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NEWS

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Vol. 22 No. 04 April 2021

HealthCareNewsOnline.com

# The Pulse

## Deregulation Saved Money, Lives

Former President Donald Trump’s Operation Warp Speed saved \$1.8 trillion and 182,500 lives.

Page 8

## MI Nursing Home Deaths

Gov. Whitmer of Michigan reportedly arranged a hush deal with her outgoing health director.

Page 19

## TN Mask Choice

A Tennessee bill would protect businesses that want to practice “customer knows best” regarding masks.

Page 17

## CDC No Housing Authority

A federal court rules the agency cannot block housing evictions.

Page 18

## Short Life for Short-Term?

Congress is aching to ditch short-term health insurance plans, though an analysis shows they make exchange plans cheaper and better.

Page 10

# Biden, Fauci Flipflop on COVID Exit Strategy

By Bonner Cohen

With growing evidence that COVID-19 has reached its peak in the United States, including steady declines in the number of cases, hospitalizations, and deaths, will the country soon be shifting away from the policies imposed a year ago to stem the spread of the disease?

Recent statements by President Joseph Biden and chief medical advisor Anthony Fauci suggest a reluctance by key policy-makers to loosen the grip on a population growing restive over the restrictions placed on their behavior.

During a February 19 tour of a Pfizer manufacturing plant in Portage, Michigan, Biden said the country could return to normalcy by the end of the year if logistical challenges with the distribution of vaccines

EXIT STRATEGY, p. 6

President Joe Biden and Dr. Anthony Fauci

BIDEN PHOTO COURTESY U.S. SECRETARY OF DEFENSE/FICKR.COM

# JAMA Fires Editor for Not Being Woke Enough

By Harry Painter

The deputy editor of the *Journal of the American Medical Association* (JAMA) was fired in the wake of criticism over comments he made on a podcast about structural racism.

In the February podcast, titled “Structural Racism for Doctors: What Is It?” Edward H. Livingston, M.D., interviewed Dr. Mitch Katz, CEO of NYC Health + Hospitals, about the

concept.

Livingston began his closing summary by saying, “Structural racism is an unfortunate term to describe a very real problem.”

JAMA received social media criticism for publishing the podcast and for a tweet promoting it, which has since been deleted, which read, “No physician

JAMA, p. 4

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Health Care News is available on  
the internet. Point your web browser to  
<http://www.heartland.org> or  
[HeartlandDailyNews.com](http://HeartlandDailyNews.com)

PUBLISHED BY  
The Heartland Institute  
The Goodman Institute

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

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# Biden Blocks Drug Overdose Treatment

By Ashley Bateman

Contrary to his campaign promises, President Joseph Biden has made it harder for health care providers to provide treatment for opioid addiction.

In January, the Trump administration announced a policy reducing the restrictive licensing of buprenorphine, widely considered an effective treatment for opioid addiction. Buprenorphine reduces opioid use, infectious disease transmission, and criminal behavior in addition to improving outcomes for long-term treatment and employment.

Weeks after taking office, Biden reversed the policy. Providers will now have to obtain an “X waiver” to prescribe the drug for opioid addiction treatment. Currently, less than 10 percent of physicians nationwide can prescribe the drug, with rural counties at a distinct disadvantage.

In the 12 months ending in June 2020, 83,000 people died of drug overdoses in the United States, 26.8 percent more than in the previous 12-month period, according to the U.S. Centers for Disease Control and Prevention.

“I can’t think of a single good reason why the Biden administration, which purports to be concerned about addiction and overdoses, rescinded the order,” said Jeffrey Singer, M.D., a senior fellow at the Cato Institute. “In fact, I was hoping they would have expanded on the order to allow it to apply to nurse practitioners and physician assistants and to remove its limits on the number of patients who may be treated with buprenorphine at any given time.”

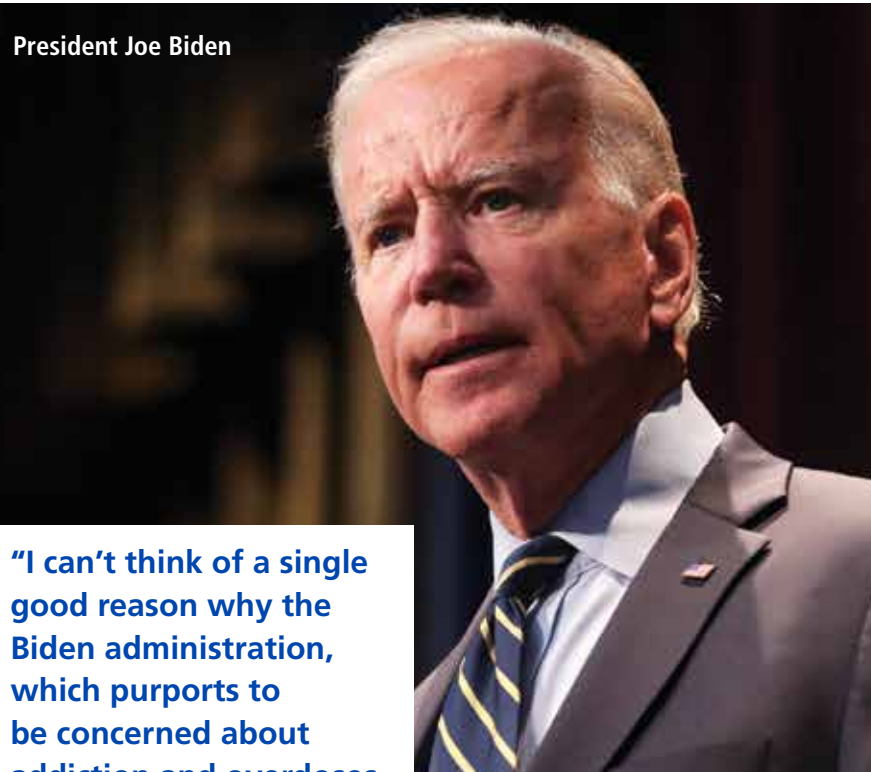
As of March 5, Biden had yet to publish a full explanation for his rescinding of the rule.

### Outdated Restrictions

Approved by the U.S. Food and Drug Administration in 2002 to treat opioid addiction, buprenorphine remains a leading treatment option among clinicians, but the treatment entailed restrictions on dispensing. A physician must have completed an eight-hour course and comply with multiple other patient limits to treat opioid addiction with buprenorphine, though it can be prescribed to treat pain without these limitations.

“Since the early part of this century, it has been found effective as a medication-assisted treatment for opioid use disorder,” Singer said. “The buprenorphine binds with opioid receptors to block the attachment of stronger opioids, like morphine or heroin. In people

President Joe Biden



**“I can’t think of a single good reason why the Biden administration, which purports to be concerned about addiction and overdoses, rescinded the order. In fact, I was hoping they would have expanded on the order to allow it to apply to nurse practitioners and physician assistants and to remove its limits on the number of patients who may be treated with buprenorphine at any given time.”**

JEFFREY SINGER, M.D.  
SENIOR FELLOW, CATO INSTITUTE

who are tolerant to much stronger opioids, like oxycodone, morphine, or heroin, this mild opioid doesn’t give them euphoria and is less likely to suppress the respiration rate. It is combined with the opioid antidote naloxone into a single drug, known as ‘suboxone.’ The naloxone cancels out the effect of the opioid if people try to inject it, but doesn’t get absorbed when people take it orally as directed.”

### Urgency in Opioid Epidemic

In the last 20 years, nearly 500,000 Americans have overdosed on opioids, now considered the nation’s number one cause of accidental death. As lock-

downs and consequent financial and employment instability have spread, so has opioid misuse, hitting an all-time high in 2020.

Trump’s policy relaxed physician usage by allowing Drug Enforcement Administration prescriber licensed physicians to treat 30 patients in-state, removing the cap for doctors working in a hospital setting, and keeping in place the 275-patient cap for physicians receiving the waiver.

“Buprenorphine is widely recognized by the medical community as an effective treatment for addiction,” Singer said. “Recent research shows suboxone and methadone are the only approaches to opioid use disorder that are associated with reduced overdoses and other opioid-related morbidities. There has been widespread support for removing the DEA’s X-waiver requirement from practitioners wishing to treat addiction. Only about 7 percent of providers have jumped through the hoops required for an X waiver.”

In its last session, Congress tried but failed to deregulate the drug in a bipartisan effort.

“I thought when the Trump administration, in its closing weeks, relaxed the X-waiver requirement, at least for physicians, it was a great step in the right direction,” Singer said.

Ashley Bateman ([bateman.ae@googlemail.com](mailto:bateman.ae@googlemail.com)) writes from Alexandria, Virginia.



# JAMA Fires Editor for Not Being Woke Enough

Continued from page 1

is racist, so how can there be structural racism in health care? An explanation of the idea by doctors for doctors in this user-friendly podcast.”

More than 2,000 people had signed a Change.org petition to investigate the podcast, started by a group called The Institute for Antiracism in Medicine, at the time of Livingston’s firing.

## Dropped Like a Bad Habit

The podcast has been taken down and replaced by an audio clip in which JAMA Editor-in-Chief Howard Bauchner, M.D., calls the comments “inaccurate, offensive, hurtful and inconsistent with the standards of JAMA.” Bauchner states, “racism and structural racism exist in the United States and in health care.”

Livingston describes his upbringing as “antiracist” and never questioned the existence of structural racism in the episode. The backlash arose from an out-of-context line in which Livingston questions the efficacy of using emotionally charged language: “Personally, I think taking racism out of the conversation will help. Many of us are offended by the concept that we are racist.”

Bauchner released a statement saying JAMA will schedule a follow-up episode to address the backlash. American Medical Association CEO James Madara released a statement announcing a review of JAMA editorial processes and the hiring of a new, race-focused associate editor. Both actions were specifically called for in the Change.org petition.

## Ignores the Root Problems

Kenneth A. Fisher, M.D., author of *Understanding Healthcare: A Historical Perspective*, criticized Bauchner’s decision to delete the podcast and make it unavailable to the public.

“The act of removing it stifles any opportunity to carefully examine the supposed misdeeds,” Fisher said.

“We seem to have forgotten Dr. Martin Luther King’s admonition [that] he looks forward to the day when people are not judged by what they look like but by the strength of their character,” Fisher said. “Each individual has their own personal story that we need to take the time to truly understand. Unfortunately, with the pressures put upon physicians by today’s insurance companies, and the government requiring many hours of administrative time, we have far too little time to really get to know our patients. The AMA is silent on this issue. We still do not know



**“We seem to have forgotten Dr. Martin Luther King’s admonition [that] he looks forward to the day when people are not judged by what they look like but by the strength of their character.”**

**KENNETH A. FISHER, M.D.**

**AUTHOR, *UNDERSTANDING HEALTHCARE: A HISTORICAL PERSPECTIVE***

exactly what was said in the blog post.”

Gabriela Eyal, a clinical psychologist in Michigan, says the controversy was manufactured by political radicals to shut down opposing points of view.

“I see this as a small minority of vocal activists imposing their agenda on the general population,” Eyal said. “Freedom of speech is the first victim, but not the only one. This vocal group of

activists wants to impose one viewpoint on all of us and silence anyone who has a different opinion.”

Eyal says the trend of suppressing scientific discussion and debate is headed down a dark path indicated by the story of a university professor she knew who attended a conference in the Soviet Union.

“A session scientist made a presen-

tation, and a scientist from a Western country disagreed with him,” Eyal said. “The organizers asked for a break, and when they came back, they announced, ‘We asked, and the Politburo decided the Soviet scientist is right.’”

*Harry Painter (harry@harrypainter.com), (@TheHarryPainter) writes from Brooklyn, New York.*

## Medical School Students Increase Race Activism

Race is becoming a contentious topic in medical school, with students increasingly speaking out about what they perceive as racial bias.

White Coats for Black Lives has launched the Racial Justice Report Card, which grades medical schools and residential programs on “curriculum and climate, student and faculty diversity, policing, racial integration of clinical care sites, treatment of workers, and research protocols.”

In a June 2020 op-ed published by WBUR, Ayotomiwa Ojo, a student at Harvard Medical School, states racism is “not abstract.”

“It is vital to educate everyone on a clinical team about the power of their implicit bias and micro-aggressions that demean their colleagues and offer disparate patient care,” Ojo writes. “Medical education must equip trainees to interrogate health inequity with a critical race theory framework. Our non-Black



colleagues must join in the fight for justice to relieve the disproportionate burden on Black physicians.”

Naomi Nkinsi, a medical student at the University of Washington School of Medicine, told KHN in November 2020 she was offended when she heard at a lecture that black people were more prone to disease.

“It’s very personal,” Nkinsi told KHN. “That’s my body, that’s my parents, that’s my siblings. Every time I go into a doctor’s office, now, I’ll be reminded that they’re not just

**“It’s very personal. That’s my body, that’s my parents, that’s my siblings. Every time I go into a doctor’s office, now, I’ll be reminded that they’re not just considering me as a whole person but as somehow physically different than all other patients just because I have melanin in my skin.”**

**NAOMI NKINSI  
MEDICAL STUDENT  
UNIVERSITY OF WASHINGTON  
SCHOOL OF MEDICINE**

considering me as a whole person but as somehow physically different than all other patients just because I have melanin in my skin.”

—Staff reports

# Physicians Face Increasing Pressure from 'Woke' Movement

By Harry Painter

The controversial trend of promoting critical race theory, which former President Donald Trump called anti-American, has reached medical schools and the practice of medicine.

