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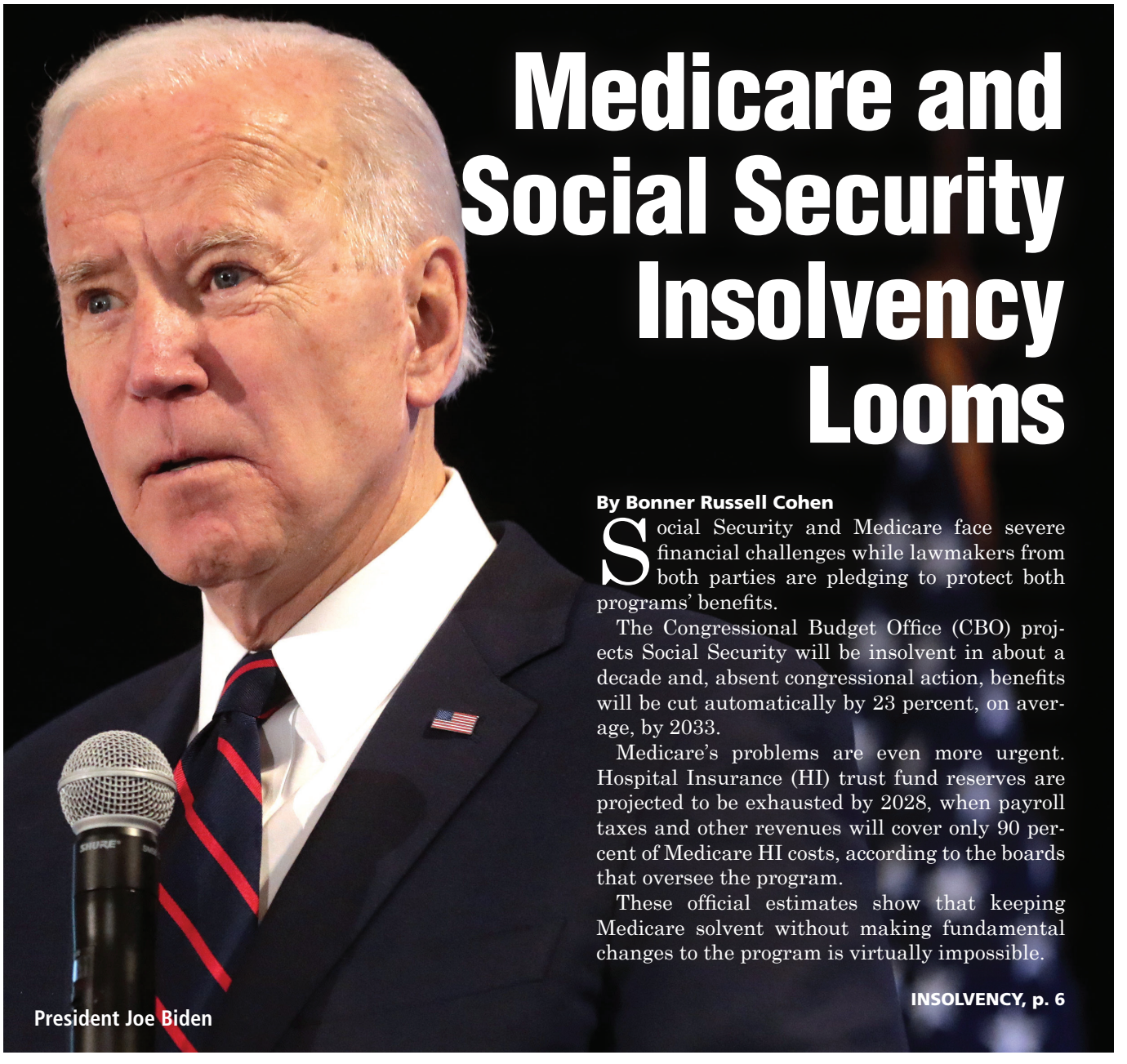
The Pulse



President Joe Biden

PHOTO COURTESY GAGE SKIDMORE/FLICKR.COM

Medicare and Social Security Insolvency Looms

By Bonner Russell Cohen

Social Security and Medicare face severe financial challenges while lawmakers from both parties are pledging to protect both programs' benefits.

The Congressional Budget Office (CBO) projects Social Security will be insolvent in about a decade and, absent congressional action, benefits will be cut automatically by 23 percent, on average, by 2033.

Medicare's problems are even more urgent. Hospital Insurance (HI) trust fund reserves are projected to be exhausted by 2028, when payroll taxes and other revenues will cover only 90 percent of Medicare HI costs, according to the boards that oversee the program.

These official estimates show that keeping Medicare solvent without making fundamental changes to the program is virtually impossible.

INSOLVENCY, p. 6

Biden Administration Supports 'Gain of Function' Research

By AnneMarie Schieber

President Joe Biden supports research that makes viruses more transmissible, says an administration spokesman.

Biden views such "gain-of-function" research as "prudent," National Security Council spokesman John Kirby said during a White House press briefing on February 27.

"He believes that it's important to help prevent future pandemics, which

GAIN OF FUNCTION, p. 4

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Federal Agencies Question Official COVID-19 Origin Story

By Harry Painter

The narrative that the COVID-19 pandemic originated in an animal "wet market" is unraveling.

Former Centers for Disease Control and Prevention (CDC) Director Robert Redfield says he was excluded from key conversations on the origins of the COVID-19 pandemic in early 2020.

"It was told to me that they wanted a single narrative, and then I obviously had a different point of view," Redfield testified before the U.S. House Select Subcommittee on the Coronavirus Pandemic on March 8.

National Institute of Allergy and Infectious Diseases (NIAID) Director Antony Fauci and National Institutes of Health (NIH) Director Francis Collins kept Redfield out of early conversations because of his suspicion the virus leaked from the Wuhan Institute of Virology (WIV), Redfield testified.

Fauci has denied Redfield's claim.

Redfield testified he still believes COVID-19 was the result of an accidental lab leak and it is critical to establish its origins for certain. Fauci, Collins, the World Health Organization, and Chinese officials have consistently pushed the view the virus spread from animals to humans. On March 12, Fauci told CNN he was still leaning toward that explanation but "since it hasn't been definitively proven, we have to keep a completely open mind."

'Prompted' Origin Story

A classified intelligence report by the U.S. Department of Energy (DOE) concluded a laboratory leak is the most likely origin of the COVID-19 virus, *The Wall Street Journal* reported on February 26.

The DOE has joined the FBI in concluding the coronavirus probably escaped from the WIV, reversing the department's previous stance. Other intelligence agencies disagree, though a 2020 analysis by the U.S. State Department found there was circumstantial evidence of a lab leak, including the fact Chinese authorities sealed off the WIV in January 2020 and the lab employee rumored to be "patient zero," Huang Yanling, had disappeared.

A March 2020 letter in the British medical journal *The Lancet* condemning COVID-19 "conspiracy theories" and a March 2020 *Nature Medicine* article concluding the "proximal origin" of the novel coronavirus was not a "laboratory construct" were written by NIH-funded scientists.

The 2023 House subcommittee presented new evidence Fauci "prompted" the drafting of the "proximal origin" article in 2020. After the article was published, Collins told Fauci he wanted the NIH to "put down this very destructive conspiracy," in an April 2020 email.

'Dismissed' Competing Theories

Fauci and Collins may have propped up the natural origin hypothesis to quash the lab-leak question, says Robert E. Moffit, Ph.D., a senior research fellow in health care at The Heritage Foundation.

"Not only did Collins and Fauci dismiss it as a 'conspiracy theory,' but they may have used their considerable power and influence to get top NIH-funded scientists to help cement the initial narrative that the novel coronavirus originated in nature," said Moffit.

People were banned from social media and publicly ostracized once the Fauci-Collins narrative took hold, notes Moffit, citing a 2021 tweet by Apoorva Mandavilli of *The New York Times*.

"Even questioning the [claim of] natural origins of the deadly coronavirus was socially and intellectually unacceptable over the last three years, particularly after a prominent *New York Times* reporter dismissed the lab leak speculation as racist," said Moffit. "It was an elite-produced and -directed theater of the absurd."

'Confidence Became Arrogance'

Fauci turned down offers of cabinet positions by two presidents to keep his job at NIAID for 38 years, notes Matt Dean, a senior fellow in health care policy outreach at The Heartland Institute, which co-publishes *Health Care News*.

"He certainly did not remain at NIAID because he was held back by modesty," said Dean. "Fauci is a bureaucrat who painstakingly created a network of hierarchical funding streams and tributaries that flowed where he said they should go. This system—combining academia, pharma, and government—created a feedback loop of affirmation that always supported his position."

The many faces of Fauci during the pandemic presaged these recent revelations, says Dean.

"Fauci's first appearances before Congress show the dazzling showmanship, folksy charm, and confidence that made him a rising star decades earlier," said Dean. "But as the pandemic wore on, cracks formed. His confidence became arrogance, his charm turned sour as he became combative, famously sparring with Sen. Rand Paul over the origins of the COVID virus.

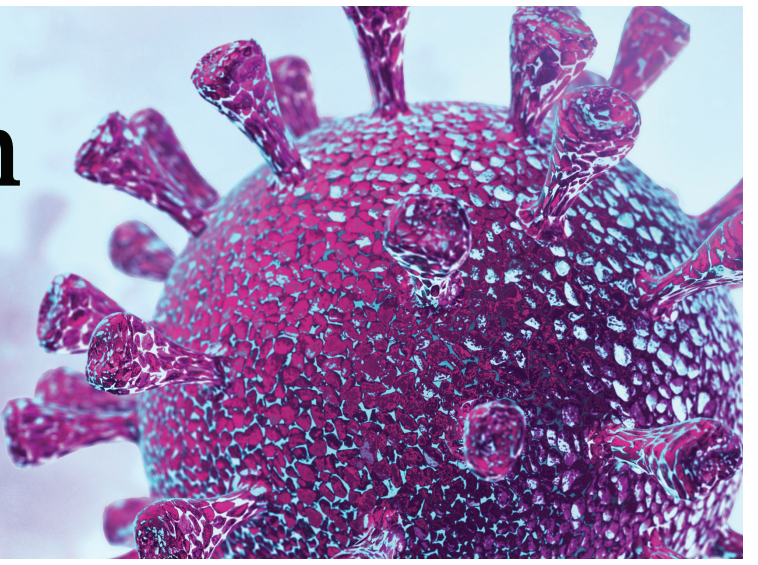
"We need to know if it came from a lab, and if it did, who paid for it," said Dean.

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

INTERNET INFO

"An Analysis of Circumstantial Evidence for Wuhan Labs as the Source of the Coronavirus," U.S. State Department, March 24, 2022: **https://usrtk.org/wp-content/uploads/2022/03/State-Department-FOIA-An-Analysis-of-Circumstantial-Evidence-for-Wuhan-Labs-as-the-Source-of-the-Coronavirus.pdf**

Biden Administration Supports 'Gain of Function' Research



Continued from page 1

means he understands that there has to be legitimate scientific research into the sources or potential sources of pandemics so that we understand it, so that we can prevent them, and we prevent them from happening, obviously," said Kirby.

Such research "must be done in a safe and secure manner and as transparently as possible to the rest of the world," said Kirby.

