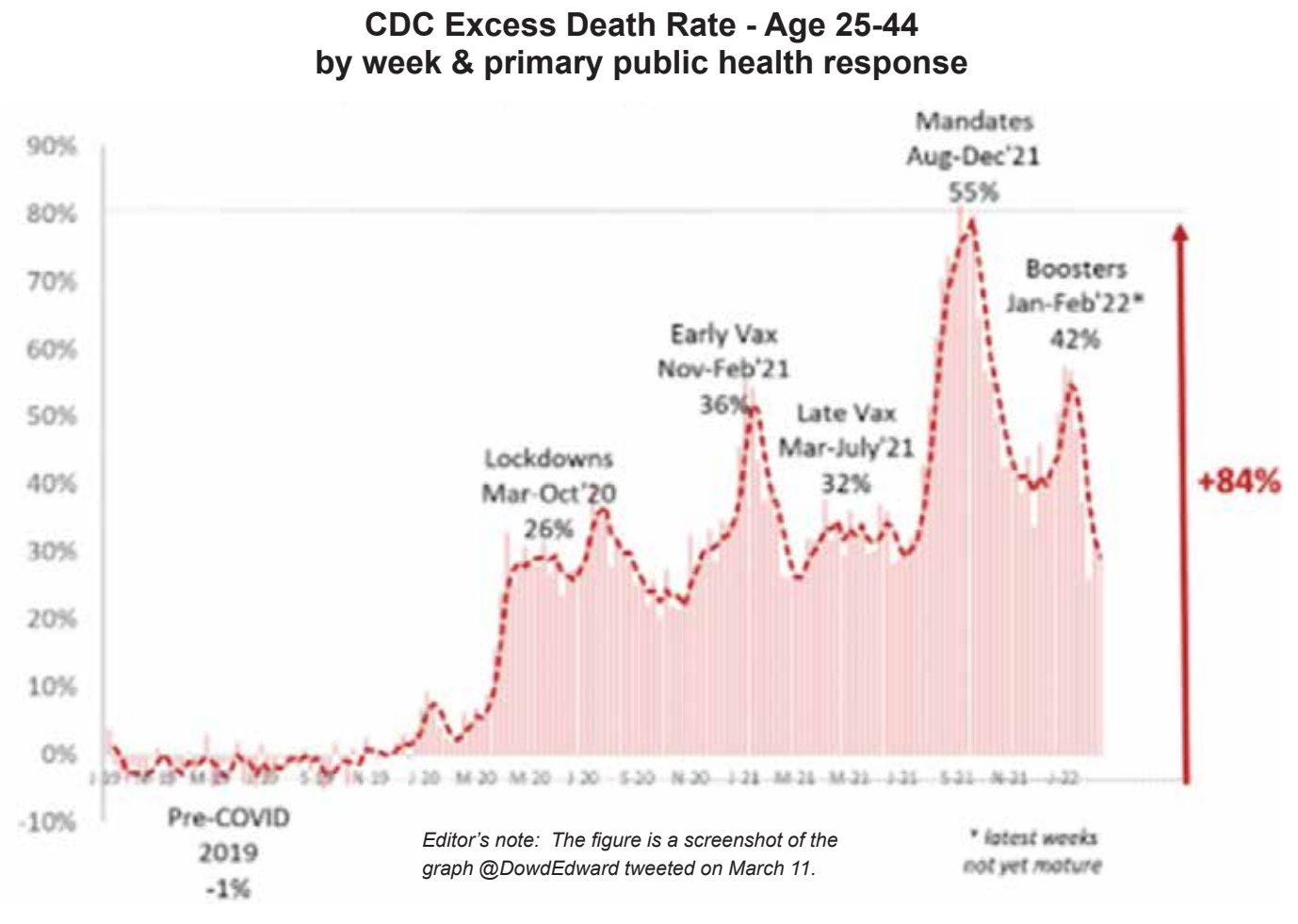
The CDC has been withholding large amounts of data, citing concerns it might be misinterpreted by the public and lead to vaccine hesitancy. As a result of these and other efforts to hide data, the long-term effects of the COVID jabs cannot yet be known.