Leading the way has been one of the world's top medical journals, *The Lancet*, which published an article in February called "Time to Take Critical Race Theory Seriously: Moving Beyond a Colour-Blind Gender Lens in Global Health," which urged doctors to "meaningfully engage with critical race theory, a transdisciplinary intellectual movement to understand and disrupt systemic racism."

Systemic or structural racism is a concept from critical race theory that claims racism is built into society's institutions or systems, such as government, education, the economy, the workplace, and religious life.

The article's authors, who are not doctors but describe themselves as "women of colour scholars, practitioners, and educators whose work addresses race, gender, and class inequity," assert that the "global health community has been slow to consciously [center] on race" and that focusing on race in global health will "help to achieve the mutually reinforcing goals of eradicating both racial and gender inequity."

## Affirmative Vaccine Action

The article goes on to argue racism and the legacy of colonialism cause racial health disparities across nations, including disparities in the global roll-out of COVID-19 vaccines.

The practice of distributing COVID-19 vaccines on racial or socioeconomic lines at the expense of the medically vulnerable, such as the elderly, has caused a backlash in some areas. In Livingston County, Michigan, for example, local officials have criticized the race-based policy put forth by Gov. Gretchen Whitmer (D).

Race-based vaccination policies condemn people to illness and possibly death based on the color of their skin, says Chad Savage, M.D., founder of YourChoice Direct Care and a policy advisor for The Heartland Institute, which co-publishes *Health Care News*.

"If the goal of vaccine distribution is improvement of public health, it should be based on medical need and not on the immutable characteristics of the recipients," Savage said. "Placing one



group in mortal peril to accomplish a perceived goal of equity is no equity at all."

## Spreading Like a Virus

Critical race theory is being pushed in various sectors of the health care industry, including government, insurance companies, medical journals, and universities.

Insurer Blue Cross Blue Shield of Michigan recently ordered the physicians it credentials to complete an "Unconscious Bias in Medicine" training module. The move is considered a first step toward making such training a requirement for licensure.

The *Journal of the American Medical Association* (JAMA) received social media criticism for publishing a podcast episode in which the host, Edward H. Livingston, M.D., questioned claims of structural racism in health care (see related article, page 1).

JAMA fired Livingston and pulled the podcast. Howard Bauchner, M.D., JAMA's editor-in-chief, and James Madara, M.D., CEO of the American Medical Association, released apology statements. Bauchner said JAMA will release a podcast addressing the backlash.

## To Include or Not Include?

The activists who preach inclusiveness are not living up to their aspirations, says Gabriela Eyal, Psy.D., a clinical psychologist in Michigan.

"Forcing an editor of a major scientific journal to resign is just an illustration of a wider problem," Eyal said. "Interestingly, the slogan of this minority [activist] group is inclusiveness. Is their inclusiveness based only on skin

color? What kind of inclusiveness do they profess if they cannot accept and include an individual who has a different opinion?"

Critical race theory has become so prevalent that it caught the attention of outgoing President Donald Trump. Late in his term, Trump issued an executive order to ban the promotion of "offensive and anti-American race and sex stereotyping and scapegoating" by the military, federal agencies, government contractors, and recipients of federal grants. This executive order effectively put a stop to "diversity and

inclusion" training funded by taxpayer dollars.

One of President Joseph Biden's first actions upon taking office was to issue his own executive order to "root out" systemic racism, revoking Trump's

**"Forcing an editor of a major scientific journal to resign is just an illustration of a wider problem. Interestingly, the slogan of this minority [activist] group is inclusiveness. Is their inclusiveness based only on skin color? What kind of inclusiveness do they profess if they cannot accept and include an individual who has a different opinion?"**

**GABRIELA EYAL**  
CLINICAL PSYCHOLOGIST

executive order and reinstating tax-funded diversity training.

*Harry Painter (harry@harrypainter.com), (@TheHarryPainter) writes from Brooklyn, New York.*

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# Biden, Fauci Flipflop on COVID Exit Strategy

President Joe Biden and Dr. Anthony Fauci

BIDEN PHOTO COURTESY U.S. SECRETARY OF DEFENSE/FICKR.COM

Continued from Page 1

are overcome.

"I can't give you a date when the crisis will end," Biden said. "I can tell you we're doing everything possible to have that day come sooner rather than later."

Fauci says believes it is possible Americans could still be wearing masks in 2022.

"As we get into the fall and winter, by the end of the year, I agree with [President Biden] completely that we will be approaching a degree of normality," Fauci told *CNN* on February 19.

The White House has doubled down on mask mandates, with the president issuing executive orders in January requiring masks for interstate travelers and for people on federal property.

## Following Fauci

In a February 23 press briefing, Fauci threw cold water on the idea of loosening restrictions on social gatherings.

"There are things, even if you are vaccinated, that you're not going to be able to do in society: for example, indoor dining, theaters, places where people congregate," Fauci said. "That's because of the safety of society."

*CNN*, a media outlet consistently favoring the administration, expressed similar views. While acknowledging the falling number of new coronavirus cases, *CNN* said on February 21 that 70 percent to 85 percent of Americans would have to be vaccinated and immune before herd immunity is achieved. *CNN*'s figure is puzzling because vaccines are not being administered to people 16 and younger, which makes it mathematically problematic

**"I can't give you a date when the crisis will end. I can tell you we're doing everything possible to have that day come sooner rather than later."**

PRESIDENT JOE BIDEN

**"As we get into the fall and winter, by the end of the year, I agree with [President Biden] completely that we will be approaching a degree of normality."**

DR. ANTHONY FAUCI

to achieve such a high percentage. Also, people that young have barely been touched by the pandemic, with the disease overwhelmingly affecting those 65 and older.

The source of *CNN*'s figure may well be Fauci, who has flipfopped on his definition of herd immunity. After adhering to the traditional herd immunity threshold of 60 percent to 70 percent, Fauci in late December moved the goalposts to 75 percent, then 80 percent, and finally to 85 percent. Fauci told the *New York Times* his conflicting statements were influenced in part by "his gut feeling that the country is finally ready to hear what he really thinks."

Fauci's remarks prompted Vinay Prasad, a former fellow at the National Institutes of Health, to raise what he says is a "thorny and important question for scientists, doctors, and public health experts: Is it acceptable to distort the truth to get them to do what you want them to do?"

## Herd Immunity by April?

Viewing the same data available to the Biden administration and *CNN*, Marty

Makary, M.D., a professor of medicine at Johns Hopkins School of Medicine and Bloomberg School of Public Health, concludes the U.S. could reach herd immunity by April.

"[T]he consistent and rapid decline in daily cases since January 8 can be explained only by natural immunity," wrote Makary in *The Wall Street Journal* on February 19. "Behavior didn't suddenly improve over the holidays; Americans traveled more over Christmas than they had since March. Vaccines also don't explain the steep decline in January. Vaccination rates were low, and they take weeks to kick in."

Makary says COVID-19 deaths in the United States would also suggest much broader immunity.

"About 1 in 600 Americans has died of Covid-19, which translates to a population fatality rate of about 0.15 percent," Makary writes. "The Covid-19 infection fatality rate is about 0.23 percent. These numbers indicate that about two-thirds of the U.S. population has had the infection."

## Financial Entanglements

The measures taken to snuff out the pandemic have put unprecedented power in the hands of policymakers and have been financially rewarding for vaccine manufacturers, mask makers, hospitals, and people in the "containment-containment" business. This could explain the desire by some to see the pandemic, or at least the policies adopted to combat it, stretch out for as long as possible.

One of those benefitting financially from COVID-19 may soon be joining the Biden administration.

Vivek H. Murthy, who advised Biden on the pandemic during the 2020 presidential campaign, has come under close scrutiny after being nominated to be the next surgeon general.

"Murthy was paid millions of dollars last year in coronavirus-related consulting for Carnival Corporation's cruise lines, Airbnb's rental properties, and other firms, in addition to collecting hundreds of thousands of dollars in speaking fees from dozens of organizations, according to ethics documents Murtha filed this month," the *Washington Post* reported on February 21.

"The disclosure caught the attention of longtime health policy hands—saying that Murthy has the most financial entanglements of any surgeon general pick in recent history—and of watchdogs who raise questions about how credible he would be as a spokesperson on the pandemic response and presidential adviser," the *Post* reported.

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

# States Spar with Biden, CDC Over Reopening

By AnneMarie Schieber

With COVID-19 cases rapidly declining and vaccinations ramping up, Texas has reopened its economy from measures to contain the virus, the largest state to do so.

At a March 9 press conference, Gov. Greg Abbott (R) said his new executive order would rescind most of the state's public health restrictions.

"All businesses of any type are allowed to open 100 percent," Greg said. "That includes any type of entity in Texas. Also, I am ending the statewide mask mandate."

The statewide mask mandate has been in effect since July but has had minimal impact on containing the virus. The seven-day average for COVID-19 deaths is now 228, which is actually higher than it was when the mask mandate started, according to Yahoo.

During the pandemic, Texas limited indoor capacity in restaurants and required all citizens to wear masks in public. Abbott, however, limited local health departments from imposing penalties for not wearing mask coverings. At the time of the announcement, Texas reported 26.3 cases per 100,000, higher than two-thirds of the nation, deaths from COVID-19 were lower than many states.

"Removing statewide mandates does not end personal responsibility," Abbott said. "It's just that now state mandates are no longer needed."

Texas joins a growing number of states lifting COVID-19 restrictions. Iowa, Mississippi, Montana, Nebraska, North Dakota, South Dakota no longer require masks in public and allow businesses to operate at full capacity. Massachusetts has removed capacity limits on restaurants and South Carolina will all gatherings of more than 250 people.

A number of states, including Alaska, Arizona, Florida, Georgia, Idaho, Missouri, Montana, Oklahoma, South Carolina, and Tennessee, have lifted statewide mask mandates but allow local governments to order masks. Oregon state lawmakers are considering a permanent mask mandate, reports *The Federalist*, on March 18.

## CDC: At Your Own Peril

The Biden administration and the U.S. Centers for Disease Control and Prevention (CDC) wasted no time criticizing the re-openings, stating this is not the right time to remove restrictions.

The day before Texas announced reopening, Rochelle Walensky, M.D., the head of the CDC, stated at a White House press briefing, "Please hear me



clearly. At this level of cases with variants spreading, we stand to completely lose the hard-earned ground we have gained."

Walensky mentioned reports of the mutating virus.

"These variants are a very real threat to our people and to our progress,"

Walensky stated. "Now is not the time to relax the critical safeguards that we know could stop the spread of COVID-19 in our communities, not when we are so close."

That is not true, says Jane Orient, M.D., executive director to the Association of American Physicians and Surgeons and policy advisor to The Heartland Institute, which co-publishes *Health Care News*.

"We have learned that lockdowns and mask mandates are devastating to lives and livelihoods to NO benefit," Orient said. "It is hard for government to admit to a huge mistake. We also need to learn about the tremendous damage from not using early therapy, and to relearn the lesson that to find out what is really killing people we need to do autopsies. Many months went by before

a few were done, and we learned about the blood clotting."

## Open? Hold On

Any state's decision to reopen is not necessarily a guarantee individuals will be able to carry on life as they had. Businesses, event venues, airlines, and even churches may impose their own restrictions to use their facilities or obtain their service.

Gov. Andrew Cuomo on March 3 announced a pilot for the "Excelsior Pass," a phone app that will show vaccination records and testing results. The state tested the app at a New York Rangers game at Madison Square Garden.

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

## Could Early Treatment Have Saved More Lives Before Herd Immunity?

By Bonner Cohen

If Johns Hopkins University Professor Marty Makary, M.D., (see related article, page 1) is correct in saying the decline in COVID-19 cases dating from early January 2021 is a result of natural immunity and not the vaccines, it raises a question: Would widespread use of other treatments, such as hydroxychloroquine or ivermectin, in the early stages of the virus have saved more lives while vaccines were still under development?

"The most critical and pernicious blunder from all stakeholders involved in the pandemic response is a blind spot on COVID-19 treatment," said Peter A. McCullough, M.D., M.Ph., vice chief of internal medicine and cardiovascular disease at the Baylor University Medical Center. "Millions have been ill and more than 500,000 have died without task forces, panels, public presentations, and international collaboration on treatment regimens to manage patients at home in order to reduce spread, hospitalization, and death.

"COVID-19 is the only medical problem that comes into public view every day with no mention of early treatment," McCullough said.

"Patients are handed their positive SARS-Cov-2 result and given no advice on treatment, no hotline for available research protocols, no prescriptions, and no medical follow-up to adjust regimens."

## 'This American Tragedy'

The federal government failed the public by refusing to promote early treatment options.

"It is a colossal blunder by Dr. Fauci and all who have been involved in the NIH/CDC/FDA/White House Task Force to ignore the high-risk patient and his or her journey with COVID-19 and to understand that such a serious medical problem requires constant agency, attention, and engagement with the medical community to reduce the risk of hospitalization and death," McCullough said.

"Because of obvious shortcomings, the U.S. has had record morbidity and mortality, the vast majority of which was completely avoidable," McCullough said. "This American tragedy will undoubtedly become the focus of investigative historians who will reel through days and weeks and months of press briefings, media interviews, and public statements

without a single mention of how doctors should and could treat patients."

## Ignored Obvious Solutions

Joel S. Hirschhorn, author of the new book *Pandemic Blunder* (see review, page 13) and a former university professor and government official, laments the opportunities and lives lost through the government's refusal to use readily available medical means to confront the pandemic.