'Reckless Declarations'

The Biden administration reversed previous policy, says Scott Atlas, M.D., the Robert Wesson senior fellow in health care policy at the Hoover Institution of Stanford University and a fellow at the Hillsdale College Academy for Science and Freedom.

"It is extraordinary to hear the Biden administration endorsing gain-of-function research, especially right now," said Atlas. "The Obama-Biden administration cut funding and then instituted a moratorium on such research due to extreme risks. Since that time, the National Institutes of Health (NIH) under Francis Collins and Anthony Fauci circumvented restrictions for years by funding and outsourcing high-risk research, even to labs with substandard controls and in countries like China, where oversight would be impossible."

Anthony Fauci, former director of the National Institute of Allergy and Infectious Diseases (NIAID), denies funding "gain of function" research at the Wuhan Institute of Virology (WIV).

Fauci's assertion is inconsistent with the administration's support of gain of function research, says Atlas.

"Given the COVID-19 worldwide disaster likely related to such research, it is frankly shocking to hear such reckless declarations made when the world is just beginning to understand the hazards," said Atlas. "It seems inexplicable, unless perhaps this is a cynical attempt to cover for gross malfeasance by those in charge at the NIH and NIAID."

"Given the COVID-19 worldwide disaster likely related to such research, it is frankly shocking to hear such reckless declarations made when the world is just beginning to understand the hazards. It seems inexplicable, unless perhaps this is a cynical attempt to cover for gross malfeasance by those in charge at the NIH and NIAID."

SCOTT ATLAS, M.D.
SENIOR FELLOW
HOOVER INSTITUTION

'Research Gone Awry'

The U.S. Department of Energy (DOE) gave the White House and unnamed "key members" of Congress a classified intelligence report that states the COVID-19 pandemic most likely came from a lab leak, *The Wall Street Journal* reported on February 26.

The Office of Inspector General (OIG) at the U.S. Department of Health and Human Services (HHS) reported the NIH and EcoHealth Alliance, a contractor, failed to adequately monitor the work at WIV that received U.S. taxpayer funds, says John Abramson, M.D., a lecturer on health care policy at Harvard Medical School and author of *Sickening: How Big Pharma Broke American Health Care and How We Can Repair It.*

"We don't know whether the source of the COVID-19 pandemic, which has killed seven million people, was a lab leak in China," said Abramson. "But January 2023 reports from both the OIG and the Government Accounting Office show failure of oversight that certainly could have contributed to gain of function research gone awry."

'WIV's Lack of Cooperation'

The OIG's report stated that the WIV was an obstacle to oversight, says Abramson.

"Although WIV cooperated with EcoHealth's monitoring for several years, WIV's lack of cooperation following the COVID-19 outbreak limited EcoHealth's ability to monitor its subrecipient," said Abramson. "In other words, the monitoring of high-risk research done with NIH grants was out of control."

The National Science Advisory Board for Biosecurity has put forth a unanimous set of recommendations to increase the safety of gain of function research, says Abramson.

"The outstanding question is, 'What will it take for Americans to be able to trust federal agencies to oversee the safe conduct of gain of function research that could well help prevent the next pandemic but may well have caused this one?'" said Abramson.

Pfizer Denies Gain of Function Research

Kirby's remarks came after Project Veritas released video on January 25 of Jordon Trishton Walker, a Pfizer executive, telling an undercover videographer the drug company was "optimizing" the COVID mutation process in secret research.

Pfizer denied conducting such research, in a press release on January 27 that did not refer to the video.

"In the ongoing development of the Pfizer-BioNTech COVID-19 vaccine, Pfizer has not conducted gain of function or directed evolution research," said Pfizer. The company said it is working on COVID-19 mutations, or "variants of concern," as they arise and are identified by health officials.

Weeks after the video went viral, James O'Keefe, the founder, president, and public face of Project Veritas said he no longer had a job with the organization.

'Whole Planet Is at Risk'

Secrecy in drug development means outside experts can't assess the results of research, says Abramson.

"The drug industry is allowed to function with unique lack of oversight among wealthy nations," said Abramson. "[There is] …. a sham peer-review that convinces doctors medical journal reports of clinical trial results have been independently reviewed prior to acceptance for publication. In truth, the peer-reviewers do not have access to the actual data from the clinical trials, just the manuscripts, which are often written by and certainly reviewed by the drug company sponsors of that research."

The justification for gain of function research doesn't matter, because of its dangers, says David Gortler, Pharm.D., a scholar at the Ethics and Public Policy Center and former senior advisor to the Food and Drug Administration commissioner.

"It doesn't really matter; as long as gain of function research is being done *somewhere* on earth, the whole planet is at risk," said Gortler.

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

COVID-19 Dissidents Claim Feds Let Drug Companies, CCP Exploit Pandemic

By AnneMarie Schieber

A panel of conference speakers said the U.S. government failed to protect Americans from the pharmaceutical industry and the Chinese Communist Party (CCP), which they claim has used COVID-19 in a silent war against the United States.

Author and attorney Robert F. Kennedy Jr., writer and former advisor to President Bill Clinton Naomi Wolf, and other speakers addressed audiences at the Hillsdale College lecture series on "Big Pharma" from March 5 to 8 on the college's Hillsdale, Michigan campus.

"The pharmaceutical companies are among the worst offenders," Bill Zeiser, Hilldale's associate director of media relations and communications, told the audience.

"Consider that last year the defense industry spent $124 million on lobbying," said Zeiser. "In that same year, the pharmaceutical industry spent $373 million on lobbying."

Robert Kennedy Jr.

PHOTO COURTESY HILLSDALE COLLEGE

"I got de-platformed for saying NIH owns half of the Moderna vaccine. So, all of my conspiracy theories end up having a three-month shelf life before they become reality."

ROBERT KENNEDY JR.

'Greatest Crime Against Humanity'

Wolf and Kennedy delivered scathing rebukes of the drug industry. Wolf said documents from Pfizer and its BioNTech subsidiary "contain evidence of the greatest crime against humanity in the history of our species."

Brian T. Kennedy of The American Strategy Group provided a chilling account of what he characterized as China's quest to be the "masters of the Earth," saying the Communist government is engaged in a silent war against the United States through bioweapons, corruption of U.S. companies, and other means.

'Agency Capture on Steroids'

Robert Kennedy Jr. discussed his reviews of scientific abstracts on vaccine safety at the request of mothers of injured children.

"I got about six inches down into the pile and I was just dumbstruck by this huge delta [difference] between what the public health agencies were saying the science said and what the actual peer-reviewed public science would say," said Kennedy.

Kennedy said regulators, including Francis Collins at the National Institutes of Health, would not discuss the scientific evidence with him.

"I asked them about the science, and they were completely non-conversant with me," said Kennedy. "They were just parroting this phrase: 'safe and effective.' They hadn't read any of the actual science."

When Kennedy asked the regulators for details. they directed him to a pharmaceutical industry lobbyist, Kennedy told the audience.

"I realized these guys don't know what they're doing or they're lying," said Kennedy. "I realized these agencies were [examples of] agency capture on steroids."

'Conspiracy Theories … Become Reality'

Kennedy said the U.S. Food and Drug Administration (FDA) gets half its budget from the pharmaceutical industry, through user fees the companies pay as they go through the drug approval process, and government researchers get royalties on drugs they help develop that make it to market. This gives regulators a perverse incentive to push drugs through the system, safe or not, Kennedy said.

"If you work at the CDC [Centers for Disease Control and Prevention], you don't get promotions for finding problems with vaccines; you get promoted by increasing the uptake," said Kennedy.

Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health (NIH) until he left in December 2022, helped orchestrate this arrangement, Kennedy told the audience.

"Fauci, at NIH, walks it through the regulatory process, the FDA and the CDC, where he has picked the members of the panels," said Kennedy, pointing out Moderna on February 24 gave a $400 million check to the NIH for royalty fees.

"I got de-platformed for saying NIH owns half of the Moderna vaccine," said Kennedy. "So, all of my conspiracy theories end up having a three-month shelf life before they become reality."

'Massive Tranche' of Pfizer Data

Wolf discussed the so-called Pfizer documents: 450,000 items detailing the clinical trials of the mRNA COVID-19 shots ordered to be released under a Freedom of Information request to the FDA, which had intended to delay public access for 75 years.

The documents were released in batches starting in January 2022, "a massive tranche of data because a document could be 10,000 pages," said Wolf.

'Nazi Medicine'

Wolf said the documents show the COVID-19 shots harmed people's health, failed to stop or prevent viral transmission, and amounted to a "war against women's ability to reproduce." BioNTech has a "memorandum of understanding" with a pharmaceutical company owned by the Chinese Communist Party (CCP), Wolf said.

"This is a bioweapon," Wolf told the audience.

The documents show Pfizer gave 20 names to menstrual irregularities discovered in the trials, Wolf said. Evidence shows lipid nanoparticles from the shots penetrated the placentas of pregnant vaccinated women and affected breast milk, which in some cases turned blue-green, Wolf told the audience.

"We know now that there is horrific damage to conception from this injection," said Wolf.

"What kind of monsters look at 16 percent reproductive disorders and keep going?" said Wolf. "This is why I say [it's] Nazi medicine. It's bad enough what the Nazis did, but an additional layer of what's chilling and anti-human was how scientific their records were."

'Not Afraid to Kill'

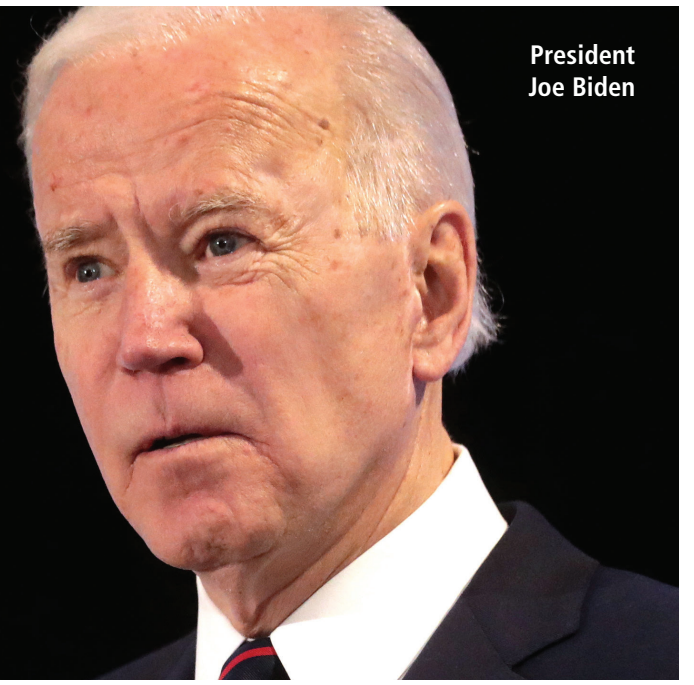
Robert Kennedy's and Wolf's observations are not "mainstream views and will never be accepted," but they merit consideration, said Brian T. Kennedy.

Brian Kennedy, whose lecture was titled "Big Pharma and the Chinese Communist Party," told the audience anti-American speeches delivered by Chinese President Xi Jinping over the last several years show the CCP supports depopulating the planet and would use bioweapons as the weapon of choice.

"They are not afraid to kill their own people," said Brian Kennedy. "If we sit idly by, they win."