The most widely publicized effect, myocarditis/pericarditis, occurs most commonly but not exclusively in young men. It is treatable with anti-inflammatory drugs and exercise restriction, but early detection is essential to minimize damage to the heart.

Many other complications involve blood clotting, so a blood test for D-dimers, a measure of clots being formed and broken down, may be useful.

The COVID shots are believed to reduce the severity of the disease but do not necessarily prevent it, so be aware: early treatment may still be necessary.

*Jane Orient, M.D.* (**janeorientmd@gmail.com**) *is executive director of the Association of American Physicians and Surgeons and a policy advisor to The Heartland Institute.*




*Editor's note: The figure is a screenshot of the graph @DowdEdward tweeted on March 11.*

**Sources: CDC predicted excess deaths adjusted for late reports, but latest months for younger ages are still understated**

**https://www.cdc.gov/nchs/nvss/vsrr/covid19/excess_deaths.htm#dashboard**

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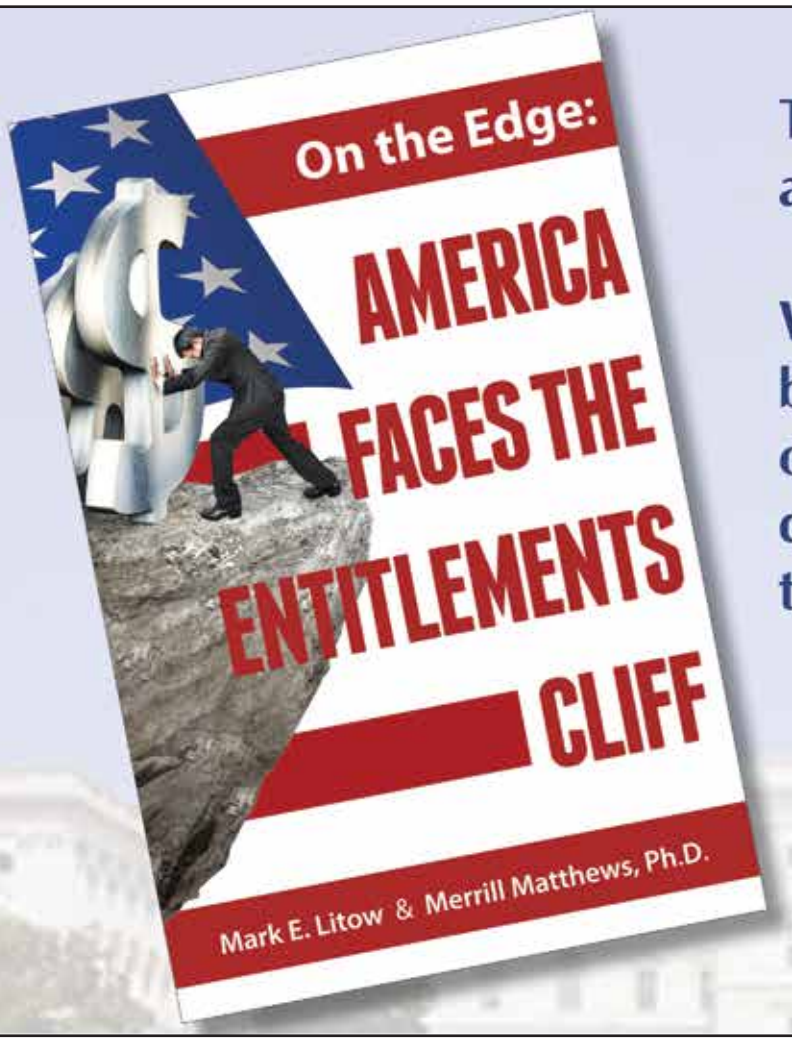


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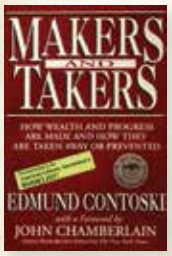


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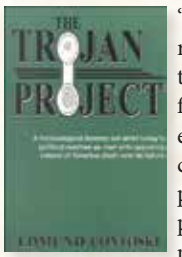


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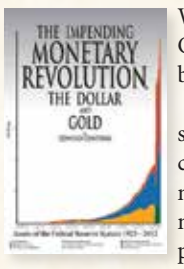


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