"Fauci and the government perversely interpret a lot of good news on the COVID-19 pandemic," Hirschhorn told *Health Care News*. "One is their sick commitment to the continued use of contagion controls, including masking and limits imposed on small businesses. The other is their refusal to acknowledge and use mounting medical evidence that a variety of preventive early home treatments knock out the virus and keep people out of the hospital. The latter is an alternative to taking a vaccine, which many people still do not feel comfortable doing."

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



## COMMENTARY

# Free to Choose Medicine Can Bring Warp Speed to Drug Approval Process

By Christina Herrin

COVID-19 has upended our lives and highlighted government incompetence, but it is also necessary to showcase government's successes during the pandemic. Perhaps the greatest example has been the Trump administration's Operation Warp Speed, which worked to quickly develop a vaccine for the virus.

This no-nonsense approach showed what can happen when the government reduces red tape and allows our top scientists and researchers to do what they do best: develop cutting-edge solutions to keep people alive and healthier.

Although taxpayers had to spend billions of dollars to convince drug makers that developing a vaccine would be worthwhile, economic analysis by economists at the University of Chicago (see related article, page 9) shows "vaccinating the population against COVID-19

six months earlier was worth about \$1.8 trillion to the U.S. alone, in terms of lives saved and accelerating the return to normal schooling, work, socializing." Spending is all about priorities, and in this case, the choice paid off.

Given the overwhelming success of Operation Warp Speed, one cannot help but wonder whether the federal government should lighten up on the drug regulatory process altogether. On average, it takes 12 years and \$2.9 billion to bring a drug from lab to market.

## Free to Choose—a Solution

A good first step is to implement a policy proposal known as Free to Choose Medicine (FTCM). This approach would apply free-market principles to the draconian drug approval process by giving patients access to therapies before they have received the gold stamp of approval from the FDA.

Under FTCM, the choice to try an experimental treatment would be up to the patient, not government regulators—the kind of idea that might have been championed by the late "free to choose" economist Milton Friedman. FTCM would create a pathway for patients who have exhausted all other treatment possibilities and want access to unapproved but potentially life-saving therapies. Once a drug is demonstrated to be safe, drug companies could test its efficacy in the open market. Currently, efficacy testing is done in stages in controlled trials, which can take years, and trials are done on limited populations.

Right to Try legislation aims for a similar goal, but the approach is flawed because it doesn't provide a market incentive for a biopharmaceutical company to bypass efficacy testing. The goal of drug regulatory agencies should be to allow good drugs to succeed sooner and bad drugs to fail faster.

The federal government should also allow the market to explore new uses for existing drugs. Drug agencies have blocked these efforts during the COVID pandemic, a point made repeatedly during hearings in November and December on early outpatient COVID treatment before the U.S. Senate Homeland Security and Governmental Affairs Committee. Because there is limited profit potential for the private market to do the required testing on new uses

**"Given the overwhelming success of Operation Warp Speed, one cannot help but wonder whether the federal government should lighten up on the drug regulatory process altogether."**

**CHRISTINA HERRIN**  
GOVERNMENT RELATIONS MANAGER  
FOR HEALTH CARE POLICY  
THE HEARTLAND INSTITUTE

for generics, the federal government may have to step up. At the very least, the federal government should get out of the way and give the decision-making power to health care providers.

The United States should be front and center, leading the world in the development of state-of-the-art drugs and treatments. Unfortunately, the FDA's arbitrary regulations blunt the development of timely, affordable drug treatments. The FDA should be allowed to act as a bridge to innovation and build on the success of Operation Warp Speed, which has shown drugs can be developed in record time if regulators get out of the way.

*Christina Herrin (CHerrin@heartland.org) is government relations manager for health policy at The Heartland Institute. An earlier version of this article appeared on Townhall.com on January 29. Reprinted with permission.*

## Here's How Operation Warp Speed Saved U.S Economy \$1.8 Trillion

President Donald Trump's Operation Warp Speed saved the U.S. economy **\$1.8 trillion** by making the COVID-19 vaccines available much more quickly than through the usual government approval process, according to Casey Mulligan, a professor of economics at the University of Chicago who was chief economist on Trump's board of economic advisors.

The economy saved **\$0.7 trillion** by making market activity more productive. For example, airlines resumed flights, restaurants reopened, and owners of office buildings filled vacancies.

The economy saved **\$0.8 trillion** by avoiding market distortions such as future taxes that would arise from further pandemic relief packages likely to be approved if the crisis lasted longer. The figure reflects how much the economy would have shrunk because of the redistribution of capital.

Finally, Operation Warp Speed saved **\$0.3 trillion** by making nonmarket activity more valuable. For example, people can now spend more time on leisure activities such as travel, sporting events, and concerts.

—Staff reports

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## In The Tank Podcast

Part of the Heartland Daily Podcast



# Operation Warp Speed Saves U.S. Economy \$1.8 Trillion

By Bonner Cohen

Operation Warp Speed, President Donald Trump's successful effort to fast-track the development, mass-manufacture, and distribution of COVID-19 vaccines, was worth \$1.8 trillion dollars in getting the U.S. economy back to normal, an analysis using the work of free-market University of Chicago economists concludes.

Greeted with skepticism by the medical establishment and the national media when it was launched in April 2020, the Trump administration's \$10 billion initiative exceeded the expectations of even its most ardent proponents, according to the study.

In addition to saving the economy money, Operation Warp Speed likely accelerated the end of the pandemic by six months. That translates to 1,000 deaths per day in the U.S. or 182,500 lives saved.

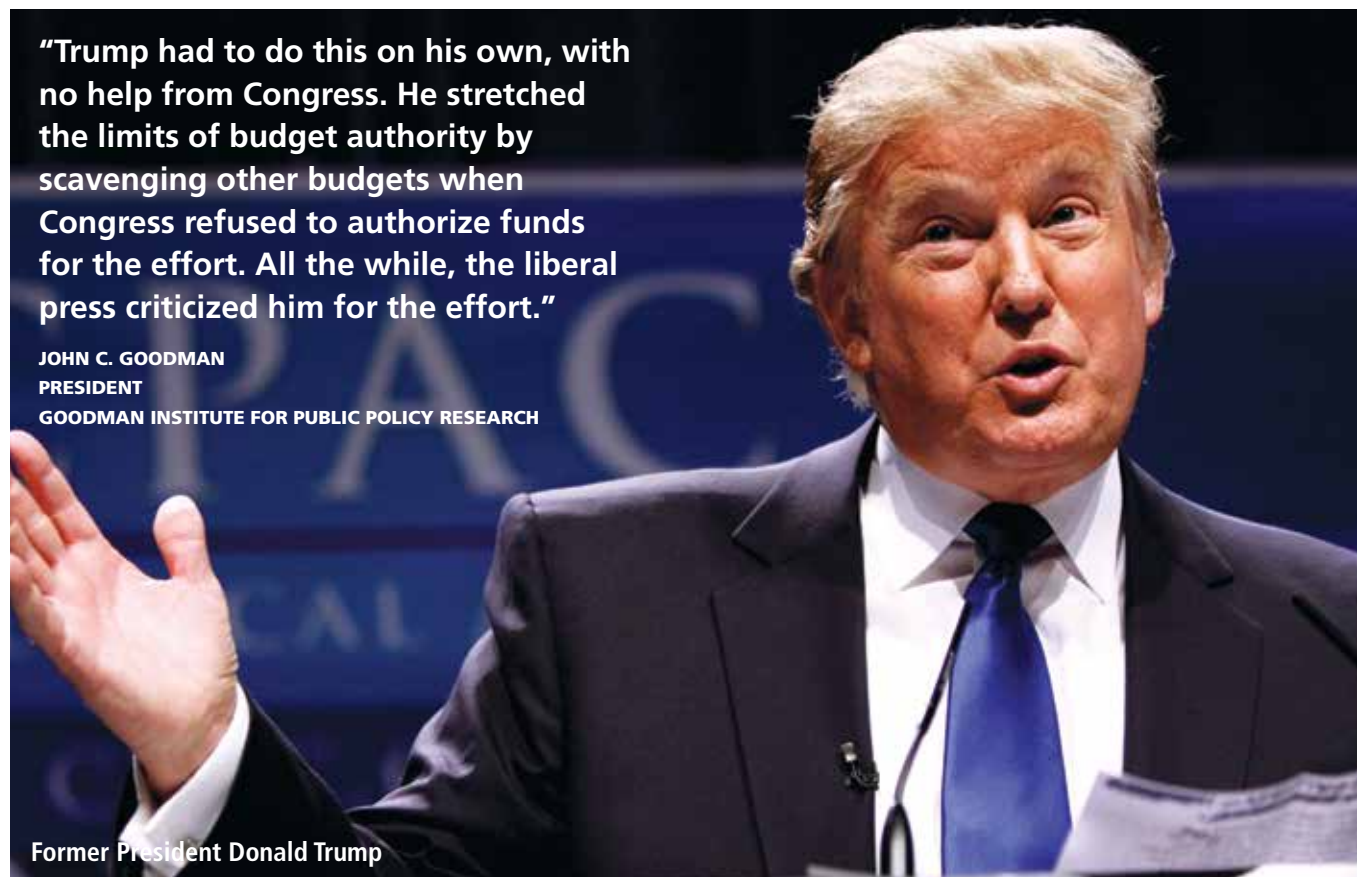
Seven months after Project Warp Speed was unveiled, Pfizer-BioNTech announced its vaccine was 90 percent effective against the coronavirus. In short order, other drug companies—Moderna, Johnson & Johnson, and AstraZeneca—rolled out their versions. By mid-March of this year, 18.8 percent of the U.S. population had been vaccinated, with more than 2.1 million shots being administered daily, according to federal data.

## Cites Regulatory Capture Theory

The intellectual foundations of Operation Warp Speed were laid decades before COVID-19 became a household word, according to former Trump White House economic advisor Casey Mulligan in a March 2 blog post.

Drawing on earlier work by fellow University of Chicago economist George Stigler which showed how industry teamed up with regulators to limit competition, Sam Peltzman, in a 1973 paper, applied the “regulatory capture theory” to the regulation of drugs, vaccines, and medical devices. Peltzman noted the U.S. Food and Drug Administration's (FDA) approval procedures amounted to industry entry barriers, concluding, “consumer losses from purchases of ineffective drugs or hastily-marketed unsafe drugs appear to have been trivial compared to their gains from innovation.”

This assessment of the FDA's drug-approval process became a constant refrain of the agency's critics over the ensuing decades, but it led to no meaningful changes in FDA procedures until 2017. It was then, Mulligan writes, that a new generation of University of Chi-



**“Trump had to do this on his own, with no help from Congress. He stretched the limits of budget authority by scavenging other budgets when Congress refused to authorize funds for the effort. All the while, the liberal press criticized him for the effort.”**

**JOHN C. GOODMAN**  
PRESIDENT  
GOODMAN INSTITUTE FOR PUBLIC POLICY RESEARCH

Former President Donald Trump

cago economists and alumni came to the Trump White House determined to get the FDA to change its ways.

## Stage Set for Reform

The Chicago economists, concentrated in the president's Council of Economic Advisers (CEA), joined forces with FDA Commissioner Scott Gottlieb, a long-time critic of the slowness of the FDA approval process.

In a little-noticed report in 2018, the CEA laid out and updated Peltzman's case that FDA regulations are entry barriers that limit competition and raise prices. Despite encountering stiff resistance from the U.S. Department of Health and Human Services under Secretary Alex Azar, CEA and Gottlieb scored a major success in their deregulatory efforts. In early 2019, the Consumer Price Index reported 2018 was the first year since 1972 in which retail prescription drug prices fell, even though overall consumer prices had risen.

Although COVID-19 would not arrive in the United States for two more years, Trump's CEA had been asked by the National Security Council's biodefense team at the beginning of 2018 to look into the economics of vaccine innovation during pandemics. This was seen by Trump's CEA as an opportunity to unite the Chicago tradition of deregulation

with findings in epidemiology and advances in medical innovation. In a report published in September 2019, CEA concluded, “... improving the speed of vaccine production is more important for decreasing the number of infections than improving vaccine efficacy” and emphasized the need for large-scale manufacturing and the possible advantages of public-private partnerships.

## Missteps and Eventual Triumph

A balanced assessment of the Trump administration's response to the pandemic will likely conclude the nation was ill-served by the federal public-health bureaucracy.

The Centers for Disease Control and Prevention, the National Institutes of Health (NIH) through Dr. Anthony Fauci, and the FDA combined to sow confusion on testing, masks, vaccine allocation, and school reopening. In addition, the FDA and NIH discouraged the use of readily available treatments that could have helped patients in the early stages of the disease. The resulting confusion served to justify lockdowns that were economically destructive and created additional health-related problems.

When it came to developing vaccines, in contrast, the administration had already put in place a regulatory struc-

ture that enabled vaccines to emerge in record time. Mulligan calculates the savings to the U.S. economy as \$1.8 trillion.

Two Trump economic advisers, Joseph Grogan and Tomas J. Philipson, told *Newsweek* in December 2020, “when COVID-19 emerged, the White House was ready and expeditiously applied the report's deregulatory and fiscal lessons to streamline FDA approval for vaccines and their parallel manufacturing on a large scale.”

## ‘No Help from Congress’

What makes the success of Operation Warp Speed even more remarkable is the political climate surrounding former President Donald Trump at the time, says John C. Goodman, president of the Goodman Institute for Public Policy Research and co-publisher of *Health Care News*.