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

Medicare and Social Security Insolvency Looms



President Joe Biden

PHOTO COURTESY GAGE SKIDMORE/FLICKR.COM

Continued from page 1

Biden Won't Negotiate

Dealing with these programs' solvency problems is complicated by a fight over raising the federal debt ceiling. Failure to lift the debt limit by sometime this summer raises the specter of the United States defaulting on its gigantic debt, while Republicans see the debt limit debate as an opportunity to rein in spending.

Biden has repeatedly warned in speeches around the country that Republicans' plans to cut federal spending threaten entitlement programs.

Biden has said he will not negotiate with Republicans over raising the debt limit, demanding instead a "clean" increase with no conditions, such as spending cuts, attached.

'Heated Rhetoric Is Dishonest'

Politicians who propose program reforms risk being accused of trying to cut the benefits seniors have come to expect.

Sen. Mitt Romney (R-UT) introduced the "TRUST Act," which would establish congressional entitlement "rescue committees" in Congress, in 2021. Referring to the Romney bill, White House spokesman Andrew Bates called commissions to save entitlement programs "death panels for Medicare and Social Security," on February 6.

Action is required, Maya MacGuineas, president of the nonpartisan Committee for a Responsible Federal Budget, said in a statement.

"Washington has only a decade to save Social Security, before the law calls for a 20 percent across-the-board benefit cut," said MacGuineas. "They have even less time for Medicare. This kind of heated rhetoric is dishonest, counterproductive, and totally unacceptable."

"An unfunded liability is the difference between the benefits we have promised current and future retirees and the expected tax revenues that will be needed to pay for those benefits. According to the latest Trustees Report, the unfunded liability in Social Security and Medicare is almost seven times the size of our entire economy. More than 60 percent of that amount is Medicare."

JOHN C. GOODMAN
PRESIDENT
GOODMAN INSTITUTE FOR PUBLIC POLICY RESEARCH

Tax Hike Fix

The White House released a fact sheet outlining how the Biden administration wants to deal with Medicare's funding problems, on March 7.

Released in advance of the president's fiscal year 2024 budget proposal, the three-part plan would raise the net investment income tax created by the Affordable Care Act from 3.8 percent to 5 percent for those earning more than $400,000 per year. The president's proposal would also require pharmaceutical companies to pay into Medicare for certain price hikes, and impose a cap on what Medicate Part D pays for many popular drugs.

"The proposals in the President's Budget would extend the solvency of the Medicare Hospital Insurance (HI) Trust Fund by at least 25 years, the Medicare Office of the Chief Actuary estimates," the fact sheet states. "While the most recent Medicare Trustees Report projected that the HI Trust Fund would be insolvent by 2028, the President's Budget would extend solvency to at least the 2050s."

With Republicans controlling the U.S. House of Representatives, where all tax bills must originate, Biden's plan is given little chance of being enacted.

'A Viable Proposal'

The funding shortfalls for Medicare and Social Security are far more serious than public officials are willing to admit, says Terry Nager, a certified financial planner and founder of the reform group Plan For America.

"Social Security and Medicare are already insolvent," said Nager. "The trust funds are funded with non-negotiable government notes that cannot be sold. They can only be redeemed with cash. Because the government is so in debt, it has no cash and must borrow the money to redeem the notes."

Plan For America is a nonpartisan alternative that could break the political gridlock, says Nager.

"Neither political party has put forward a viable proposal to deal with the $150 trillion in unfunded liabilities these programs represent," said Nager. "Plan For America is a public-private partnership that will safeguard and even enhance the benefits under these major social programs and release the government from the unfunded liabilities."

Time Running Out

Given the dire financial straits of Medicare and Social Security, the time to act is now, says John C. Goodman, president of the Goodman Institute for Public Policy Research and co-publisher of *Health Care News*.

"An unfunded liability is the difference between the benefits we have promised current and future retirees and the expected tax revenues that will be needed to pay for those benefits," said Goodman. "According to the latest Trustees Report, the unfunded liability in Social Security and Medicare is almost seven times the size of our entire economy. More than 60 percent of that amount is Medicare."

The funding deficits will grow as more baby boomers retire and the number of workers supporting them through their taxes falls, says Goodman.

""The longer we wait to deal with this problem, the worse it will get," Goodman said.

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

COMMENTARY

Medicare and Social Security: How Much Do We Really Owe?

By John C. Goodman

How much does the federal government really owe?

According to the Treasury Department, the federal debt is about $31.4 trillion. Subtracting the amount the government owes to itself (bonds held by federal agencies), the net debt is roughly $24.5 trillion—close to the nation's entire annual output of goods and services.

While those are eye-popping numbers, they omit another kind of debt: unfunded promises made by entitlement programs, such as Social Security and Medicare.

Beyond This Horizon

Take a look at the nearby table, which is based on estimates produced by the Social Security and Medicare Trustees. The table shows the value of the unfunded obligations (in current dollars) we have already committed to under current law—that is, without any of the new benefits Congress seems eager to add.

The first row shows the discounted value of everything we have promised between now and 2095 is almost three times our national income of $23.39 trillion. In a sound retirement system, we would have $68.1 trillion in the bank earning interest—so the funds would be there to pay the bills as they arise. In fact, we have no money in the bank for future expenses, and there is no serious proposal to change that.

The second row extends the accounting beyond 2095 and looks indefinitely into the future. The result: under current law, we have already promised future retirees an unfunded amount almost seven times the size of our economy—again, in current dollars.

People sometimes ask why we bother with the second row. Isn't a 75-year look into the future enough? The problem with such a cutoff is this: for the person who retires in year 76, we end up counting all the payroll taxes she pays over her work life while ignoring all the benefits she expects to receive in return for those taxes. So, a 75-year cutoff makes the financial problem look better than it really is.

Are Estimates Too Optimistic?

Is it possible the Trustees are too pessimistic in their estimates?

If anything, they are too optimistic. The estimates in the table assume Congress will follow the spending restrictions included in the Affordable Care Act (Obamacare)—which was supposed to be paid for by cuts in future Medicare spending. But since Congress has consistently suspended those restrictions over the past decade, the Congressional Research Service has produced a more likely spending path—again based on the Trustees' assumptions.

In this more probable scenario, the present value of our commitments to the elderly, looking indefinitely into the future, is on the order of ten times the size of the U.S. economy!

Remember, these projections are not estimates produced by right-wing critics of entitlement programs. They come from Social Security and Medicare Trustees—answering to a Democratic Congress and a Democratic president.

Mistaken Beliefs

One reason it will be hard to change these commitments is retirees' belief they have "paid for" their benefits by means of payroll taxes during their working years. In fact, the taxes retirees paid when they were working have already been spent—virtually the same day they were collected. Nothing was saved for the future.

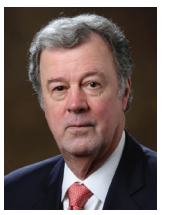
There are also other obligations it would be foolish to ignore. These include Obamacare subsidies, Medicaid, the Veterans Administration, and numerous other ways in which taxpayers fund health care. As health care costs grow faster than our national income, the burden of these programs will also continue to grow. Unlike Medicare, beneficiaries in these programs did not pay for their benefits by working and paying taxes.

Even so, these programs are also politically hard to change.

'The Longer We Wait …'

For Social Security, we need to do what 20 other countries did, or partially did, as we entered the 21st century: encourage each generation to accumulate savings in private accounts in order to fund their own retirement needs. This allows a transition to a system in which each generation pays its own way.

A similar approach could also be the answer to the unfunded liability in Medicare. With the help of former Medicare Trustee Thomas Saving and his colleague Andrew Rettenmaier, I modeled how such a reform would work. Whereas 85 percent of Medicare spending today is funded by taxpayers, 75 years from now—under our proposal—60 percent would be funded from private accounts accumulated over the work life of the beneficiaries.



"For Social Security, we need to do what 20 other countries did, or partially did, as we entered the 21st century: encourage each generation to accumulate savings in private accounts in order to fund their own retirement needs. This allows a transition to a system in which each generation pays its own way. A similar approach could also be the answer to the unfunded liability in Medicare."

JOHN C. GOODMAN

Our reform also included more liberal use of Health Savings Accounts by the elderly. We know that people spending their own money gave rise to such innovative services as walk-in clinics and mail-order drug companies. So empowering patients by giving them more control over their health care dollars on the demand side of the market is likely to produce more price competition on the supply side.

With these reforms in place, we predict the share of Medicare in our economy in the future would be no larger than it is today.

Reform of our entitlement programs is possible. But the longer we wait, the harder it will get.

Estimated Present Value of Medicare and Social Security Unfunded Obligations

($ trillions)

	Medicare:			Total	Social	
	Part A	Part B	Part D	Medicare	Security	Total
Through 2095	$5.1	$35.5	$7.7	$48.3	$19.8	$68.1
Infinite Horizon	$10.3	$87.6	$26.1	$103.4	$59.8	$163.2

Source: Congressional Research Service, "Medicare Financial Status: In Brief." October 21, 2021. Based on the 2021 Report of the Medicare Trustees, Tables V.F2, V.G1, V.G3, V.G5

John C. Goodman (**johngoodman@johngoodmaninstitute.org**) *is president of the Goodman Institute for Public Policy Research and co-publisher of* Health Care News. *A version of this article appeared in* Forbes *on February 25, 2023. Reprinted with permission.*

Federal Employees' Health Plan Pays $1 Billion Annually for Ineligible People

By Brett Rowland

The Federal Employees Health Benefits (FEHB) program may be spending $1 billion a year on ineligible members, Congress's fiscal watchdog reports.

The report by the U.S. Government Accountability Office (GAO) has some federal lawmakers calling for more information and changes to prevent fraud and waste.

"This is a flagrant waste of funds and may be driving up premium costs for eligible participants," House Committee on Oversight and Accountability Chairman James Comer (R-KY) wrote in a letter to the U.S. Office of Personnel Management (OPM).

About eight million federal employees and their families are enrolled in the FEHB. In 2021, the OPM began requiring some new program enrollees to verify their family members' eligibility. However, the OPM doesn't have a process for identifying and removing ineligible family members who are already enrolled.

'Vulnerable to Fraud'

The GAO report recommends the OPM take steps to remove ineligible family members and assess associated fraud risks.

The report highlighted some cases. For example, a federal employee fraudulently covered two people he claimed to be his wife and stepchild, through FEHB. Both were ineligible, but they remained enrolled for 12 years. The program paid more than $100,000 in claims on their behalf, according to the GAO.

"This left the program vulnerable to fraud and improper payments associated with ineligible family members," states the report.

'Just Another Expense'

In a statement, Comer called on the OPM to provide documents, communications, and a briefing to Congress.

"GAO's report suggests OPM has been aware of this problem for years but has consistently failed to address it effectively," said Comer. "To this day, according to GAO, 'OPM does not plan to establish a monitoring mechanism to identify and remove ineligible family members who already have FEHB coverage.' Making matters worse, GAO determined OPM's annual fraud risk assessment of the FEHB program fails to cover 'fraud risks associated with ineligible members in the program.'"

There is a more basic explanation for the problem, says Devon Herrick, a health care economist who edits the health blog at The Goodman Institute for Public Policy Research.

"Government agencies don't necessarily view health coverage as a form of compensation like private businesses do," said Herrick. "They instead see health benefits as just another expense. I think that makes them less likely to scrutinize ineligible enrollees."

"To this day, according to GAO, 'OPM does not plan to establish a monitoring mechanism to identify and remove ineligible family members who already have FEHB coverage.' Making matters worse, GAO determined OPM's annual fraud risk assessment of the FEHB program fails to cover 'fraud risks associated with ineligible members in the program.'"

SEN. JAMES COMER (R-KY)

Brett Rowland **(browland@watchdog.org)** *is an investigative reporter for* The Center Square. *A version of this article appeared at* The Center Square *on January 24, 2023. Reprinted with permission.*

Biden Calls for More Taxpayer Money to Hunt Down COVID-19 Cheats

By Bonner Russell Cohen

President Joe Biden has asked Congress for $1.6 billion to hire additional investigators, inspectors general, and prosecutors to go after criminals who looted taxpayer money during the pandemic.

Since the outbreak of COVID-19 more than three years ago, governments at all levels have provided enormous sums of money for items such as ventilators, mRNA vaccines, boosters, plexiglass barriers, hand sanitizers, and masks. In addition, the federal government spent more than $5 trillion on what turned out to be fraud-ridden financial aid programs to address the economic hardship caused by the state-imposed lockdowns, school closures, and other restrictions on commercial activity.

Rampant Fraud

By March 2022, the federal government had authorized $14.1 trillion in COVID-related spending, according to the Committee for a Responsible Federal Budget. Of that sum, some $3 trillion has yet to be spent, according to recent estimates cited by Raymond J. March, an assistant professor of agribusiness and applied economics at North Dakota State University.

After Congress expanded unemployment benefits during the pandemic to include new categories of workers, state unemployment departments were overwhelmed with applications, many of them from people who were ineligible for benefits. Fraudsters used stolen identities to claim benefits. *The Washington Post* on March 3 cited a recent federal estimate showing roughly $191 billion in false unemployment payments.

In 2020, the Small Business Administration began managing what would become more than $1 trillion in loans and grants to cash-starved companies. Criminal elements lost no time in exploiting the situation. In January 2023, a federal pandemic watchdog estimated the SBA had awarded roughly $5.4 billion to companies that used potentially ineligible Social Security numbers, the *Post* reported.

Lack of Oversight

In March 2022, NBC News reported the theft of as much as $80 billion of the $800 billion handed out by the SBA in the COVID relief plan known as the Paycheck Protection Program (PPP), citing government sources.

The PPP authorized banks and other financial institutions to make taxpayer-backed loans to businesses, which were to be forgiven if the money was used for COVID-related business expenses. Instructed by Congress to process the loans quickly, the SBA failed to carry out due diligence.

"Experts say millions of borrowers inflated their numbers of employees or made up companies out of whole cloth," NBC reported.

The waste of resources extended far beyond what criminals were able to loot from federal relief programs.

In New York City, officials are quietly trying to auction off medical supplies bought during the pandemic but never used. For example, the city paid $12 million for 3,000 "bridge vents" to serve as backups for ventilators, under then-Mayor Bill de Blasio. The devices were never used and are described as "nonfunctioning medical equipment sold as scrap metal" after being purchased for $24,600 by a Long Island junk dealer, *The City* reported on March 5.

In addition, *The City* found New York's Department of Citywide Administrative Services has been trying to unload COVID-related Personal Protective Equipment (PPE) and medical supplies such as gowns, face shields, hand sanitizer, KN95 masks, and N95 masks. The auctions have been largely unsuccessful.

Enormous Losses

The misdirected COVID-19 spending involves countless bizarre decisions by giant government bureaucracies put in charge of the public health, says Joel Zinberg, M.D., a senior fellow at the Competitive Enterprise Institute in Washington, D.C.

"Word has trickled out—despite the best efforts of officials to hide it—that New York City purchased $224 million in COVID-19 supplies that were never used and are now being disposed of for pennies on the dollar, if they can be sold at all," said Zinberg. "Why the city [government] didn't repurpose the supplies for its own health care system, the New York City Health and Hospital Corporation, remains a mystery. That probably would have made too much sense."

The waste of taxpayer dollars is still going on, says Zinberg.

"Tales of waste fueled by wildly inaccurate and alarmist predictions of COVID-19 disasters are heard around the country," said Zinberg. "The Biden administration purchased 170 million doses of the bivalent booster without assessing how many would be used. Only 53 million doses have been administered in over six months, and new vaccinations have slowed to a crawl. And the administration doubled down, spending another half a billion dollars to promote the vaccines, to no avail."

'Senseless and Destructive'

The fraud associated with the PPP is a vivid but rather small component of governments' mistakes in dealing with COVID, says Joel Griffith, a research fellow at The Heritage Foundation's Thomas A. Roe Institute for Economic Policy Studies.

"The fraud should be prosecuted," said Griffith. "But we should not allow politicians to act as if fraud is the primary problem related to COVID-19 spending. Even if fraud were entirely eliminated, the hundreds of billions of spending on PPP, and trillions on 'COVID-19 relief' elsewhere, were economically destructive. Politicians borrowed from future generations, and our central bank printed incessantly in an effort to mask the reality that closing society is both senseless and destructive."

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JOEL GRIFFITH
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REPORT

‘We Find No Evidence’ Cities’ COVID-19 Mandates Worked

By Casey Harper

A slew of city-wide vaccine mandates in 2021 across the country made virtually no difference in stopping the spread of COVID-19, an analysis reveals.

The report by Vitor Melo, Elijah Neilson, and Dorothy Chebet Kemboi titled “Indoor Vaccine Mandates in U.S. Cities, Vaccination Behavior, and COVID-19 Outcomes,” was published by the Mercatus Center at George Mason University on February 22.

“These mandates imposed severe restrictions on the lives of many citizens and business owners,” wrote the authors. “Yet, we find no evidence that the mandates were effective in their intended goals of reducing COVID-19 cases and deaths.”

‘We Find No Evidence’

The Mercatus researchers evaluated vaccine and mask mandates in Boston, Chicago, Los Angeles, New Orleans, New York City, Philadelphia, San Francisco, Seattle, and Washington, D.C.

“We find no evidence that the announcement or implementation of indoor vaccine mandates in the cities listed had any significant effect on vaccine uptake, COVID-19 cases, or COVID-19 deaths, and this is largely consistent for all U.S. cities that implemented the mandate,” wrote the authors.

The mandates restricted activities of unvaccinated individuals and stopped businesses from serving them. In New York, for example, 90 percent of restaurants reported customer-related problems and 75 percent said there were staffing challenges. Some 1,430 municipal workers were fired for not getting the shots.

The city mandates went into effect between August 2021 and January 2022, and were repealed between February and March of 2022.

‘The Science Is Clear’

Many local leaders demanded the vaccine mandates in these cities, arguing they were “following the science.”

For example, Philadelphia Mayor Jim Kenney (D) said the city’s mask and vaccine mandates would slow the spread of COVID, in a 2021 news release announcing the policy.

“The updated policies we announced today are critical to slowing the spread of the Delta variant of COVID-19, which is more dangerous and transmissible than earlier forms of the virus,” Kenney said. “The science is clear: these measures will protect Philadelphians and save lives.”

The Center Square reached out to the mayors’ offices in all nine cities for responses to the Mercatus study’s findings, and to ask if their respective governments made a mistake, but received no responses.

‘Stupid, Ham-Handed Policy’

One reason given for the mandates was the number of Americans who were unwilling to get the shots, according to the Mercatus scholars.

“By early May 2021, despite experimental evidence that simple behavioral nudges could boost COVID-19 vaccinates rates, just 57% of U.S. adults had received at least one dose, far below the threshold needed to achieve robust herd immunity,” the authors wrote.

Mask and vaccine mandates were a disaster, says Bob Moffit, a senior research fellow at the Center for Health and Welfare Policy at The Heritage Foundation.

“I think the more important thing is to find out what was in the minds of the people at the federal level, and at the state and local level, who imposed these policies,” said Moffit. “Based on the data, there is no other way to describe these kinds of comprehensive vaccine mandate policies except as a stupid, ham-handed policy,” said Moffit. “The economic consequences were awful.”

‘Failed to Achieve … Objectives’

The researchers propose a key reason for the failure of the mandates is that it was easy for unvaccinated residents to cross city lines to visit the bars, restaurants, and more, whereas nationwide mandates were more effective because crossing international borders is much more difficult.

“The authors find that city-level mandates had smaller effect on vaccine uptake (and consequently on COVID-19 cases and deaths) than nationwide mandates—and thus failed to achieve their intended objectives,” states the report.

When they first set out, the researchers expected to find some benefit to the mandates, Melo told *The Center Square*.

“We were all surprised as we kept going with how consistent the results were for all the cities,” said Melo.

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“INDOOR VACCINE MANDATES IN U.S. CITIES, VACCINATION BEHAVIOR, AND COVID-19 OUTCOMES”

Is CDC Tracking Patients Who Decline COVID-19 Shots?

By AnneMarie Schieber

Diagnostic codes that allow health care providers to collect data on people who decline COVID-19 shots are raising questions in Congress.

The latest version of the International Classification of Disease (ICD), known as ICD-10, includes sub-codes that allow a physician, pharmacist, or technician to note a patient's refusal to receive a COVID-19 vaccine and the reason. ICD codes are recorded in patient health records and used for insurance billing. ICD data, without personal patient identifiers, are collected by the National Center for Health Statistics (NCHS) and analyzed by the Centers for Disease Control and Prevention (CDC).

U.S. Rep. Chip Roy (R-TX) and nine other House Republicans sent a letter to CDC Director Rochelle Walensky requesting information about the agency's plans for the data, *The Daily Signal* reported on February 28.

"The ICD system was originally intended to classify diagnoses and reasons for visiting the doctor, not to conduct surveillance on the personal medical decisions of American citizens," the letter stated.

"There is no reason why the CDC should be collecting information on people's personal mindsets—unless they want to target them, create a campaign against them, create a propaganda campaign for the shots, or build a tracking system that profiles Americans according to their belief structure."

TWILA BRASE
PRESIDENT, CITIZENS' COUNCIL FOR HEALTH FREEDOM

Denies Tracking Data

The CDC is not using the information to construct a database, spokesman Nick Spinelli told *The Daily Signal*.

"The ICD codes were implemented in April 2022; however, the CDC/NCHS does not have any data on the codes and will not be tracking this information," said Spinelli. "The codes are developed and managed by the World Health Organization to enable health care providers to track within their practices. Also, for some specialties, the codes are used to track organ donors' ability to donate."

Profiling People's Beliefs?

The new ICD-10 codes went into effect on April 1, 2022, but are only now receiving attention, says Twila Brase, president and co-founder of Citizens' Council for Health Freedom and a policy advisor to The Heartland Institute, which co-publishes *Health Care News*.

"I think the American people are just getting wind of it and are upset," said Brase.

One reason the sub-codes give for COVID-19 shot refusal is "patient decision for reasons of belief or group pressure," which is none of government's business, says Brase.

"There is no reason why the CDC should be collecting information on people's personal mindsets—unless they want to target them, create a campaign against them, create a propaganda campaign for the shots, or build a tracking system that profiles Americans according to their belief structure," said Brase.

'CDC Is Stonewalling'

The CDC has not responded directly to the letter, Rep. Josh Brecheen (R-OK), one of the letter's signers, told *The Daily Signal*.