“Trump had to do this on his own, with no help from Congress,” Goodman said. “He stretched the limits of budget authority by scavenging other budgets when Congress refused to authorize funds for the effort. All the while, the liberal press criticized him for the effort.”

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

# Short-Term Plans Make Health Insurance Cheaper for All, Study Shows

By AnneMarie Schieber

Short-term limited-duration insurance (STLDI), a low-cost option for healthy people, can reduce premiums in the broader individual market, a new report by the Galen Institute concludes.

According to the report, “Individual Health Insurance Markets Improving in States that Fully Permit Short-Term Plans,” states that have increased access to STLDI plans have been able to keep more people in the insurance market, which has had a positive impact on premiums for plans on the Obamacare exchanges.

“Premiums have fallen by more than double in states that permit short-term plans,” Brian Blase, Ph.D., author of the report, a senior fellow at the Galen Institute, and CEO of Blase Policy Strategies, told *Health Care News*. “There are two reasons why: competition, and if someone is in a short-term plan that lasts longer and gets sick, the short-term plan will pay those expenses.”

States that limit the period an indi-

vidual can hold a short-term plan may drive more sick people to the exchanges when the term ends. Those costs are then absorbed by Obamacare plans and the taxpayers who subsidize them.

## Less-Expensive Option

Short-term plans are less expensive than Obamacare plans because they are exempt from certain coverage requirements. Enrollees can purchase the plans at any time during the year and, depending on the state, can get coverage for up to 364 days with an option to renew for three years. The longer duration affords greater protection for an enrollee who happens to get sick and requires extensive care beyond the plan’s initial expiration date.

The Obama administration limited the length of short-term plans to 90 days with no renewal option because of concerns STLDI would take healthier people out of the individual market. The rule made the plans less attractive because consumers would have only three months before their deductible

was reset. Additionally, enrollees took the risk of not having coverage until they could enroll in Obamacare plans in November if they were to get sick.

In 2018, the Trump administration restored the plans to their original status in addition to defining short-term as 364 days and giving the option to renew for three years. The Trump revision beefed up notification requirements so consumers could understand the limitations of the plans.

States can restrict STLDI altogether or limit the duration and renewal terms. According to the Commonwealth Fund, five states prohibit STLDI, and 18 states limit the terms.

## State Laboratories

That mixed participation provided an opportunity to test STLDI’s impact on markets, Blase said on the *Heartland Daily Podcast* on February 17.

“I assessed enrollment trends, insurance participation in the exchanges, and the premiums for exchange plans,” Blase said. “Surprisingly, perhaps in every case it turns out that states that fully permit short-term plans have had better trends in their individual markets.”

In addition to premiums falling by more than double in those states, more people were enrolled in health insurance and more insurers participated in the Obamacare exchanges.

“For the most part, I think [insurers in the exchanges] view [short-term plans] as competition, and that is good,” Blase said. “If these plans are an alternative, that is going to put pressure on insurers to offer better value [in] those products.”

Blase said providers favor short-term plans because the reimbursements tend to be higher.

## Future of STLDI

It is unclear where the Biden administration stands on STLDI. President Joseph Biden signed an executive order on January 28 protecting the Affordable Care Act.

“It didn’t mention short-term plans by name but alluded to regulation that might be forthcoming,” Blase said.

Democrats in Congress have derided STLDI as “junk.” Blase says there are now a variety of STLDI plans on the market that offer more coverage for more money. An estimated three million people are enrolled in short-term plans, according to the Commonwealth Fund.

Restricting or eliminating STLDI



**“If the Biden Administration restricts short-term coverage,**

**it could likely increase the total number of uninsured by upward of one million people, decrease choice and the number of lower-premium products available to consumers, and reduce competition in state health insurance markets.”**

**BRIAN BLASE, PH.D.  
SENIOR FELLOW  
GALEN INSTITUTE**

would violate a promise Biden made on the campaign trail, Blase wrote in his report.

“If the Biden Administration restricts short-term coverage, it could likely increase the total number of uninsured by upward of one million people, decrease choice and the number of lower-premium products available to consumers, and reduce competition in state health insurance markets,” Blase said.

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

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# High-Income Households, Health Insurers Benefit from Spending Bill

By AnneMarie Schieber

The new federal \$1.9 trillion spending package includes a provision increasing subsidies for high-income households in Obamacare plans and directs more money to the health insurance industry.

A family of four earning \$212,000 a year could receive \$11,000 in tax credits by purchasing a plan from the Obamacare exchanges, an analysis of The American Rescue Plan Act conducted by policy analyst Brian Blase for The Galen Institute shows. Additionally, the law lifts the cap on who can qualify for health insurance relief.

## Insurance Companies Win

The new law, signed by President Joseph Biden on March 11, allocates \$34 billion dollars of taxpayer dollars to boost subsidies to insurance companies on the Obamacare exchanges, which will drive up overall health spending. The aim is to boost participation in the Obamacare exchanges by one million

people each year.

"So you're looking at \$34,000 per person of taxpayer money to do this," Blase said on The Heartland Daily Podcast on February 24. "We are already spending \$50 billion on Obamacare subsidies and we haven't increased private coverage at all."

About 10 million people are enrolled in the exchanges when it was expected that 25 million people would be participating by this time, Blase says. Subsidies go directly to insurance companies, so in markets with little competition, there will be no pushback against rising premiums. Health care providers, such as hospitals, have also supported the changes, which suggests taxpayers will be spending even more money on health care than they are already, Blase says.

## Employers May Drop Coverage

The changes will incentivize employers with older or lower-income workforces, especially those with fewer than

50 employees, to drop coverage and send those workers to the exchanges, because the subsidies will now exceed any tax benefit the employer could get by providing health care, says Blase. Right now, that "tax advantage" averages about \$2,000 per employee.

The Trump administration made a big push to expand the use of Health Reimbursement Accounts to entice employers to provide coverage, Blase says.

"These were all about equalizing the tax treatment, and in a way that would hold the taxpayer harmless," Blase said, referring to those who lost out on the tax advantage because the employer did not offer health insurance.

## Entrenching Obamacare

The changes under the spending law are temporary, but Democrats have already spoken publicly about making them permanent.

"We want to help businesses that

have struggled, and unemployed workers, but this bill is not about doing that," Blase said. "It is more about entrenching Obamacare's inefficient subsidies in a way that benefits primarily upper-income households and the insurance companies."

AnneMarie Schieber ([amschieber@heartland.org](mailto:amschieber@heartland.org)) is the managing editor of Health Care News.

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# Biden Moves to Scrap States' Medicaid Work Requirements

By Harry Painter

The Biden administration asked the U.S. Supreme Court to drop a hearing to defend Medicaid work requirement programs in Arkansas and New Hampshire.

In a Department of Justice filing in February, the administration argued the hearing is unnecessary because the U.S. Department of Health and Human Services (HHS) is reviewing the waivers the Trump administration granted to the states that allowed them to set up the programs.

Work requirement programs place restrictions on Medicaid eligibility, requiring healthy beneficiaries to work, look for work, enroll as a student, or perform other requirements. With the support of former President Donald Trump, the state-level policies are intended to put more people on standard health insurance coverage and help release people from the Medicaid "poverty trap."

Under Medicaid, beneficiaries who earn money can lose their health coverage, which creates an incentive to stay out of the workforce and ultimately reduces lifetime earnings, says Rea Hederman, executive director of the Economic Research Center at The Buckeye Institute.

"The Buckeye Institute's research indicates that the lifetime earnings

**"By ending Medicaid work and community engagement requirement rules, the Biden administration is making it harder for some Medicaid recipients to achieve a better life. As a result of this rule change, it is likely that people and families will remain trapped on Medicaid rolls."**

REA HEDERMAN, EXECUTIVE DIRECTOR, THE BUCKEYE INSTITUTE

of some Medicaid recipients could increase by almost a million dollars if, through working, they transition from Medicaid to private insurance," Hederman said.

## Several Options

Hederman says opponents of the work requirements misrepresent them.

"These are work and community engagement requirements," Hederman said. "So volunteer work, skills training, schooling, and job training all count towards the requirements."

Work requirements are not designed to apply to the traditional Medicaid population, including pregnant women and disabled people, but to single, able-bodied Medicaid recipients.

Lower courts have blocked attempts to institute Medicaid work requirements in four states, including the

Arkansas and New Hampshire programs, according to Kaiser Family Foundation statistics. Another eight states had waivers approved by the Centers for Medicare & Medicaid Services (CMS). Seven states are still waiting for CMS approval.

Arkansas is the only state to have fully implemented work requirement rules before court interference. In both Arkansas and New Hampshire, courts ruled the eligibility requirements did not promote Medicaid's objectives.

## Biden v. Trump

The Trump administration filed a brief defending the requirements one day before Trump left office.

Biden's HHS told states less than one month later it was considering withdrawing their waivers, citing a potential decrease in health insurance in

the midst of the pandemic. The Biden administration cited this "preliminary determination" as a cause for dropping the scheduled hearing.

Work requirement policies have safeguards for times of economic distress, however, as the rules can be suspended during a downturn, Hederman says.

"Opponents often scare people by implying when a community is in recession and there are no jobs that work requirements will still be imposed," Hederman said. "This is false. State governments have flexibility on when to suspend requirements."

The Biden administration asked the Supreme Court to vacate the appeals court judgments and remand the cases back to HHS to allow it to finish deciding whether to withdraw the waivers. The high court is scheduled to hold a hearing on the merits of the work rules on March 29.

"By ending Medicaid work and community engagement requirement rules, the Biden administration is making it harder for some Medicaid recipients to achieve a better life," Hederman said. "As a result of this rule change, it is likely that people and families will remain trapped on Medicaid rolls."

Harry Painter ([harry@harrypainter.com](mailto:harry@harrypainter.com)), (@TheHarryPainter) writes from Brooklyn, New York.

# Trump COVID-19 Advisor Scott Atlas Defends Himself

By AnneMarie Schieber

Scott Atlas, M.D., who served as coronavirus advisor to President Donald Trump, held little back during a speech in which he accepted an award for courage and commitment to liberty.

"It's great to be in a crowd that's friendly, for a change," Atlas said.

Atlas, a radiologist, health policy scholar, and Hoover Institution fellow, received Hillsdale College's highest honor, the Freedom Leadership Award, on February 18 in Phoenix, Arizona. Past recipients of the award include Margaret Thatcher, Clarence Thomas, and Rush Limbaugh.

Atlas served in the Trump administration for four months before resigning in December 2020. Atlas challenged the conventional approach to containing the COVID-19 virus, which has focused on locking down the economy, shutting schools, and ordering the public to wear masks and social-distance from one another.

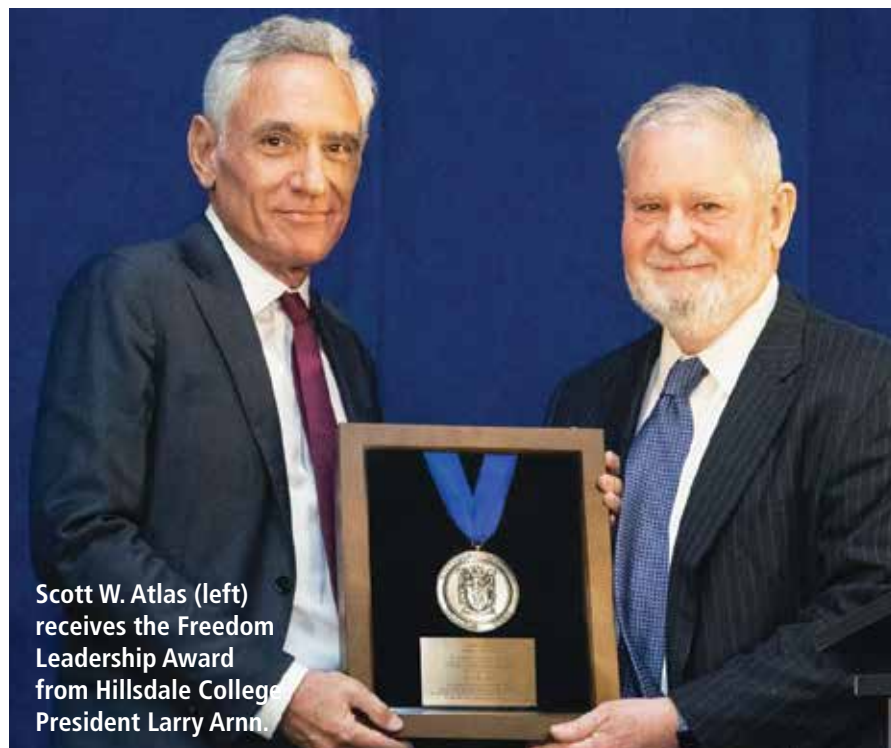
Atlas was attacked by the conventional media and academia as having "no formal experience in infectious diseases" and being a "threat to public health." The criticism culminated in a stinging open letter signed by 100 of his colleagues at Stanford University accusing him of advancing "falsehoods and misrepresentations of science." In November, the Stanford Faculty Senate voted to condemn Atlas for his tweets, in particular one in which he encouraged people in Michigan to "rise up" against more lockdown orders by Gov. Gretchen Whitmer.

Three of those signatories then published a scathing op-ed in *JAMA* on February 4, "When Physicians Engage in Practices that Threaten the Nation's Health." Atlas had threatened to sue the signatories of the open letter, and the possibility of a lawsuit is mentioned as a postscript in the *JAMA* article.

## Dr. Atlas Goes to Washington

Atlas told the Hillsdale audience that although the pandemic has been a deadly tragedy, it laid bare how vulnerable liberty is and how easily politics can influence science.