"Two weeks ago, we sent a letter to the CDC demanding answers about its new COVID-19 vaccine database," said Brecheen. "The CDC is stonewalling us and refusing to respond."

"Why won't the CDC explain why it's gathering data about Americans' personal choices? House Republicans are not afraid to use the budgetary process to keep the CDC accountable to the American people," said Brecheen.

In addition to Roy and Brecheen, the letter was signed by Reps. Andy Biggs (AZ), Dan Bishop (NC), Lauren Boebert (CO), Mary Miller (IL), Andy Ogles (TN), Bill Posey (FL), Keith Self (TX), and Greg Steube (FL).

Walensky had not replied to their letter as of press time for *Health Care News*.

'Shut Down Surveillance'

The congressional letter asked for answers to five specific questions:

"1. Why did the [CDC] and [NCHS] decide to start gathering data on why Americans chose not to take the COVID-19 vaccine? 2. How do CDC and NCHS intend to use these new COVID-19 vaccination ICD codes? 3. What steps are the CDC and NCHS taking to ensure that Americans' private health information contained in the ICD system is protected? 4. Will the CDC and NCHS confirm that they have not, will not, and cannot create a database of Americans based on their COVID-19 vaccination status? 5. Can the CDC and NCHS confirm that private companies do not have access to lists of Americans' COVID-19 vaccination status through the ICD system, or any other database overseen by the CDC and NCHS?"

Instead of making inquiries, Brase says members of Congress should assert their oversight authority.

"They are asking unelected bureaucrats for answers like they're groveling," said Brase. "Why don't they just demand that they shut down surveillance on the American people?"

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

FAA Changes Rules on Heart Test for Airline Pilots

By Harry Painter

The Federal Aviation Administration (FAA) denied recent changes to its guidelines for pilots' heart function were related to COVID-19 shots.

"The FAA has no evidence of aircraft accidents or incapacitations caused by pilots suffering medical complications associated with COVID-19 vaccines," an unidentified FAA spokesperson told Reuters and other news organizations on February 3.

The FAA loosened the standards for mandatory electrocardiograms (EKG) for pilots in updated guidelines in the fall of 2022. The FAA made the change without a public announcement and did not address the reason until Vaccine Safety Research Foundation founder Steve Kirsch publicized it on his Substack page.

"For over 100 years there has been a normal range, and that has been 0.12 seconds to 0.2 seconds, or 120 to 200 ms. The problem here is that out of the blue the FAA, from 2021 to 2022, decided to move the goalposts back and say, 'Well, we're now going to say it's all right to go up to 0.3 seconds,' almost a doubling of the PR interval."

THOMAS LEVY, M.D., J.D.
CARDIOLOGIST
MEDICAL ADVISOR, US FREEDOM FLYERS

Testing Threshold Raised

Pilots were previously required to undergo testing if their electrocardiogram (EKG) recorded a PR interval (a measure of heart activity) of more than 200 milliseconds (ms).

The FAA increased the PR interval below which no further testing is required to 300 ms. A normal PR interval is between 120 and 200 ms, according to the health website Healio. Anything above 200 ms is referred to by cardiologists as a prolonged PR interval, and the wider PR range accommodates people who have cardiac injury, according to Kirsch.

The FAA told Reuters it based its decision to widen the allowable PR interval on medical science.

"[O]ur cardiology consultants provided information that anything under 300 ms requires no additional testing and is not a risk for sudden or subtle incapacitation," said the FAA spokesperson.

'Move the Goalposts'

Loosening the standards for extra cardiac testing is unprecedented, says Thomas Levy, M.D., J.D., a cardiologist and medical adviser to US Freedom Flyers, an advocacy group promoting pilot and travel medical freedom.

"For over 100 years there has been a normal range, and that has been 0.12 to 0.2 seconds, or 120 to 200 ms," Levy said. "The problem here is that out of the blue the FAA, from 2021 to 2022, decided to move the goalposts back and say, 'Well, we're now going to say it's all right to go up to 0.3 seconds,' almost a doubling of the PR interval."

The only logical reason for the FAA to make this change, Levy says, is that "they're seeing substantially more prolonged PR intervals," and the FAA's own protocols would force them to "start doing more cardiac testing than they want to do."

'Absolute Lunacy'

If the whole purpose of an EKG is to measure the heart's electrical conduction system, why would you minimize the importance of EKG results showing a change in conduction speed, asks Levy.

"It's clearly a measure that conduction is slowing. Who is the FAA to decide cardiology standards, rather than the cardiologists?" Levy said.

In fact, the guidelines for pilot safety are "absolute lunacy," says Levy, because not only have they raised the standard for EKG, the FAA does not conduct stress tests on pilots to measure a pilot's heart rate and blood pressure.

"What an EKG will tell you is: Did you have a big heart attack in the past? You'll see a scar," Levy said. "If you have a completely normal EKG by all criteria, that doesn't indicate in the slightest that you might not have advanced blockages in your heart getting ready to block off and cause a heart attack."

Spike Protein Possible Culprit

Levy says that some individuals, particularly athletic ones, can have a prolonged PR interval without underlying disease, but a 2009 Harvard Medical School study found serious problems can occur in individuals with PR intervals barely above 0.2 seconds.

These individuals, said Levy, had "twice the chance of a major arrhythmia like atrial fibrillation, three times the chance of having enough blockage in the [electrical] conduction system in their heart to require a pacemaker, and a 50 percent increased chance of death from all causes," as well as an increased chance of congestive heart failure.

"And then they even added the fact that when the PR interval gets even longer, these risks become more profound and more dramatic," Levy said.

Both the COVID virus and the vaccines for it can affect cardiac function, says Levy.

"The only thing related to the pandemic that's going to attack any part of the heart is the spike protein from either having chronic COVID or from the vaccine because they're both sources of spike protein," said Levy. "The spike protein causes inflammation, inflammation causes malfunction, and inflammation causes the conduction time to increase."

Put Airlines in Charge

When President Biden issued executive orders in 2021 requiring large employers and federal contractors to mandate COVID-19 shots, pilots immediately raised objections. but airlines complied, says Twila Brase, president and co-founder of the Citizens' Council for Health Freedom.

"The airlines, by not standing by the right of their pilots to refuse the COVID shot, may have exposed these pilots to medical risks they would have otherwise avoided," said Brase.

In October, an Envoy Air pilot collapsed while flying a plane carrying 57 passengers to Chicago, and was pronounced dead on arrival, alarming the public, says Brase.

"The news of healthy pilots suddenly collapsing from cardiac conditions is a real concern," said Brase.

Brase says the airlines should have autonomy over pilot health standards, not the federal government.

"If the airlines depend solely on the FAA for health and safety decisions, they are relying on a political organization, which may not be as concerned about the reputation of the airline or the safety of the planes, its crew, or its customers as the airline likely is," said Brase. "Ultimately, it would be best for the airline to be in charge of health and safety standards for their pilots, and liable for those decisions."

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

Texas Senate Considers Bill to Expand Right to Treatment

"The primary interference is FDA regulation of effectiveness. Once drugs and medical devices are judged to be safe, they should be allowed on the market. Ultimately, patients in consultation with their doctor should decide if a treatment is effective enough to try on their condition."

DANIEL SUTTER
PROFESSOR OF ECONOMICS
TROY UNIVERSITY

By Kevin Stone

A bill before the Texas Senate would expand the state's "right to try" law to more patients.

SB 773, introduced by state Sen. Tan Parker (R-Flower Mound), would allow the use of federally unapproved treatments for those with severe chronic disease.

The state's current law, enacted in 2015, allows terminally ill patients to access medications and treatments that have not yet been approved by the Food and Drug Administration (FDA).

Access for Chronically Ill

SB 773 defines "severe chronic disease" as "a condition, injury, or illness that requires medical attention and entails significant functional impairment or severe pain that limits a person's activities of daily life."

Texas's current law was put in place after the Trump administration expanded a provision in the Food, Drug, and Cosmetic Act to allow access to experimental drugs. Since 2015, 78 terminally ill patients in Texas have received experimental treatments not yet approved by the FDA.

SB 773 would prohibit state employees from blocking a patient's access to an investigational treatment. Without such a provision, federal authorities could take aggressive action against those providing unapproved treatments, such as by withholding federal funding.

The bill would also prohibit the state from revoking a medical license or issuing sanctions against a professional for giving experimental treatments with patient consent.

Right to Decide

Allowing the doctor and patient to determine treatment options is the key to the bill, says Matt Dean, a senior fellow in health care policy outreach at The Heartland Institute, which co-publishes *Health Care News*.

"The attestation and consent piece of the bill is critical," said Dean. "Patients need to know that they have been offered and tried the standard of care in the treatment of their problem. When the doctor and patient have tried everything that is commonly available, they should not have to win the lottery to become part of a clinical trial.

"Having doctors who can push for more answers than the FDA has provided is key for people with rare conditions," said Dean.

The bill would improve the medical profession, says Dean.

"We need smart, ethical people with common sense to want to be doctors," said Dean. "Without that, we turn to cookie-cutter medicine or artificial intelligence algorithms to determine our treatment course."

Role of FDA

The FDA's role should be limited to determining that medications are safe, not whether they are effective, says Daniel Sutter, a professor of economics at Troy University.

"I believe in the right of Americans to access drugs to treat their conditions," said Sutter. "I would like to see this right not interfered with by the law."

With few exceptions, federal law prohibits the use of treatments that have not been shown to be effective in clinical trials, says Sutter.

"The primary interference is FDA regulation of effectiveness," said Sutter. "Once drugs and medical devices are judged to be safe, they should be allowed on the market. Ultimately, patients in consultation with their doctor should decide if a treatment is effective enough to try on their condition."

Protection from Bad Actors

While offering hope to chronically ill patients who are short on treatment options, the bill has potential pitfalls, says Dean. Some critics have expressed concern the law could be applied to questionable gender procedures. In addition, desperate patients could be vulnerable to bad actors. Access to unapproved treatments should be subject to proper scrutiny, says Dean.

"Unfortunately, there are snake-oil providers who will always be there to sell false hope to suffering patients," said Dean. "Real harm and death can come to people whose illness has pushed their desperation too far.

"Ultimately, these approved investigational treatments should be the exception and not the rule, and doctors should have the ability to stay within the contours of their comfort in providing good patient care," said Dean.

Call for Expansion

Sutter says he would take freedom to treat a step farther.

"I would ideally like to see all drugs approved as safe available without a prescription," said Sutter. "Prescriptions from medical professionals would be used as a basis for insurance coverage. Insurance companies would largely then regulate evidence for effectiveness, as they would not want to pay for drugs that do not work.

"I see the Texas bill as a step in the right direction," said Sutter. "The limitation to severe chronic disease is not ideal. However, this limited measure would still improve the current situation."

The Texas legislation could have an effect beyond the state's borders, says Sutter.

"The best path to further deregulation would be for a bill like this to pass and work well in practice," said Sutter. "This is the best path forward. Modest steps at deregulation would help demonstrate that increasing access improves the quality of care and life for patients."

Exclusion of Controlled Substances

Parker's bill rightly excludes cannabinoids, says Dean.

"No doctor should be pressured to prescribe a drug that has not been approved," said Dean. "The use of controlled substances, such as THC and narcotics, is ripe for abuse and puts doctors in peril by providing a pathway for drug-seeking addicts to legally obtain marijuana and other potentially addictive and dangerous drugs not approved by FDA."

The bill was referred to the Senate Committee on Health and Human Services. No action had been scheduled as of press time. The regular biennial session of the Texas Legislature ends May 29.

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

Congressional COVID Truth Commission Urged

By Kevin Stone and AnneMarie Schieber

The time has come for a COVID Truth Commission, say two of the authors of the Great Barrington Declaration, the 2020 document that argued against pandemic lockdowns and was signed by more than 936,000 doctors, scientists, and concerned citizens.

A commission like the one that examined the *Challenger* disaster is needed, wrote Martin Kulldorff and Jay Bhattacharya in an op-ed in the *New York Post* on February 21.

The *Challenger* commission included physicist Richard Feynman, who demonstrated that a faulty O-ring failed to withstand cold temperatures and caused the shuttle to explode upon launch, contrary to NASA's claims.

"The American people deserve a similar bipartisan, scientifically minded COVID-19 commission so the public health disaster of the past three years is not repeated," Kulldorff and Bhattacharya wrote.

> **"The American people deserve a similar bipartisan, scientifically minded COVID-19 commission so the public health disaster of the past three years is not repeated."**
>
> **MARTIN KULLDORFF & JAY BHATTACHARYA**

Issues to Investigate

Kulldorff and Bhattacharya have formed the Norfolk Group to provide a blueprint for such a fact-finding commission. The group has published a list of 10 issues to investigate.

Among topics that should be investigated, the group's website states, are whether anything could have been done to improve the protection of older Americans who were more at risk for hospitalization and death, why schools and universities were closed, and why epidemiological models were so strongly emphasized. The commission should also investigate mask and vaccine mandates and why testing was so poorly rolled out, says the group.

In addition to Kulldorff and Bhattacharya, the other members of the Norfolk Group are physicians Ram Duriseti, Tracy Beth Hoeg, and Marty Makary; veterinarian Leslie Bienen; and immune- and infectious-disease scientists Margery Smelkinson and Steven Templeton.

Violations of Principles

Kulldorff discussed errors in the COVID-19 response in a March 13 talk at Hillsdale College.

"After the [mRNA shots] had been approved, they were pushed on people who had COVID, which is very strange because there was no clinical data on it and we've known, for two and a half thousand years, if you have an infectious disease then you have natural immunity," said Kulldorff. "It might not be permanent or complete, but it would at least reduce the severity of the disease. In fact, hospitals should hire nurses with natural immunity because they're less likely to pass [the disease] on to patients. Instead, they fired nurses with natural immunity."

In response to a question about whether U.S. pandemic policy was stupid or criminal, Kulldorff said it was a combination of several factors: groupthink, censorship by the government, silence by the science community, and Anthony Fauci.

"He [Fauci] is a lab scientist," said Kulldorff. "He does not know about public health, so 'stupidity' because it is not his field, but he ended up being the key person for the COVID response and he basically violated most of the principles of public health. "

Kevin Stone (**kevin.s.stone@gmail.com**) *writes from Arlington, Texas. AnneMarie Schieber* (**amschieber@heartland.org**) *is the managing editor of* Health Care News.

Nursing Home Profits During Pandemic Attacked, Defended

By Kevin Stone

Owners of nursing homes profiteered during the pandemic, a new report states.

Owners of private nursing homes in New York State profited excessively from COVID-19 subsidies, writes journalist Jordan Rau in an article titled "Nursing Home Owners Drained Cash During Pandemic While Residents Deteriorated," published by Kaiser Health News (KHN) on February 1.

"Nearly half the state's 600-plus nursing homes hired companies run or controlled by their owners, frequently paying them well above the cost of services, a KHN analysis found, while the federal government was giving the facilities hundreds of millions in fiscal relief," said Rau.

During the first year of the pandemic, these affiliated corporations collectively amassed profits of $269 million at average margins of 27 percent, Rau reported. The nursing homes that hired them suffered severe underfunding that led to or exacerbated staff shortages, patient injuries, and mounting COVID deaths.

Rau focused on New York, which has the most stringent financial reporting requirements in the country, while citing similar problems in other states.

'Tied Nursing Homes in Knots'

New York State Attorney General Letitia James has filed lawsuits against some nursing home chains.

The Centers for Medicare and Medicaid Services (CMS) are weighing new nursing home standards, including minimum staffing and training requirements.

Tighter regulation will make resident care worse, not better, says Stephen A. Moses, president of the Center for Long-Term Care Reform.

"Government has already tied nursing homes in knots of regulation impossible to comply with given notoriously low reimbursement rates," said Moses. "Bed shortages are showing up everywhere because of heavy dependency on Medicaid, inadequate revenue, and ever-heavier regulation."

Moses is the author of a recent Paragon Health Institute report that found the current system discourages people from saving for long-term care, pushes more families into Medicaid, and compromises care.

'Depression Associated with Isolation'

Dementia among nursing-home residents increased during the COVID-19 lockdowns, and nonprofit institutions fared worse than for-profits, states Vitor Melo, a postdoctoral fellow with the Open Health Project at the Mercatus Center at George Mason University, in his paper "Understanding Nonprofit and Government Ownership: Evidence from Nursing Homes in the Covid-19 Pandemic," published by Mercatus.

The two main groups of nursing home patients were both adversely affected by COVID isolation policies, says Melo.

"The first group is patients with some form of dementia, which represents about half of residents," Melo told *Health Care News*. "Much research has shown that a lack of socialization and in-person contact with others is associated with a fast deterioration of these patients. Isolation during the pandemic increased deaths from non-COVID reasons primarily among patients with dementia, by worsening their mental health and consequently their physical health."

"The second group consists of residents who do not have dementia or other related conditions," said Melo. "Many residents reported symptoms of depression associated with isolation. … I also find that isolation is associated with much more non-COVID deaths among residents in this group. But note that the effect of isolation was much higher among residents with dementia than those without dementia."

'Lives Would Have Been Saved'

Melo found nonprofit facilities had higher death rates than for-profit ones during the pandemic.

For-profit facilities have greater incentives to respond to patients' interests, says Melo. As a result, they deployed less-restrictive lockdown measures, which reduced total mortality even as they risked increasing the number of COVID-19 cases and deaths.

Avoiding isolation was the key to eliminating needless suffering and deaths among nursing-home residents, says Melo.

"The first step is to recognize the enormous impact isolation has on nursing home residents," said Melo. "There may be future situations when isolation might decrease the spread of a virus, and it may be tempting to implement isolation measures to protect residents."

Those measures would do much more harm than good, says Melo.

"My analysis shows that had isolation measures been less strict in nursing homes during the pandemic, many lives would have been saved," said Melo.

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

"Nearly half the state's 600-plus nursing homes hired companies run or controlled by their owners, frequently paying them well above the cost of services, a KHN analysis found, while the federal government was giving the facilities hundreds of millions in fiscal relief."

JORDAN RAU
JOURNALIST

CDC Avoids the Words 'Male' and 'Female'

By Bonner Russell Cohen

"Gender neutrality" is creeping into medical institutions and public health agencies, with advocates intent on erasing distinctions between "male" and "female."

A 2022 California law, for example, provides taxpayer funding for abortion to "women and other people who may become pregnant." An article in the *American Journal of Managed Care* on February 27 uses the term "pregnant people" to describe a January 2023 study in *Frontiers in Public Health* which also used the term.

The journals are following the lead of the Centers for Disease Control and Prevention (CDC), which no longer uses the words "women" or "females" when referring to COVID-19-related problems encountered during pregnancy.

The CDC website's section on the coronavirus informs the public that "Pregnant and Recently Pregnant People [Are] at Increased Risk from COVID-19," in an October 25, 2022 update.

The gradual erasure of male/men and female/women descriptions from accepted public-health discourse coincides with a push to facilitate "gender-affirming" care, including surgery on adolescents, sometimes without parental approval. Such practices have provoked a backlash in Republican-controlled state legislatures across the country.

Action by the States

State lawmakers have introduced at least 85 bills in this year's sessions to restrict gender-affirming care, especially for minors, up from 43 bills last year and 32 in 2021, according to an analysis by the American Civil Liberties Union (ACLU) reported by Pew Stateline.

Over the past two years, Alabama, Arkansas, Florida, Tennessee, and Utah have enacted legislation blocking gender-affirming care, says the ACLU, which opposes the measures. The bans in Alabama and Arkansas are on hold pending the outcome of legal challenges.

Forty-five states have yet to enact such bans, raising questions about the extent to which the public is aware that the acknowledgment of biological distinctions between men and women is under attack, and the implications that has for medicine.

Dishonesty in the current discussion of biological sex is doing great harm, says Marilyn M. Singleton, M.D., J.D., a California-based physician.

"We physicians must speak the truth," said Singleton. "There is no such ethical medical treatment as 'gender-affirming' care. Plastic surgery does not change a man into a woman or a woman into a man. To promote and/or participate in bodily mutilation and transforming normal bodily functions into abnormal, harmful physiology is antithetical to Hippocratic Oath medicine. Certainly, to do so in children is immoral and, in my view, criminal."

Facts of Life

The distinction between male and female is basic science, says Jane Orient, M.D, executive director of the Association of American Physicians and Surgeons.

"An indisputable fact of biology is that sex is determined at conception by whether an x-sperm or a y-sperm fertilizes the egg," said Orient. "The sex chromosomes affect every cell in the body through every stage of development. One can attempt to change the appearance of body parts with drugs or surgery, but one cannot change the sex."

Health professionals who believe otherwise should look at the facts, says Orient.

"There is no scientific basis for the assertion that a person can be 'attached' to the 'wrong' body," said Orient. "There is no objective, long-term research to show any benefit from acting on this concept, and all the interventions do harm."

"We physicians must speak the truth. There is no such ethical medical treatment as 'gender-affirming' care. Plastic surgery does not change a man into a woman or a woman into a man. To promote and/or participate in bodily mutilation and transforming normal bodily functions into abnormal, harmful physiology is antithetical to Hippocratic Oath medicine. Certainly, to do so in children is immoral and, in my view, criminal."

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

Changes in Attitudes

Political ideologues want to change language in order to alter our perception of reality, says Harley Price, Ph.D., a lecturer at the University of Toronto's School of Continuing Studies.

"To the unindoctrinated, it is obvious that all the linguistic inversions of the Progressive Left are designed to make what has always struck some people as repellent and grotesque seem sound, normal, wholesome, and uplifting," said Price.

Leftist politicians are willing to butcher the bodies of young people to spare them mental discomfort, says Price.

"Missing the irony completely, President Biden, in one of his recent social media interviews, lamented the lifelong emotional and psychological 'scars' that would be suffered by children condemned to preserve their birth bodies," said Price. "Has he ever seen the scars that castration and mastectomy leave behind?"

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

States Push Back on 'Transgender Transitioning' of Children

By Harry Painter

States are pushing back against the growing use of surgical procedures and hormonal "treatments" to change children's gender.

Transgender issues have been a priority in many state legislatures. More than half the states have tried to pass restrictions on transgender treatments for minors.