"First, I was shocked at the enormous power of the government to unilaterally decree to simply close businesses and schools, restrict personal movement, mandate behavior, eliminate our most basic freedoms, without any end," Atlas said. "And second, I was and remain stunned, and a little bit frightened, at the acquiescence of the American people to these destructive, arbitrary, and wholly unscientific rules, restrictions, and mandates."



Scott W. Atlas (left) receives the Freedom Leadership Award from Hillsdale College President Larry Arnn.

**"We know we have not seen the full extent of the damage, because it will last for decades. Perhaps that is why lockdowns were never recommended in previous pandemic analyses, even for infections with far higher death rates."**

SCOTT ATLAS, CORONAVIRUS ADVISOR TO PRESIDENT DONALD TRUMP

When Atlas arrived at the White House in mid-August, it became clear the lockdowns were not stopping infections, preventing hospitalizations, or reducing deaths. People were following the orders, Atlas said, as indicated by social mobility tracking showing dramatic reductions in movement.

"There is no truth these mandates were not obeyed," Atlas said.

Worse, the restrictions themselves were causing harm, Atlas said, reciting a laundry list of pain and suffering, including missed diagnoses of cancer and heart disease, child abuse, drug abuse, anxiety, and suicidal ideation. Atlas cited a January 2021 study by the National Bureau of Economic Research which found the unemployment shock caused by the lockdowns "will generate almost 890,000 additional U.S. deaths, mostly in poor families."

"We know we have not seen the full extent of the damage, because it will last for decades," Atlas said. "Perhaps that is why lockdowns were never recommended in previous pandemic analyses, even for infections with far higher death rates."

## Lockdowns on Common Sense

Mask use and the push for vaccines have also challenged common sense, Atlas told the audience. Contrary to what has been reported in the media, Atlas said he was never anti-mask but merely noted masks are not needed "at all times, by everyone." Atlas said he advised the public to wear masks when they couldn't social-distance. Bolstering his stance was a similar recommendation early on by the National Institutes of Health. The words were "when not possible, but you won't hear that on CNN," Atlas said.

Evidence showing little benefit from widespread mask use has been censored, Atlas said. The one large, controlled study in Denmark showed as much, Atlas said, but it has been generally dismissed or ignored by mask proponents.

"They are propagating false and misleading information," Atlas said.

Atlas also took aim at the push for vaccination, especially for healthier, younger people, including children, saying it "would put *Alice in Wonderland's* Mad Hatter to shame." The

claim that children or teachers have to be vaccinated before entering the classroom is "Kafkaesque nonsense" because children and teachers are at very low risk of dying from the virus, Atlas said.

Atlas criticized "TV experts" who say people will still have to social-distance and wear masks after vaccination.

"There is no intention of those in power to allow Americans to live normally or freely again," Atlas said.

## 'Toxic Smears'

Atlas saved his greatest ire for those in academia who have vilified him for being skeptical of conventional mitigation policies. Higher-education leaders routinely intimidate those who hold views contrary to their own, "undoubtedly, undeniably for political reasons," Atlas said.

Academics employed "toxic smears and opinion pieces and organized rebukes against those who disagreed with what was being implemented, but worse, who dared to help the country under a president they despised," Atlas said.

Those were repeated and amplified in the media, Atlas said.

"We must all pray to God that the phrase attributed to Nazi propagandist Josef Goebbels, 'A lie told once remains a lie, but a lie told a thousand times become the truth,' never becomes true in these United States," Atlas said.

Atlas said other academics have reached out, "who are encouraging me but afraid to step forward."

## Behind Closed Doors

During a question-and-answer period, Atlas was asked how much of COVID policy he saw was driven by science and how much by politics.

Without naming Anthony Fauci or Deborah Birx, who led the Trump COVID-19 task force, Atlas said what he heard in the White House Situation Room was "incredible, shocking, outrageous. I'm going to have to write about that because it was amazing: the lack of knowledge [of] the current data."

"These are people who are government bureaucrats who worked in government for 30 to 40 years, these are not people who [have been] challenged intellectually by outside opinion," Atlas said. "Much of what was said was politics, difficult to believe [that people were saying it]."

AnneMarie Schieber ([amschieber@heartland.org](mailto:amschieber@heartland.org)) is the managing editor of Health Care News.



# What the Government Won't Tell You About Treating COVID

By AnneMarie Schieber

When the history books are written on “the great pandemic of 2020,” some will probably focus on one theme: how powerful government agencies and special interests used a virus to dupe the American people for political and self-promoting agendas.

This is not to diminish the fact that COVID has been deadly. With 500,000 lives lost, it absolutely has been, but the leaders we entrusted to protect the nation could have greatly reduced this pain and suffering, and they failed to do so. Was it incompetence or malfeasance? That is the question Joel Hirschhorn attempts to answer in his excellent and timely book, *Pandemic Blunder: Fauci and Public Health Blocked Early Home COVID Treatment*. Upon finishing the book, readers will wonder whether Hirschhorn was too kind in the use of the word “blunder.” What he describes is far more outrageous.

Hirschhorn argues COVID-19 could have been manageable, and tens of thousands of people could have been kept alive, had government agencies supported cheap, safe, and existing drugs to treat infection at home during its early stages before the virus replicates and does its deadly damage. There are numerous observational and real-life data studies showing the effectiveness of early treatment for COVID-19 infection.

Had this information seen the light of day in the mainstream media and not been censored on social media or discredited by powerful government bureaucrats and the medical establishment—including a fake study now retracted by two of the world’s top “peer-reviewed” medical journals—people would not have been panicked into surrendering their freedom and allowing states’ governors to trash the nation’s economy.

## Pillars of Control

*Pandemic Blunder* documents abundant scientific information on early COVID treatment and presents it in a way a general audience can understand. The book begins with a description of what many public health experts, most notably Peter McCullough, M.D., have described as the four pillars to controlling a pandemic.

One pillar is contagion control, which the United States and countries around the globe have done with abandon. This includes the lockdowns, social distancing orders, disinfection of surfaces, mask mandates, crowd control, and the like. Government agencies have

*Review of Pandemic Blunder: Fauci and Public Health Blocked Early Home COVID Treatment, Outskirts Press, 2021, by Joel S. Hirschhorn, \$17.95, 106 pages*

**“Pandemic Blunder is the kind of book you will want to mail anonymously to people who have relied on the media for information about COVID and have been living in terror for the past year. With early treatment, COVID-19 is not a death sentence. It is a sound alternative to government lockdown schemes, expensive hospitalization, and experimental vaccines.”**

been very effective in getting the public to comply with these measures, but these steps did little to reduce caseloads and deaths. By spring of 2020, it was apparent those most vulnerable to the virus were the elderly, especially those in group homes. Yet nine months after many of these measures were put in place, elderly patients in nursing homes still topped the charts for COVID mortality.

A second pillar has been hospitalization. The current guidance from the nation’s health agencies has been to do nothing about infection, outside of comfort care, until symptoms require hospitalization. Once in the hospital, the chances of survival plummet while the costs soar. Hirschhorn describes how the National Institutes of Health (NIH) poured much effort into fast-tracking experimental and off-label treatments for COVID-19. One such treatment is Remdesivir, an experimental treatment that can only be administered in a hospital at a cost of thousands of dollars a dose.

The government has also poured billions of dollars into pillar number three: vaccines. Safe, effective vaccines can take years to develop and contagions may fade away after herd immunity is naturally established. Also, mutation of viruses makes prevention that much more difficult. Think of the flu vaccine, which must be administered annually for each new strain.

## Early Outpatient Successes

Finally, there is the approach used for nearly every disease, including the flu: early outpatient treatment.

Tragically, governments actively blocked this essential treatment. Physicians faced enormous licensing risks and professional scorn if they chose this

route to keep their patients alive.

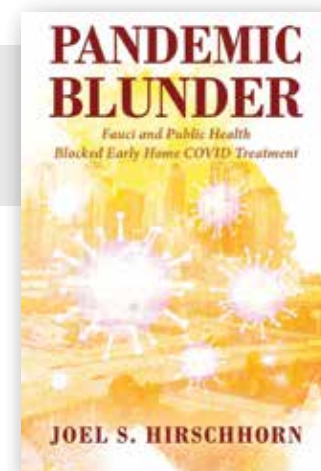
Yet health care professionals that used these treatments had enormous success. Hirschhorn describes the beginnings of outpatient COVID treatment in France, and how physicians all over the globe, such as Vladimir Zelenko, M.D. (who wrote the book’s chilling forward), built on the French approach to design their own “treatment cocktails.” Their protocols deployed existing drugs they already knew well, pharmaceuticals such as hydroxychloroquine and ivermectin; steroids; antibiotics; and nutraceuticals such as vitamins D and C, zinc, and quercetin.

Not only were these treatments effective in keeping patients from getting sicker, they were also safe and cheap, often costing patients no more than \$60 per drug.

## Health Agency Interference

Shockingly, the biggest obstacles to early treatment have come not from uninterested or disinterested patients but U.S. health agencies and the World Health Organization. After reading *Pandemic Blunder*, the reader will conclude these agencies conspired to keep early COVID -19 treatment out of the hands of the public. Hirschhorn calls their actions criminally negligent.

The ringleader, Hirschhorn argues, has been none other than Anthony Fauci, the political head of NIH’s Allergy and Infectious Disease division. Fauci exerts enormous influence in the medical science industry by having billions of taxpayer dollars at his disposal to distribute to research institutions and hospitals each year. In addition, the pharmaceutical industry pays the NIH to conduct billions of dollars in research, which in turn creates a closed loop of influence peddling.



Hirschhorn details Fauci’s numerous flipflops on mask use, herd immunity, and vaccination, inconsistencies which at first seem attributable to the difficulties of dealing with a new and unpredictable bug. Hirschhorn, however, identifies a pattern: these varying Fauci pronouncements clearly had a political effect.

*Pandemic Blunder* is the kind of book you will want to mail anonymously to people who have relied on the media for information about COVID and have been living in terror for the past year. With early treatment, COVID-19 is not a death sentence. It is a sound alternative to government lockdown schemes, expensive hospitalization, and experimental vaccines.

Hirschhorn offers a list of informational resources on early treatment, including the latest studies and ways to locate physicians who will provide them. By shedding light on what goes on behind the doors of our public health agencies and showing that physicians can design better solutions when left alone, *Pandemic Blunder* can help put an end to the fear factor that has turned our lives upside-down.

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

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# Lockdowns Could Reshape American Politics for a Generation, or Several



By Jeffrey A. Tucker

**L**ockdowns or not? That's been the primary question for social, economic, and political organizations for the past year.

It's a new question for humanity. Lockdowns were previously unconscionable and contrary to settled public-health practice. Suddenly, and for reasons never explained, that changed. Then everything else changed.

Never before has such a globalized and comprehensive regime of closures, curfews, quarantines, travel restrictions, and surveillance been deployed for any excuse, much less under the guise of virus control. A century of high-level public health practice never deployed anything like this, and that's for a reason. No matter how bad the virus, such policies turn a challenge into a catastrophe.

Everyone has been put to the test—not only politicians and public intellectuals but everyone who has suffered under these strictures. A small group of people wants everyone else to accept lockdowns as a grim reality that we'll have to endure for every new virus, as if it is not the permanent state of human experience to live amidst forever-mutating pathogens.

In reality, this lockdown has cost the nation one year in life expectancy, the biggest drop since 1943, and not solely or even mainly from COVID. For a full year, Americans have avoided doctors, dentists, and hospitals, and their health has sunk further and further, with drug overdoses and other substance abuse at record highs. The bad news on suicides will continue to pour in month after month. It was all predicted, and it all happened, in many cases even worse than we predicted. Our cities are in shambles. The arts are wrecked. The population is demoralized.

## Fear to Anger to Action

For all the pain and suffering, the lockdowns achieved nothing in terms of disease mitigation. Once that realization dawned, fear turns to anger, and anger to action. If you understand that dynamic, you can see why the architects of lockdowns, from Anthony Fauci at the National Institutes of Health to the U.S. Centers for Disease Control and Prevention, are doing their best to delay that dawning, with daily doses of alarmism designed to keep people hiding in their homes.

The fear cannot last. When it breaks, we are going to see multitudes of people lashing out, including small business owners and workers, parents of kids in school, patients who couldn't see their families while in the hospital, adults with parents in long-term care facilities they cannot visit, families who canceled one vacation after another, people of faith whose religious communities were shattered, and all those people who were forced for the better part of a year to live life with zero fun or entertainment outside the confines of their homes. And they will be inspired to understand why and make sure nothing like this happens again.

## Lockdowns, a Defining Moment

At the famous Conservative Political Action Conference (CPAC) event in Florida in February, the audience roared in approval as speaker after speaker condemned the lockdowns. Two heroes emerged.

At the event, Gov. Kristi Noem of South Dakota stated it shocked her that South Dakota was the only state not to shut down. The second person was Ron DeSantis of Florida, who more than any other governor was willing to listen to scientists and learn from them, even when doing so ran contrary to his own

previous shutdown orders. Florida's virus outcomes have exceeded those in California, which has remained closed to this day, to say nothing of New York, New Jersey, and Massachusetts.

This CPAC crowd—the largest gathering in Republican circles since pre-election rallies—was deeply animated by the anti-lockdown message. If we can infer that the sensibilities of this group indicate something about public opinion more broadly, we could be looking at a generation-defining political and intellectual issue. Think of the big historical events that echoed for generations in American politics. The struggle over slavery. World War I. Prohibition. The New Deal. World War II. The Cold War.

## Liberty: A Political Selling Point

Lockdown vs. liberty: this has the capacity to be a theme that will resonate far into the future. It unites people on the political Right again with small business owners, genuine civil libertarians, and champions of religious liberty. It permits the Left to again find its voice for human rights and freedoms. For that matter, they do not have to be activists; they need only be people who do not want their houses of worship padlocked, their business closed and bankrupted, or their speech curtailed.

It also draws in the Left, which has long been suspicious of big business. For all the good they achieved in this world, large corporations, such as Google, Amazon, and Facebook, have leaned decisively in favor of lockdowns. The same can be said with large media. The reason is not just that they are harmed less by lockdowns and, in many cases, actually benefited from them; rather, the people ruling these companies enjoy ruling-class lives, which is itself a scandal.

**“Anti-lockdown-ism need not be partisan. The victims of these policies are all over the political map. They are united only in their general belief in human rights, constitutional restraints on government, and the need to keep society functioning in the midst of a health crisis.”**

## Crystal Ball into the Past

We will reflect on all the incredible health theater to which we've been subjected for a year, including hoping around people to stay six feet away, the silly ban on restaurant menus, the on-again-off-again mandatory masking, and the curfews and capacity limits, and we'll realize that the people who passed all these emergency measures were just making things up in order to appear decisive and precise.

We will look back and feel mortified at how we treated each other so brutally, how so many turned into rats hungry to get our friends and neighbors in trouble with the compliance police, how we willingly believed so many untrue things and practiced such preposterous rituals out of a belief that we were avoiding and thus controlling the enemy pathogen we couldn't see.

And it was done not by scientific consensus but rather by a small number of lockdown-ers in cooperation with risk-averse politicians and bureaucrats. At this writing, 41,596 medical practitioners, 13,724 medical and public health scientists, and 758,215 concerned citizens have signed the Great Barrington Declaration, a plea by three top infectious disease experts to end the lockdowns.

Anti-lockdown-ism need not be partisan. The victims of these policies are all over the political map. They are united only in their general belief in human rights, constitutional restraints on government, and the need to keep society functioning in the midst of a health crisis.

*Jeffrey A. Tucker (jeffrey.a.tucker@gmail.com) is the editorial director of the American Institute for Economic Research. An earlier and longer version of this article was published at AIER.org. Reprinted with permission.*



# Scientists Criticize WHO on COVID-19 Origins

By Bonner Cohen

More than a year after first reports of a mysterious coronavirus first surfaced in Wuhan, China, little progress has been made in identifying the source of a disease that has wreaked havoc worldwide.

A team of investigators from the U.N.-affiliated World Health Organization (WHO) arrived in China in mid-January to begin their much-delayed probe into what caused the initial outbreak. In late February, the WHO team abruptly scrapped plans to issue an interim report, putting off the release of their findings for several more weeks.

On March 5, a group of international virus experts frustrated by the WHO team's foot-dragging and skeptical of its objectivity called for a "new and unrestricted" forensic inquiry into the emergence of the coronavirus.

The group of 26 virologists, epidemiologists, microbiologists, zoologists, and other experts said it was "all but impossible" for the WHO team to conduct a full investigation under the political restraints imposed on its members by the Chinese government.

"Finding the origins of SARS CoV-2 is critically important to both better addressing the current pandemic and reducing the risks of future ones," the experts write in an open letter posted online. "Unfortunately, well over a year after the initial outbreak, the origins of the pandemic remain unknown."

## Questioning Objectivity

The letter questioned the objectivity of the WHO's investigation.

"In particular, we wish to raise public awareness of the fact that half of the joint team convened under that process [was] made up of Chinese citizens whose scientific independence may be limited; that international members of the joint team had to rely on information the Chinese authorities choose to share with them; and that any joint team report [had to] be approved by both the Chinese and international members of the joint team," the letter states.

"Although the [WHO] investigation was a significant opportunity for the international community to gain some limited and highly curated information, it has unfortunately proven opaque and restrictive, greatly compromising the scientific validity of the investigation," the letter states.

Those signing the letter were scientists from Australia, Belgium, Britain, France, Germany, India, New Zealand,

Tedros Adhanom  
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Director General  
World Health  
Organization



Spain, the United States, and other countries.

## Doubting Origin Story

The letter takes issue with WHO team leader Peter Ben Embarek's recent statement it was "extremely unlikely" that the virus escaped the Wuhan Institute of Virology (WIV) either accidentally or intentionally. If Ben Embarek's statement is accurate, it would lend credence to a competing theory, which purports the virus passed from a bat to an as yet unidentified intermediary animal and then to humans. Under this theory, the origin of the disease was natural.

"Based on our analysis, and as confirmed by the global study convened by the World Health Organization (WHO) and Chinese authorities, there is as yet no evidence demonstrating a fully natural origin of this virus," the letter states.

The letter points out one of the WHO investigators was already on record as dismissing the Wuhan lab theory. That appears to be a reference to Peter Daszak, president of the New York-based EcoHealth Alliance which has conducted extensive virus research at the WIV and served as a pass-through for grants to the Wuhan lab from the National Institutes of Health (NIH) and possibly the Pentagon. Daszak's statements rejecting the lab leak theory "cast doubt on his scientific objectivity," the scientists state.

## Demanding Investigation

Meanwhile, 28 Republican members of Congress have written a letter to

NIH Acting Inspector General Christie Grimm demanding a "prompt and thorough" investigation into the NIH's relationship with the WIV.

"The NIH, unfortunately, has played a major role in supporting WIV and this treacherous research and the promotion of spurious claims dismissing the NIH-funded lab's potential role in the COVID-19 pandemic," the GOP lawmakers write.

"In 2017, NIH Director Francis Collins personally supported and celebrated the resumption of dangerous, taxpayer-funded 'gain-of-function' research designed to make viruses more transmissible and fatal," the letter states. "Subsequently, Dr. Collins' NIH allowed U.S. taxpayer dollars to be secretly funneled to WIV's reckless coronavirus experiments through grants awarded to the U.S.-based EcoHealth Alliance, Inc. The Pentagon also apparently funded WIV via a grant to EcoHealth."

The lawmakers' letter says Collins published a blog item in March 2020 disputing claims the coronavirus was engineered in a Wuhan lab.

"EcoHealth's President [Peter Daszak] has also sided with the CCP and openly criticized the U.S. for investigating the theory that SARS CoV-2 originated in the WIV lab to which he directed NIH funds and has closely collaborated with for decades," the lawmakers write.

"The degree to which the Chinese government is determined to prevent the world from knowing the truth and the willing complicity of some in the West, such as a few members of the

**"Given the lack of clarity regarding the origin of the COVID-19 pandemic, it would be prudent for the Biden administration to reimpose a moratorium on funding gain-of-function research."**

ANDREW WEBER  
SENIOR FELLOW  
COUNCIL ON STRATEGIC RISKS

sham WHO 'investigation team,' in perpetuating such CCP obfuscation is the outrage of our century," Miles Yu, a senior fellow at the Washington, D.C.-based Hudson Institute, told *Health Care News*. "The world's future health depends on an honest and forensic inquiry into the true origin of the virus scourge that started in Wuhan, China."

President Joseph Biden should make this issue a priority, says Andrew Weber, a senior fellow at the Washington, D.C.-based Council on Strategic Risks.

"Given the lack of clarity regarding the origin of the COVID-19 pandemic, it would be prudent for the Biden administration to reimpose a moratorium on funding gain-of-function research," Weber said.

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

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# CDC Finds Masks, Indoor Dining Bans Don't Stop Virus, Media Ignores

By Ashley Bateman

Mask mandates and bans on indoor dining do little to stop the spread of COVID-19, a new report by the U.S. Centers for Disease Control and Prevention shows.

According to the CDC report, published on March 12 in the agency's *Morbidity and Mortality Weekly Report*, although mask mandates and indoor restaurant bans decreased daily cases of COVID-19 and deaths, the results were only a correlation and a tiny one at that.

Mask mandates reduced case growth by zero to 1.8 percent, and COVID death rates by 0.7 to 1.9 percent, with an increase in deaths 21 to 40 days after the mandate went into effect. Indoor dining bans decreased case growth by 0.1 to 0.4 percent, one to 40 days after taking effect. Cases increased 21 to 100 days or later after bans took effect, by 0.5 to 1.2 percent. Restaurant dining bans had no effect on COVID deaths. In fact, mortality rates increased slightly, by 0.1 to 3 percent, one to 100 days or later after being enacted.

## Media Spin

Media outlets inaccurately reported the findings as confirming the value of mandates.

"CDC study shows a link between mask mandates, reduced COVID-19 spread as states lift restrictions," reported ABC on March 5, the day the results were released to the public.

"CDC study finds easing mask and restaurant rules led to more COVID cases and deaths, as some states move to lift restrictions," CNBC stated.

The governors of Mississippi and Texas announced a full reopening of their states after months of mandates crippled industries and reduced education to tumultuous virtual learning. President Joe Biden criticized reopening as "Neanderthal thinking."

## In Line with Previous Findings

The CDC's findings on masks are in line with a Danish study published in November and a study on quarantined Marine recruits published in the *New England Journal of Medicine* in December. Both studies found limited evidence that mask-wearing was effective in stopping the spread of SARS-CoV-2. On September 11, The CDC reported in a group of 314 people with and without COVID-19, there was no significant difference in vigilant mask use.



On March 8, The CDC stated fully vaccinated people do not have to wear masks while mingling with vaccinated people or unvaccinated individuals from a single household who are at low risk for severe disease.

"Masks do little to protect people from disease," said Patrick Wood, director and founder of Citizens for Free Speech. "There are no scientific studies that show this. People will ask, then, why have masks always been worn in medical settings? The answer is simple: to protect patients and providers from saliva."

"There may be a reason for some people to wear face masks in public, but for the general population, masks can pose a health risk," Wood said. "Medical experts agree, and a number of people are making this point."

## Thanks for Nothing

The mask guidance for vaccinated individuals is curious, says Marilyn Singleton, M.D., J.D., a former president of the American Association of Physicians and Surgeons who has written widely on mask mandates.

"I find the new guidance for the vaccinated individuals curious," Singleton said. "The vaccine guidance says that vaccinated folks while visiting with other fully vaccinated can take off their masks and get close to one another in their own home, as if most people were not already doing that. They can also go mask-less with unvaccinated low-risk individuals. Fully vaccinated folks are still told to wear masks outside the home. We are told to accept this unscientific recommendation as 'the new

normal,' as if that makes it reasonable or rational."

## Florida vs. California

Now that state lockdowns have been in place for one year, it is easier to measure the effectiveness of mitigation measures. AnneMarie Knott, a business professor at Washington University who has been examining COVID trends, has been working on a project to compare weekly COVID-19 deaths between highly restrictive California and less-restrictive Florida, using the CDC data.

"Florida's population is much older, so it should have had a higher COVID death rate than California, but it took the hits early, and in the end has a lower total death rate of 1.22 per 1,000 versus 1.32 per 1,000," Knott said.

Death rates in highly restricted versus low-restriction states do not support claims of mask efficacy. As for the slight decrease in cases the CDC noted for masks, Knott says there may be a different cause.

"One thing the study may be picking up is that states impose masks when cases are rising," Knott said. "Cases naturally peak after that, then decline. So the study may be giving masks credit for something that happens naturally."

## Calls for Common Sense

Indoor-dining bans have devastated the hospitality industry, with restaurants and bars losing more than 370,000 jobs in December, a record high, according to the U.S. Bureau of Labor Statistics.

On-premises dining was reopened in the majority (97.9 percent) of U.S.

**"Masks do little to protect people from disease. There are no scientific studies that show this. People will ask, then, why have masks always been worn in medical settings? The answer is simple: to protect patients and providers from saliva. There may be a reason for some people to wear face masks in public, but for the general population, masks can pose a health risk. Medical experts agree, and a number of people are making this point."**

**PATRICK WOOD**  
DIRECTOR AND FOUNDER  
CITIZENS FOR FREE SPEECH

counties during the CDC's study. According to the report, "Changes in daily COVID-19 case and death growth rates were not statistically significant."

The bottom line is that contagion control studies taught nothing that was not known already, Singleton says.

"What we really have to rely on is common sense," Singleton said. "If you are sick, stay home and isolate. If you are healthy, get some sunshine, cough into your elbow, and most important, wash your hands."

Ashley Bateman ([bateman.ae@googlemail.com](mailto:bateman.ae@googlemail.com)) writes from Alexandria, Virginia.

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# 'Mask Choice' Gets Protection Under Tennessee Legislation

By Ashley Bateman

Legislation under consideration in Tennessee would prohibit businesses, retailers, restaurants, and any other entity that serves the public from denying service to people who choose not to wear a mask.

House Bill 794, introduced on February 9 by Tennessee State Rep. Susan Lynn (R-Wilson County), would prohibit "a person from denying an individual the full and equal enjoyment of goods, services, facilities, privileges, advantages and accommodations of a place of public accommodation, resort, or amusement on the grounds of the wearing or use of a medical device, or whether the individual has received medical treatment."

The Medical Non-Discrimination Business and Consumer Act would remove the requirement that patrons provide evidence of a negative COVID test or vaccination to use a public business without a mask. It would protect those not wearing masks under the state's anti-discrimination and disability statutes and shield public entities from noncompliance enforcement by local government. Under current law, county health departments in the state have the authority to force quarantining, close public establishments, and require face coverings.