Virginia's House of Delegates passed Sage's Law, which would require public school employees to inform parents if a child identifies as the opposite sex. The bill is stuck in committee in the state Senate. Iowa's Senate passed a ban on the use of bathrooms and locker rooms in public schools by individuals of the opposite sex. Utah Gov. Spencer Cox signed legislation restricting hormonal transgender treatment and allowing individuals to bring medical malpractice actions about the treatment.

State attorneys general have also taken action. In Missouri, state AG Andrew Bailey launched an investigation after whistleblower Jamie Reed revealed patient abuses at the Washington University Transgender Center at St. Louis Children's Hospital. The probe discovered that when a group of fifth-grade girls identified as transgender, a clinician at the center advised their teacher to affirm their identities and not question them.

Bailey's office said professional licenses could be revoked if individuals have violated the regulations.

"States should defend the interests of vulnerable children from those who are attempting to sexualize them or coerce them into making irreversible decisions about their ability to have children of their own someday."

MATT DEAN
FORMER MINNESOTA STATE LEGISLATOR

Making It Child Abuse

In Michigan, a group of legislators introduced HB 4257, which would classify gender transitioning of minors as first-degree child abuse, punishable by a maximum of life imprisonment.

Rep. Steve Carra (R-Three Rivers) and seven Republican colleagues reintroduced the measure in March in opposition to a Democratic bill that would codify gender identity as a privileged class under the state's civil rights act.

Carra voted against the Democrats' bill, arguing it will lead to bad effects such as frivolous lawsuits by rejected job candidates who allege they were rejected because of their gender identity.

"I think that making other people recognize what you identify as, and not what you actually are, and calling that a privileged class, is not appropriate," said Carra.

Michigan would be the second state, after Alabama, to make gender transition treatments on minors a felony. The bill applies only to minors. Like the Alabama law, the Michigan bill would not prohibit adults from undergoing transitioning surgery or hormonal treatments.

Mental Health Concerns

Carra says transitioning minors is bad for their mental health, citing a long-term study in Sweden that found individuals who underwent sex reassignment surgery had a 20-fold increase in their suicide rate compared to the general population.

"It is not helping the kid," said Carra. "They need a healthier lifestyle that is not going to lead to mental health issues."

Children should be protected from "harmful and life-altering decisions" such as puberty blockers and reassignment surgery, says Carra.

Rep. Luke Meerman (R-Coopersville), a cosponsor of Carra's bill, says transitioning children is an "extreme solution" to gender dysphoria and gender-altering care is simply not fit for a developing child.

"There have been instances of people who regret receiving gender-altering treatments, and a child should not be allowed to receive treatments that cannot be undone," said Meerman.

Sanctuary Move in Minnesota

Minnesota is following in the footsteps of California by becoming a sanctuary state for child transgender transitioning.

Gov. Tim Walz's Executive Order 23-03 of March 8 makes Minnesota a transitioning tourism state, explicitly allowing children to travel there for "gender-affirming" services.

Access to transgender treatments and abortions is a partisan issue in the state, says Matt Dean, a former Minnesota state legislator who is now a senior health care policy fellow at The Heartland Institute, which co-publishes *Health Care News*.

"In Minnesota, Democrats who control both chambers of the legislature as well as the governor's office introduced HF 1 and SF 1, bills to codify 'reproductive rights,'" said Dean.

The bill's language has been interpreted to include "puberty blockers as well as breast and genital reconstructive surgery," and children would have the right to receive puberty blockers without their parents' consent, says Dean.

Goalposts Moved Left

The political climate has shifted, says Carra.

"The far left continues to move the goalposts further and further left, [whereas] Republicans tend to be more passive and timid and move to the left as well," said Carra. "We can't just continue to have society move further and further left toward more government intrusion in our lives, more central planning, more ripping apart of the nuclear family and destruction of Christianity."

A bolder, more libertarian approach is needed, says Carra.

"I think we need to make the arguments based on freedom and the nonaggression principle," said Carra. "We have to inspire people and stand up for what we believe in instead of just being passive and timid."

Rapid, Radical Social Change

Transgender ideology and socialist ideas have spread quickly over the past three years, says Dean.

"The pandemic lockdowns of 2020, together with the social upheaval surrounding the Black Lives Matter protests of that summer, created an environment encouraging radical change in America through legislation and executive action," Dean said.

Government should protect the public from excesses of transgender activism and other radical programs, says Dean.

"States should defend the interests of vulnerable children from those who are attempting to sexualize them or coerce them into making irreversible decisions about their ability to have children of their own someday," said Dean.

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

Colorado Doctor Facilitated Suicide of Three Anorexia Patients

Colorado doctor and eating disorder specialist Jennifer Gaudiani, M.D. states in a medical journal she has been directly involved in steering anorexic patients toward assisted suicide.

Gaudiani is the lead author of a paper published in the peer-reviewed *Journal of Eating Disorders* and was the subject of a lengthy investigation by the *Colorado Sun*.

Gaudiani's article recounts her clinical decision to become involved in euthanizing three patients who suffered from what she described as "extreme cases" of *anorexia nervosa*—a psychiatric condition that prevents patients from ingesting enough nutrients due to an irrational fear of gaining weight.

'Mercy Killing' for Mental Health?

Colorado's "mercy killing" law, passed in 2016, does not allow assisted suicide for mental health conditions.

Gaudiani's article asserts her intervention was legitimate because all three now-deceased patients she was involved with lived in states where assisted suicide under such conditions is legal.

In the medical paper, the Colorado doctor identifies two patients only by their first names. The third, Alyssa Bogetz, co-wrote the paper, which was published after her death "because she felt so strongly about her right to take aid-in-dying medication," Gaudiani told the *Colorado Sun*.

Gaudiani's decision to help anorexia patients obtain aid-in-dying medication "is jolting the psychiatric community and sparking an emotional, national debate about the ethics of prescribing lethal drugs for people with mental illnesses," the *Colorado Sun* reports.

'Suggestion Is a Form of Coercion'

In her article, Gaudiani argues assisted suicide should be available to this specific subset of people with a mental disorder. Other medical experts question the ethics of her approach.

"It is in direct contradiction to treating mental illness, promoting hope for recovery, and improving quality of life for our patients," Angela Guarda, M.D., a psychiatrist at Johns Hopkins University, told the *Sun*. "[One of my patients] read the case study and deduced that she met the criteria as having 'terminal' anorexia."

Patricia Westmoreland, M.D., a Denver psychiatrist with years of experience treating anorexia patients, told the *Sun* she is now "hugely concerned" about suicide contagion among anorexia patients battling their eating disorder. "I'm also hugely worried about our other very vulnerable psychiatric patients who have schizophrenia, bipolar disorder, and all sorts of mental illnesses," said Westmoreland.

"[H]istorically, we do not declare people futile when it comes to psychiatric illnesses," Annette Hanson, M.D., a psychiatrist at the University of Maryland, said. "[The] suggestion is a form of coercion."

The doctors point to Gaudiani's contradictory admission to the *Sun*: "I have patients who nearly died multiple times over the course of their illness who are now married and have children."

—CV News Feed Staff Reports

A version of this article appeared in the Catholic Vote News Feed *on March 6, 2023. Reprinted with permission.*

Biden Administration Considers Public Health Emergency for Abortion

By AnneMarie Schieber

The Biden administration might declare a public health emergency over abortion access after the COVID-19 pandemic decree ends on May 11.

President Joe Biden is weighing the possibility of declaring a public health emergency in response to the U.S. Supreme Court ruling in *Dobbs v. Jackson Women's Health Organization* that abortion is not protected by the U.S. Constitution, Health and Human Services Secretary Xavier Becerra told Axios on January 31.

The *Dobb's* decision restored full authority to the states to regulate abortion, and 24 states could ban it, reports the Guttmacher Institute.

'Pretexts to Pause Constitution'

The federal government began issuing public health emergency declarations in 2001, after the September 11 attacks and Anthrax scare, Rik Mehta, Pharm.D., J.D., a former consumer safety officer at the Food and Drug Administration (FDA) and currently an adjunct professor of law at Georgetown University Law Center, told the *Heartland Daily Podcast* on February 16.

"The framework was well-intended because those events exposed how under-prepared the public health system was," said Mehta.

Congress took action to beef up emergency response systems and, most notably, amended the Public Health Service Act, expanding the power of the federal government to declare emergencies, says Mehta, "to aggrandize the federal government and centralize control."

Public health emergencies have been declared regarding issues that have little to do with health, says Mehta.

"You've seen this act now liberally applied, which wasn't the original intent of the act, and invoked for opioids," said Mehta. "Homelessness [and] gun violence has been looked at, and a lot of public health zealots [use these problems] as pretexts to pause people's constitutional rights."

'Circumvent States' Rights'

A Texas lawsuit seeking to reverse the FDA's approval of chemical abortion pills is the anticipated pretext for a public health emergency declaration for abortion.

"Under the Clinton administration, we interpreted pregnancy as an illness, and therefore unwanted pregnancies can be terminated, allowing for the approval of mifepristone," said Mehta. "There has never in the history of our country been the approval of any drug that would terminate an unborn child."

"Under the Clinton administration, we interpreted pregnancy as an illness, and therefore unwanted pregnancies can be terminated, allowing for the approval of mifepristone. There has never in the history of our country been the approval of any drug that would terminate an unborn child."

RIK MEHTA, PHARM.D., J.D.
FORMER CONSUMER SAFETY OFFICER
U.S. FOOD AND DRUG ADMINISTRATION

A public health declaration for abortion would allow the drug to be marketed, similar to what happened with the COVID-19 shots, and it could happen while the COVID-19 emergency declaration is still in effect, said Mehta, "And so, you could see the Biden administration using this to circumvent states' rights which are protected under the Tenth Amendment."

Congress can override the FDA's actions, says Mehta.

"Under Article I, the authority to regulate products and interstate commerce, such as drugs and vaccines, falls to Congress," said Mehta. "The FDA is beholden to them."

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

COMMENTARY

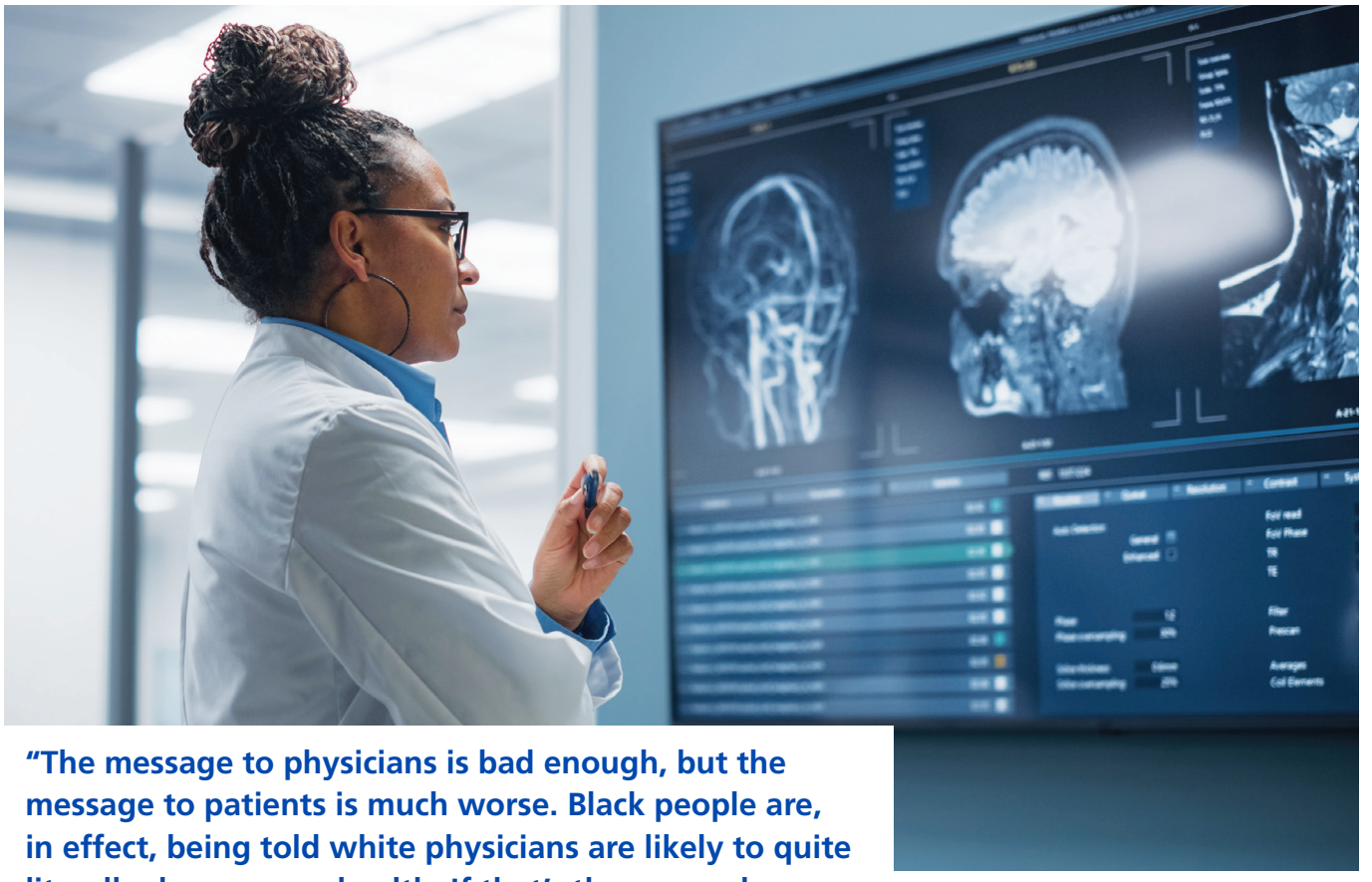
I'm a Black Physician, and I'm Appalled by Mandated Implicit Bias Training

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

I'll never forget my parents' reaction when I was accepted to the University of California at San Francisco's medical school. Having attended segregated schools, my mother and father were thrilled their daughter would attend a fully integrated, top-tier institution.

When I graduated with a medical degree in 1973, as a black woman in a class of mostly white men, there was a real sense the days of obsessing over skin color and making race-based assumptions about our fellow human beings were finally fading—and, hopefully, soon gone for good.

Apparently not. That racial obsession has come rushing back—in academia, politics, business, and even in my beloved medical profession. But now it's coming from the opposite direction. The malignant, false assumption black people are inherently inferior intellectually has been traded in for the malignant, false assumption white people are inherently racist.



"The message to physicians is bad enough, but the message to patients is much worse. Black people are, in effect, being told white physicians are likely to quite literally damage our health. If that's the case, why on Earth would you seek medical care, unless you could be absolutely certain of not being treated by a white physician?"

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

Required in California

That is the basic message conveyed by "implicit bias training," which a California law requires state-based providers of continuing medical education to include in courses involving direct patient care. It is a message I believe is harmful both to physicians and patients. There is a sad irony in all this because the misguided focus on racism is specifically intended to improve the health and well-being of black patients.

The law, which took effect last year, has other bias targets, such as gender identity, age, and disability. But, in practice, such training—a mainstay of the diversity and inclusion industry, worth an estimated $3.4 billion in 2020—is overwhelmingly about race.

In California, where I've been licensed since 1974, every physician receiving continuing medical education from state-based providers of courses involving direct patient care must participate in this racially regressive practice. The law does not apply to courses unrelated to direct medical care or to out-of-state providers. Continuing medical education, for at least 50 hours every two years, is required for renewal of a California medical license.

Mandate Targets Collegiality

Many of my friends and colleagues ask why I'm so upset by the law. Clearly, implicit bias training isn't meant for me. It's aimed at white people, who are far and away the biggest share of the medical profession.

My answer is simple. I reject the unscientific accusation that people are defined by their race, not by their individual beliefs and choices. It is little consolation that studies find implicit bias training has no effect on its intended targets and might even make matters worse.

Think about the message this mandate sends to black physicians. It suggests I should be wary of my white colleagues because, after all, they're biased against people like me. Sure, they can undergo frequent training, but their bias is always going to be there, beneath the surface, threatening to rear its ugly, racist head. Collegiality and collaboration—two essential components of high-quality medical care—are targeted by this mandate.

Call *that* an implicit bias.

Undermines Patients' Trust

Since I became a physician, I have seen exactly one instance of racism in health care—and it was from a patient, not a fellow physician. As for my colleagues, I have been consistently impressed with the conscientious, individualized care they provide to patients of every race and culture.

When we all took our oath to "first, do no harm," we meant it, and we live it. I can't imagine spending my entire career thinking my peers can't uphold their oath without constant racial re-education.

The message to physicians is bad enough, but the message to patients is much worse. Black people are, in effect, being told white physicians are likely to quite literally damage our health. If that's the case, why on Earth would you seek medical care, unless you could be absolutely certain of not being treated by a white physician? And if you do seek medical care, why wouldn't you doubt every word from a white doctor who is inherently prejudiced against you?

Marilyn Singleton, M.D., J.D. (**marilynsingletonmd1@gmail.com**) *is a board-certified anesthesiologist and a visiting fellow at the medical advocacy organization Do No Harm.* *A version of this article appeared in* The Washington Post *on February 22, 2023. Reprinted with permission.*

‘Free’ Genetic Testing Program Could Compromise Patients’ Privacy

By Ashley Bateman

A health insurer’s offer of free genetic testing to patients is raising privacy concerns.

The Minnesota-based nonprofit organization HealthPartners has created “myGenetics DNA Research Program,” an initiative to provide “more personalized care to our patients, families, and community,” according to its website, by collecting health data. HealthPartners is offering the tests at hospitals and clinics to its 1.8 million plan members in the Midwest if they enroll in the program and provide a blood or saliva specimen.

While the program focuses on genetic tests for relatively rare clinical syndromes, a few inherited cancers, and hereditary high cholesterol, it is collecting data on the protein-producing part of the human genome, known as the exome, says Roger Klein, M.D., J.D., a diagnostic radiology specialist and policy advisor to The Heartland Institute, which co-publishes *Health Care News*.

“This company is exome sequencing and partnering with a number of health systems, providing limited data back to the person who participates in the research study,” said Klein. “As a broader [research] program, … they are sequencing all of the genes, and there is some significance in that. They are testing everything, and they are storing the data. It’s a different model.”

‘A Genetic Goldmine’

Limited protections for consumers could result in long-term loss of personal data privacy, said the Citizens’ Council for Health Freedom (CCHF), a patient advocacy group, in a press release on February 6.

Patients must read the fine print, says Twila Brase, R.N., founder and president of the CCHF and a Heartland policy advisor.

“It could create genetic dossiers on individuals and a genetic goldmine for HealthPartners,” said Brase.

Genetic data can be used to deny someone life insurance, which is not protected under national genetic privacy law, according to the CCHF. People who have been determined to be predisposed to certain diseases may not qualify or may be charged significantly more.

Reviewing public documents about the program, the CCHF found no apparent limit on the types of research conducted on DNA samples, no consent form advising of potential harms, and a lack of clarity over lifetime ownership and control of the participant’s personal data.

‘Compromised Consumers’ Privacy’

Consumer Reports (CR) found direct-to-consumer genetic testing companies 23andMe, Ancestry, CircleDNA, GenoPalate, and MyHeritage have leaky privacy policies.

Despite the companies’ claims privacy is a top priority, “when consumers opt into ‘research,’ many are providing third-party access not only to their DNA but also to other types of data the company has about you,” states an article in *CR*. In fact, “companies employ policies and practices that our experts think unnecessarily compromised consumers’ privacy,” *CR* found.

“If you read the fine print, 23andMe allows for third-party access,” said Brase. “Essentially, the company owns [the genetic information] after they’ve given you your test results. They’re building this great repository of DNA. There’s a lot of money to be made in research.”

In 2019, 23andMe and Ancestry launched the Coalition for Genetic Data Protection with the publicized intent to “ensure the responsible and ethical handling of every person’s genetic data,” but a uniform policy does not ensure protection of individual data, says Brase.

“The lobbyists have made it clear that the industry is moving to protect itself,” said Brase. “They want the right to use all of this.”

‘We Are Concerned’

The Minnesota State Legislature is considering a bill to protect individuals’ genetic data.

Natasha Chernyavsky, a CCHF legislative and policy specialist, testified before the Minnesota House Commerce Committee on HF 1520, which would require “direct-to-consumer genetic testing companies to provide disclosure notices and obtain consent,” on February 20.

“[W]e are concerned that the bill does not sufficiently protect privacy and individual rights, and gives a false sense of security to consumers,” Chernyavsky testified.

One problem with the current bill is the limited scope of the information it protects, Chernyavsky said. The bill states genetic data “does not include de-identified data,” leaving companies free to share this information without consumer consent once personal identifiers are removed.

“If you read the fine print, 23andMe allows for third-party access. Essentially, the company owns [the genetic information] after they’ve given you your test results. They’re building this great repository of DNA. There’s a lot of money to be made in research.”

TWILA BRASE, R.N.
FOUNDER AND PRESIDENT
CITIZENS’ COUNCIL FOR HEALTH FREEDOM

“Even though it’s still the person’s blood or the person’s spit, it will no longer be deemed genetic data, and those specimens and any related data will be exempt from the protective provisions of this bill,” said Chernyavsky. “[If] the un-pooled individual data is breached, a person could potentially be identified by their deidentified DNA and data by simply using a public database.”

‘Access Will Be Everywhere’

The Minnesota bill would shift authority over data protection to the federal Common Rule for federally funded research, putting control into the hands of regulators who could be influenced by activists or industry lobbyists, Chernyavsky testified.

The Minnesota legislation is “less about privacy and more about providing companies with the right to use genetic data as they wish without consent,” Chernyavsky testified.

Klein says the exome is just the start.

At some point, “exome sequencing will be antiquated, and we will be sequencing the entire genome,” said Klein. “As costs come down, access will be everywhere.”

Right now, data privacy protection is like the “wild West,” says Brase.

“This is the most personal, private data anyone could ever obtain about you,” said Brase. “This is very valuable property. We should have a real genetic privacy law to protect consumers as they are becoming research subjects.”

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

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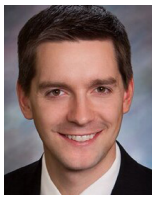

"Heartland's research and advocacy for science-based policies that improve people's lives have been very helpful to me and my colleagues."

REPRESENTATIVE ISAAC LATTERELL
SOUTH DAKOTA

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More than 30 million people are managing some of their own health care dollars in accounts they own and control

1

Roth IRAs

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2

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3

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4

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