Gov. Bill Lee (R) has been one of the few state leaders not to mandate wearing a face covering in public. The governor instead published education and recommendations in accordance with medical guidelines, encouraging the wearing of masks in public places where people are in close proximity. In a July 2020 executive order, Lee hand-

ed over mandating power to county governments, with updated authority for local jurisdictions extended through April 28.

## Let Businesses Operate Freely

For the past year, businesses and entities that serve the public have complied with mask mandates, crowd limitations, and social distancing to make customers feel safe and to avoid the wrath of government enforcers.

Now that COVID-19 case numbers are falling again, businesses want to get back to normal, says Bob Frantz, communications director for Citizens for Free Speech.

"I have talked to so many business owners who have been forced to make their customers wear these things, and they cannot stand it," Frantz said. "Most successful business people believe in the old adage, 'The customer is always right,' and it is quite a burden for them to play mask police when their loyal customers want to come in to shop or eat and just be left alone."

"It's just bad for their business," Frantz said. "People are tired of being told what to do, first by the government and then by shopkeepers, hostesses, and cashiers."

Frantz says other states are interested in following suit. On March 2, the governors of Texas and Mississippi announced an end to their statewide mask mandates. Businesses were also allowed to return to full capacity after months of government crowd restrictions.

"This is incredibly encouraging," Frantz said. "Governors are seeing the light, and they're starting to follow the science which proves that mask mandates and lockdowns were ineffective in combating the virus in the first place."

## 'It's So Encouraging'

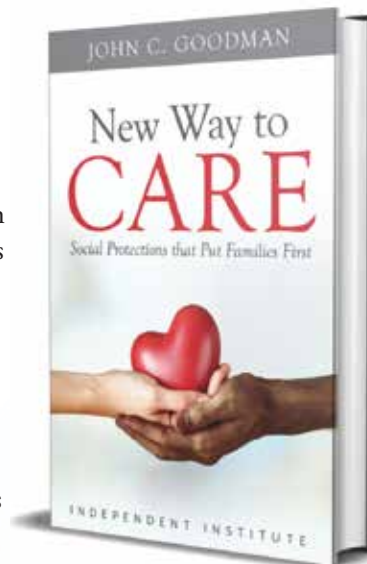
The Tennessee bill must clear the state general assembly and be signed by the governor before becoming law. Frantz is optimistic about its chances.

"It's so encouraging to see elected officials listening to the people and trying to restore the liberties they have lost," Frantz said. "We hope the bill advances quickly through the legislature in Tennessee and is copied by other states as well."

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

# New Way to Care!

With the COVID-19 pandemic and shutdowns, federal debt has reached \$22.8 trillion with a 2020 deficit of \$3.3 trillion, more than triple the deficit for 2019. Not including Obamacare, the unfunded liability in Social Security and Medicare alone is \$120 trillion, 6 times the entire U.S. economy. If such spending continues, average people will be paying two-thirds of their income to the federal government by mid-century, destroying families, businesses, and communities. And with entitlements the largest component of federal spending, politicians have failed at reining in one of the most troubling issues facing Americans.



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**"This is incredibly encouraging. Governors are seeing the light, and they're starting to follow the science which proves that mask mandates and lockdowns were ineffective in combating the virus in the first place."**

**BOB FRANTZ**  
COMMUNICATIONS DIRECTOR  
CITIZENS FOR FREE SPEECH

# Court Rejects CDC's Power Grab Over Landlords

By Bonner R. Cohen

A federal court ruled the U.S. Centers for Disease Control and Prevention (CDC) overstepped its authority in issuing a nationwide eviction moratorium to stem the spread of COVID-19.

The March 10 decision in *Skyworks v. Centers for Disease Control* is a victory for a group of Ohio landlords and the National Association of Homebuilders who challenged the ban in October. The ruling allows evictions to resume in much of Ohio, restoring landlords' rights to remove tenants who do not honor their lease obligation to pay rent. The landlord groups among the victorious plaintiffs say the ruling should apply beyond Ohio.

Judge Philip Calabrese's declaratory judgment held the CDC lacks the statutory authority to promulgate the eviction ban.

"Without question, effective pandemic response depends on the judgment of reliable science—not political science," Calabrese wrote. "But that obvious truism does not empower agencies or their officials to exceed the mandate Congress gives them."

"This is a victory for the rule of law," said Steve Simpson, a senior attorney with the Pacific Legal Foundation (PLF), which represented the landlords. "This decision makes clear that federal agencies can't exercise power Congress has not given them. Now our clients no longer have to provide housing for free."

## 'Opportunity to Grab Power'

The Ohio decision came two weeks after the U.S. Court for the Eastern District of Texas entered a final judgment declaring the CDC's eviction moratorium order unconstitutional. In that case, *Terkel v. CDC*, the plaintiff, a woman who owned four units of rental housing in Tyler, Texas, was denied her right under state law to evict a nonpaying tenant because of the CDC moratorium. The plaintiff was represented by the Texas Public Policy Foundation (TPPF) and the Southeastern Legal Foundation.

"Today, the court held that the federal government cannot interfere with private property rights or citizens' access to courts to exercise their rights under state law," said TPPF General Counsel Robert Henneke in a statement. "The CDC attempted to use COVID-19 as an opportunity to grab power, and the court rightly corrected this egregious overreach."

"This case puts down a marker," Henneke said. "There are real, meaningful limits to federal power under



CDC building sign

our Constitution. And pandemic or not, federal courts have a 'virtually unflagging obligation' to impose those limits on cases brought before them."

Last August, President Trump issued an executive order instructing the CDC and the U.S. Department of Health and Human Services (HHS) to "consider whether any measures temporarily halting residential evictions for any tenants for failure to pay rent are reasonably necessary to prevent the further spread of COVID-19 from one State or possession to another State or possession." The CDC seized on the opportunity and issued its nationwide moratorium in September. The CDC gave no explanation of why landlords should be singled out and forced to allow the use of their property without rent, or why the CDC order was not a taking of property under the Fifth Amendment to the Constitution.

The Biden Justice Department, siding with the CDC, has announced it will appeal the Texas ruling. It may do the same in the Ohio case. The Biden administration extended the eviction moratorium to March 31 of this year.

## More to Come

Two other cases challenging the CDC moratorium are winding their way through the court system.

*Chambliss v. CDC*, also litigated by the PLF, is on appeal to the U.S. 5th Court of Appeals. *Brown, Rondeau, Krausz, Jones, and the National Apart-*

**"Has the pandemic permanently altered our understanding of the prerogatives of government? Our understanding of government power and individual liberty is at risk of permanent distortion. Normal isn't the government permitting us to exercise our liberty. Normal means we needn't seek the government's permission to exercise our liberty."**

**DOUG BADGER**  
VISITING FELLOW  
THE HERITAGE FOUNDATION

*ment Association v. CDC*, with the plaintiffs represented by the New Civil Liberties Alliance, is on appeal in the 11th Circuit Court.

"Eviction moratoria may delay eviction," said Michelle Minton, a senior fellow at the Competitive Enterprise Institute. "But expect waves of evictions whenever and wherever they expire. Mass evictions will send displaced people scrambling, causing a sudden spike in demand for housing in those markets, increasing rental prices, and making affordable housing harder to obtain."

## Authority Not 'Boundless'

Respect for civil liberties is critical during a crisis, says Caleb Kruckenberg, litigation counsel with the NCLA.

"In recent decisions striking down the eviction order, the courts have sent strong messages that our civil liberties must be protected, most especially in a crisis," Kruckenberg told *Health Care News*. "As Judge Calabrese wrote in his decision in Ohio, even in a pandemic we should all be deeply troubled by CDC's

claims that it has 'boundless' authority to take any action, with only 'the judgment of the Director of the CDC or other experts for its limits.' Congress simply did not provide the CDC with the unreviewable authority to make it a federal crime for housing providers to vindicate their property rights by using the state court processes."

"Has the pandemic permanently altered our understanding of the prerogatives of government?" Doug Badger, a visiting fellow for domestic policy studies at The Heritage Foundation, asked in the *Sun-Sentinel* on March 5. "Our understanding of government power and individual liberty is at risk of permanent distortion."

"Normal isn't the government permitting us to exercise our liberty," Badger writes. "Normal means we needn't seek the government's permission to exercise our liberty."

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



# Michigan Appears to Have a Cuomo Nursing-Home Problem

By AnneMarie Schieber

Michigan lawmakers are investigating a nondisclosure deal Gov. Gretchen Whitmer made to give her former health director a \$155,000 severance package.

Department of Health and Human Services Director Robert Gordon abruptly resigned from his position on January 22. At a news conference days later, Whitmer declined to say whether Gordon left voluntarily or was fired.

In a January 22 email obtained by *The Detroit News*, which was sent 11 minutes before Gordon announced his resignation on social media, Whitmer's chief legal counsel wrote to Gordon, "If you would like to discuss an executive separation agreement, please contact Assistant Attorney General Jeanmarie Miller, Department of Attorney General." The state agreed to pay Gordon nine months of his \$182,070 annual salary.

Under pressure, Whitmer and Gordon announced they were waiving the nondisclosure agreement, the *Detroit News* reported on March 18.

## 'This Reeks of a Scandal'

News of the severance agreement arrived five days after Michigan House and Senate Republicans called for an investigation into COVID-19 nursing home deaths. In a directive on April 22, the Whitmer administration offered nursing homes \$5,000 for accepting recovering COVID-19 patients released from hospitals.

Michigan House Oversight Chair Rep. Steve Johnson (R-Wayland) says he is unfamiliar with the use of nondisclosure agreements for state government administrators who are fired or resign.

"What is incredibly problematic is Dr. Gordon had a number of objectionable issues we could see in plain sight," Johnson told *Health Care News*. "If what we can see in the middle of the day is pretty bad and he had to resign as it was, and now there is more to hide, \$155,000 of taxpayer money, this reeks of a scandal."

Johnson's committee has been probing the nursing home deaths.

"We've been asking for data to assert that Michigan did not do the same thing as New York, and the health department has refused to testify," Johnson said. "That makes us question what they are trying to hide. Does Director Gordon have information on nursing home deaths that would hurt the governor, and is that why they paid him \$155,000: to stay quiet?"

## Lockdown Pain and Suffering

As cases of COVID-19 ramped up,

Michigan Governor Gretchen Whitmer



Whitmer imposed some of the strictest lockdown policies in the nation, with many measures still in effect. Lawsuits over the lockdown orders are circulating through state and federal courts. On October 2, the Michigan Supreme Court ruled Whitmer was acting unconstitutionally under two state statutes. Whitmer then acted under the state's public health code, with Gordon playing a large role in that action.

"These are people who are making critical decisions that are destroying restaurants, gyms, and businesses all over the state," said David Kallman, an attorney with the Great Lakes Justice Center, whose firm is representing a chiropractor and parochial school parents in two lawsuits against the state.

"Being secretive about why someone leaves their job feeds speculation," Kallman said. "If there was a difference in policy, that could be acceptable, but why not say it?"

Kallman says Whitmer's refusal to release the science and data behind her policy decisions has added fuel to the fire.

"Now, with these departures of the top echelon of our public health system without any explanation, it just undermines the confidence in our public health system," Kallman said.

## Reviewing Options

Johnson says legislators are reviewing their legal options in light of the contract prohibiting Gordon from speaking.

"We have floated the idea of inviting Director Gordon in, perhaps serving him with a subpoena if he refuses," Johnson said.

Kallman says the legislature has oversight responsibility and could go into a closed session if there is a legitimate reason for the nondisclosure.

"But having an agreement because disclosure would be too sensitive to the governor, that would not be a valid reason," Kallman said.

Meanwhile, Macomb County Prosecutor Peter Lucido says he is ramping

up his own investigation into Michigan's nursing home deaths.

At a March 10 news conference, Lucido said people will soon be able to file a report with police agencies throughout the state if they know of someone who was exposed to COVID-19 at a nursing home and died while Whitmer's policy was in place. Last year, Lucido, then a Michigan state legislator, introduced a bill that would have prohibited the transfer of COVID-19 patients into nursing homes. Whitmer vetoed it.

A day after Lucido announced his plan, Whitmer conducted an inter-

view with WDIV-TV in a room where she was surrounded by posters of Michigan and a pillow with Anthony Fauci's image on it. Toward the end of the interview, her dogs entered the room, and she turned to a discussion of her pets.

## Price to Pay

The pushback against politicians who imposed some of the strictest lockdown orders, including Whitmer in Michigan, Andrew Cuomo in New York, and Gavin Newsom in California, is well-deserved, says economist Jeffrey Tucker in a March 2 blog post for the American Institute for Economic Research.

Although the declines of these politicians may occur for reasons other than or in addition to the lockdowns, "the abusers of all sorts eventually pay a price for their egregious behavior, one way or another," Tucker writes. "The list of people who will experience career disruption for what they have done to our communities and our country is very long."

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

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# Trend in Vaccine Deaths Shows More Than ‘Natural Occurrence’

By AnneMarie Schieber

A review of the number of days between COVID-19 vaccinations and occurrences of death suggests there may be another explanation than “natural occurrence.”

The Vaccine Adverse Event Reporting System (VAERS) reported 653 deaths after people received the Pfizer/BioNTech or Moderna vaccine by February 4. The U.S. Centers for Disease Control reported 35,203,710 total doses were administered by February 4, according to CNN.

The deaths have caused modest alarm. One explanation is that they could be a coincidence, particularly among the older populations first in line for the vaccines.

Harvey Risch, M.D., an epidemiologist at the Yale School of Public Health, thinks the deaths are linked to the vaccine, based on his analysis of the number of days between vaccine and death. If the deaths are a natural occurrence, the same number of deaths would happen roughly every day after the vac-

cine, Risch says.

Instead, the numbers show something quite different. On the day of vaccination, there were 138 deaths, followed by 147 on day one after vaccination, 76 on day two, 49 on day three, 43 on day four, 35 on day five, 24 on day six, 21 on day seven, 16 on day eight, 17 on day nine, 61 between the tenth and fourteenth days (averaging 12.2 per day), and 66 between the fifteenth and thirtieth days (averaging 4.1 per day).

“There is background mortality of approximately four deaths a day in the VAERS data,” Risch said. “That would suggest that within the first 30 days after the vaccination, some 120 should have died, which leaves 573 deaths apparently attributable to the vaccinations.”

## Mortality Narrative

The U.S. Centers for Disease Control and Prevention states there are no “detected patterns in cause of death that would indicate a safety problem with COVID-19 vaccines.”

A similar message was given by the Paul Ehrlich Institute (PEI), which is in charge of vaccination in Germany.

“We assume the patients died of their underlying disease—in a coincidental time with the vaccination,” PEI’s Brigitte Keller-Stanislawski said in a German television interview, according to the German media organization DW.

Media reports have followed the narrative that more people would have died without the vaccine, but that misses the point, Risch says.

“[There needs to be] a rational explanation for the exponential trend in daily deaths that should otherwise be constant if they were for reasons unrelated to the vaccinations,” Risch said. “Of course, deaths would have been greater if they got COVID and had no outpatient treatment, but not necessarily so with early treatment.”

Risch was one of several physicians who testified at U.S. Senate hearings in late 2020 to present evidence that early outpatient treatment for COVID-19 with existing drugs and nutraceuti-

**“There is background mortality of approximately four deaths a day in the VAERS data. That would suggest that within the first 30 days after the vaccination, some 120 should have died, which leaves 573 deaths apparently attributable to the vaccinations.”**

**HARVEY RISCH, M.D.  
EPIDEMIOLOGIST  
YALE SCHOOL OF PUBLIC HEALTH**

cals can keep patients alive and out of the hospital.

Autopsies could provide an exact cause of death for those who die soon after vaccination and thus would offer clues on mortality patterns related to the vaccines.

AnneMarie Schieber ([amschieber@heartland.org](mailto:amschieber@heartland.org)) is the managing editor of Health Care News.

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# Did the CDC Inflate COVID Death Rates, Violate Law?

By Bonner Cohen

The nation reached a significant milestone in late February, with media outlets reporting that the number of Americans who have died from COVID-19 passed the 500,000 mark.

Such a death toll is deeply disturbing. But is it accurate?

A recent study in the journal *Science, Public Health Policy, and the Law* published by the Institute for Pure and Applied Knowledge/Public Health Initiative raises intriguing questions. The study, “COVID-19 Data Collection, Comorbidity & the Law,” concludes that the Centers for Disease Control and Prevention (CDC) unilaterally altered the 17-year-old process by which it calculated disease-caused fatalities, creating a special procedure for tabulating COVID-19 deaths. This, the study says, enabled the CDC to produce inaccurate data which were widely disseminated by the media and served to justify a host of coercive measures to stem the spread of the disease.

“As a result of these changes, we allege the CDC compromised the quality, objectivity, and integrity of all COVID-19 data collected to date,” the authors write.

Puzzled by the CDC’s actions, the study’s authors ask three questions:

- “Why would the CDC decide against the use of a system of data collection & reporting it authored, and which has been in use nationwide for 17 years without incident, in favor of an untested & unproven system exclusively for COVID-19 without discussion and peer-review?”
- “Did the CDC’s decision to abandon a known and proven system also breach several federal laws that ensure data accuracy and integrity?”
- “Did the CDC knowingly alter rules for reporting cause of death in the presence of comorbidity exclusively for COVID-19? If so, why?”

The 25-page peer-reviewed study claims the CDC willfully violated several federal statutes, including the Data Quality Act, Paperwork Reduction Act, and the Administrative Procedures Act.

## ‘Capricious Alteration’

“The CDC published guidelines on March 24, 2020, that substantially altered how death is recorded exclusively for COVID-19,” the study notes. “This change was enacted apparently without public opportunity for comment or peer-review. As a result, a



capricious alteration to data collection has compromised the accuracy, quality, objectivity, utility, and integrity of their published data, leading to a significant increase in COVID-19 fatalities.”

Specifically, in a March 24, 2020 NVSS COVID-19 Alert, the CDC instructed coroners, medical examiners, and physicians to de-emphasize underlying causes of death, also referred to as preexisting conditions or comorbidities, by recording them in Part II rather than Part I of death certificates, the study explains.

“It’s worth noting that Part I of a death certificate is the immediate cause of death listed in sequential order from the official cause on line item (a) to the underlying causes that contributed to death in descending order of importance on line item (d), while Part II is/are the significant conditions NOT relating to the underlying cause(s) in Part I,” the study points out.

CDC’s action constituted a major rule change on reporting deaths from the agency’s 2003 Coroners’ Handbook on Death Registration and Fetal Death Reporting and Physicians’ Handbook on Medical Certification of Death, which had instructed medical professionals nationwide to list underlying conditions of death in Part I for the previous 17 years.

By law, the study notes, the CDC was required to submit such a change as a proposal to the Federal Register for public comment, which the CDC failed to do.

Moreover, on April 14, 2020, the CDC adopted a position paper that, according to the study, “dramatically altered what defines a new case exclu-

sively for COVID-19.” The paper was authored by the Council of State and Tribal Epidemiologists (CSTE), a 501 (c)(6) non-profit organization, with the assistance of four CDC-employed subject matter experts and sanctioned by CDC Director Dr. Robert R. Redfield. Not only does this appear to be a potential conflict of interest, the study points out, it also bypasses the Office of Management and Budget (OMB) oversight responsibilities under the Information Quality Act and Paperwork Reduction Act. The arrangement between CDC and CSTE also contains *ex parte* communication which the study says are “in general violation of ethical standards.”

## Published Data and Public Policy

Aside from the legal issues involved, the study suggests that the CDC’s manipulation of statistics resulted in significant inflation of reported COVID-19 fatalities, as well as the imposition of economically destructive public policies.

“As a result of state policies based on potentially compromised data published and promoted by the CDC, Americans have lost jobs and businesses in historically unprecedented numbers,” the authors conclude. “Federal agencies have the legal obligation to provide the most accurate data to the public, fellow agencies, and policymakers they are advising, and they have a responsibility to abide by every federal law ... It is concerning that the CDC may have willfully failed to collect, analyze, and publish accurate data used by elected officials to develop public health policy for a nation in crisis.”

**“Regarding this pandemic, I’ve gone by the data that are available. Incomplete data, however, can lead to incorrect statements and inferences; for example, as we noted in a recent study, case-fatality rates may be much lower than we actually observe due to incomplete COVID-19 data.”**

**KEVIN DAYARATNA**  
RESEARCH FELLOW, THE HERITAGE FOUNDATION

The CDC’s actions “resulted in a 1,600% inflation of current COVID-19 fatality totals,” according to an analysis of the study by the watchdog group All Concerned Citizens, which was provided to National File.

“If this analysis is correct, the CDC is guilty of gross malfeasance causing devastating losses to millions, in violation of settled federal law,” said Jane Orient, M.D., executive director of the American Association of Surgeons and Physicians and policy advisor to The Heartland Institute, which co-publishes *Health Care News*. “How can they be held accountable? What kind of relief is obtainable?”

“When I conduct statistical analysis and develop models, it is of utmost importance to have the most accurate data possible,” said Kevin Dayaratna, principal statistician, data scientist and research fellow at the Heritage Foundation’s Institute for Economic Freedom. “Regarding this pandemic, I’ve gone by the data that are available. Incomplete data, however, can lead to incorrect statements and inferences; for example, as we noted in a recent study, case-fatality rates may be much lower than we actually observe due to incomplete COVID-19 data.”

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

## INTERNET INFO

Henry Ealy, et.al., “COVID-19 Data Collection, Comorbidity & Federal Law: A historical Retrospective, Science, Public Health Policy and The Law, October 12, 2020: <https://www.publichealthpolicyjournal.com/ethics-in-science-and-technology>

# HHS Nominee Grilled on Off-Label Use of Drugs

By AnneMarie Schieber

U.S. Sen. Rand Paul (R-KY) engaged in a heated exchange with Rachel Levine, M.D., President Joseph Biden's nominee for assistant secretary of the U.S. Department of Health and Human Services, over the approval of off-label use of hormone blockers for child sex changes by those who object to the alternative use of hydroxychloroquine and other approved drugs to treat COVID-19.

At the February 25 confirmation hearing, Levine, a transgender woman and pediatrician, refused to answer Paul's questions on whether she supports sex changes for children. Paul, a physician, noted the process involves prescription hormones not approved for such use.

The U.S. Food and Drug Administration and the National Institutes of Health have blocked outpatient use of hydroxychloroquine and other existing drugs to treat early infection of COVID-19 despite mounting, quality evidence the drugs can significantly reduce hospitalization and deaths from the virus.

The following is a transcription of the exchange between Paul and Levine at the latter's confirmation hearing:

**Paul:** Genital mutilation has been nearly universally condemned. Genital mutilation has been condemned by the WHO, The United Nations Children's Fund, The United Nations Population Fund. According to the WHO, genital mutilation is recognized internationally as a violation of human rights. Genital mutilation is considered particularly egregious because as the WHO notes, it is nearly always carried out in minors and is a violation of the rights of children. Most genital mutilation is not typically performed by force, but as WHO notes, by social convention, social norm, the social pressure to conform, to do what others do and have been doing as well as to be accepted socially, and the fear of being rejected by the community.

American culture is now normalizing the idea that minors can be given hormones to prevent the biological development of their secondary sexual characteristics. Dr. Levine, you have supported both allowing minors to be given hormone blockers to prevent them from going through puberty, as well as surgical destruction of a child's genitalia. Like surgical mutilation, hormonal interruption of puberty can permanently alter and prevent secondary sexual characteristics.

The American College of Pediatrics



Secretary of Health  
Dr. Rachel Levine

cians reports that 80 to 95 percent of prepubertal children with gender dysphoria will experience resolution by late adolescence if not exposed to medical intervention and social affirmation. Dr. Levine, do you believe minors are capable of making such a life-changing decision as changing one's sex?

**Levine:** Well, Senator, thank you for your interest in this question. Transgender medicine is a very complex and nuanced field, and we have robust research and standards of care that have been developed, and if I am fortunate enough to be confirmed as the assistant secretary of health, I would look forward to working with you and your office and coming to your office and discussing the particulars of the standards of care for transgender medicine.

**Paul:** The specific question was about minors. Let's be a little more specific, since you evaded the question. Do you support the government intervening to override the parent's consent, to give a child puberty blockers, cross-sex hormones, and/or amputation surgery of

breasts and genitalia? You have said that you are willing to accelerate the protocols for street kids. I'm alarmed at poor kids, with no parents, who are homeless and distraught—you would just go through this and allow that to happen to a minor.

I would hope that you would have compassion for Keira Bell, who's a 23-year-old girl who was confused with her identity. At 14, she read on the internet about something about transsexuals and she thought, "Well, maybe that is who I am." She ended up getting these puberty blockers, cross-sex hormones, she had her breasts amputated. But here's what ultimately she says now, and this is a very insightful decision from someone who made a mistake but was led to believe this was a good thing by the medical community. "I made a brash decision as a teenager as a lot of teenagers do, trying to find confidence and happiness, except now the rest of my life will be negatively affected," she said, adding that the medicalized gender transitioning was a very temporary, superficial fix for a very complex identity issue.

What I'm alarmed at, is that you are not willing to say, absolutely, minors should not be making decisions to amputate their breasts or to amputate their genitalia. For most of our history, we have believed that minors don't have full rights and that parents need to be involved. I'm alarmed that you won't say with certainty that minors should not have the ability to make the decision to take hormones that will affect them for the rest of their life. Will you make a more firm decision on whether minors should be involved in these decisions?

**Levine:** Senator, transgender medicine is a very complex and nuanced field. And if confirmed to the position of assistant secretary of health, I would certainly be pleased to come to your office and talk with you and your staff about standards of care and the complexity of this field.

**Paul:** Let it go into the record that the witness refused to answer the question. The question is a very specific one. Should minors be making these momentous decisions? For most of the history of medicine, we wouldn't let you have a cut sewn up in the ER. But you're willing to let a minor take things that prevent their puberty, and you think they get that back? You give a woman enough testosterone that she grows a beard, do you think she is going to go back looking like a woman when you stop? You have permanently changed them.

Infertility is another problem. None of these drugs has been approved for this. They're all being used off-label. I find it ironic that the Left that went nuts over hydroxychloroquine being used possibly for COVID, are not alarmed that these hormones are being used off-label. There are no long-term studies. We don't know what happens to them. We do know that there are dozens and dozens of people who have been through this, who regret this happening, and a permanent change happened to them. And if you've ever been around children, 14-year-olds cannot make this decision. In the gender dysphoria clinic in England, 10 percent of the kids are between the ages of three and 10. We should be *outraged* that someone is talking to a three-year-old about changing their sex. I can't vote for you if you can't make a decision.

AnneMarie Schieber ([amschieber@heartland.org](mailto:amschieber@heartland.org)) is the managing editor of Health Care News.



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