## First, Do No Harm

## by Earl P. Holt III

If skyrocketing expense, lack of access and the rationing of services under "nationalized" health care systems aren't sufficient to convince you of its dangers, then consider our federal government's response to the COVID-19 "scamdemic." The politicization of our response to COVID-19 at nearly every stage should convince anyone with a three-digit IQ of the disasters inherent in "nationalizing" health care in America.

America's *centralized* approach to public health policy through the *National Institute for Health* and the *Center for Disease Control* is extremely instructive. It exposes how centralized, "top-down" policies imposed by Washington tend to be misused by unethical politicians, lobbyists and bureaucrats in various ways to which decentralized public health policies at the state or county level are immune.

For example, an **incestuous relationship** has clearly evolved between the pharmaceutical industry and Anthony Fauci at his *National Institute for Allergies and Infectious Diseases* (NIAID.) The NIAID has clearly been "captured" by *Big Pharma*, which funds a lot of its research and offers many plums to federal bureaucrats before and after retirement. Thus, it was Fauci who foolishly and imperiously advised President Trump to throw billions at *Big Pharma* and rush-to-market what has proven to be a marginally effective vaccine with often dangerous side-effects.

In the process, Fauci arrogantly dismissed not only the accepted principle of "herd immunity," but was also instrumental in obstructing the use of some extremely inexpensive, readily-available and proven therapies for treating viral infections such as HCQ and Ivermectin. The patents on these therapies expired decades ago, so they were no longer profitable to Big Pharma, whereas its vaccines have generated billions in profits.

Fauci even helped **orchestrate a campaign** against *HCQ* and *Ivermectin*, and instead recommended *Remdesivir*, which costs about \$3,600 per treatment, has been proved largely ineffective, has serious side-effects and is quite invasive since it requires a series of intravenous transfusions.

Another example of how politics can contaminate public health policy was evident when it was revealed that Fauci used \$50 Million in grant money to **bribe prominent physicians** and scientists into reversing their public positions and endorse the fraudulent notion that COVID-19 was a naturally-occurring virus rather than engineered in a lab. This was critical to Fauci's reputation, since he and his NIAID were among those who secretly funded of COVID-19's "gain-of-function" research at the **Wuhan Institute of Virology** in communist China. Fauci was desperate to hide his traitorous and embarrassing role in this debacle, and lied to Congress multiple times about it.

When COVID-19 first appeared, public health officials feverishly sought to determine its origins in order to study its transmissibility and communicability. Tedros Adhanon, who heads the *World Health Organization* (WHO) confidently asserted that COVID-19 was **NOT** readily transmissible between humans, and that it was **NOT** readily communicable, either. These were both lies parroted by Tedros to salvage China's reputation, because Tedros owed his position at the WHO to the influence of China's leaders who got him that job. This disinformation campaign cost America valuable time in responding effectively to the pandemic in its early stages.

China also lied about the origins of COVID-19, claiming it "evolved" in Wuhan China's "wet-markets" where exotic game are displayed and sold for human consumption. This lie was quickly repeated by U.S. health officials like Fauci, although it was soon proved beyond reasonable doubt that the COVID-19 virus originated in the **Wuhan Institute of Virology** (WIV) rather than China's "wet markets." The WIV was

experimenting with so-called "gain of function" research to develop virologic weapons for China's military, thanks to millions in grants from Fauci's NIAID.

The corrupting influence of government funding was apparent from the very start in policies that were intended to reimburse hospitals for the expense of treating COVID patients. These encouraged gross exaggerations in the number of COVID cases admitted in order to qualify for substantial reimbursement funds. Originally, these were large windfalls of \$39,000 per patient if they received inhalation therapy, so a lot of dying patients got hooked-up to ventilators just before they expired. Reimbursements of \$13,000 per patient were also available for each admission that tested positive for COVID. Amounts for both kinds of reimbursements increased later on during the "scamdemic."

Some guy in Florida was initially ruled a COVID death after he was killed in a motorcycle accident because he allegedly tested positive for COVID after being admitted. The pathological liars at *Snopes.com* claimed this was false, but the man's name was initially listed in Florida's death reports as due to COVID. (Only the objection of the attending physician to the man's incorrect classification is why we even know about this.) Another man in Minnesota was listed as a COVID death, even though he tested **NEGATIVE** for it. There are many anecdotes like these from all across the country, proving that when medicine involves politics -- particularly politics backed up by large amounts of public money -- strong incentives exist to subvert their original purpose or intent.

The COVID-19 "scamdemic" was also used as a pretense for arbitrary and capricious "lockdowns" by unscrupulous "Democrat" politicians in BLUE cities and states. These scum-balls seized on the pandemic as an opportunity to destroy their political opposition in the form of small business owners, who tend to be more conservative, Republican or independent-minded than most residents of their states. Likewise, Joe

Biden's vaccine mandate even became an essential prerequisite for keeping one's job in the military or in the public and private sectors.

At nearly every stage of our response to COVID-19, centralized public health policies imposed by Washington invited the sinister, destructive and subversive influence of politics in one form or another. As a consequence, hundreds of thousands of Americans died unnecessarily from COVID-19 because of NIH and CDC interference. These agencies (and others) meddled with practicing physicians who were prohibited from using *HCQ* and *Ivermectin*. The federal government's public health "experts" also discouraged the reliance of some states on traditional herd immunity, which has proven to be a far more effective and less destructive approach to public health policy.

Our response to COVID-19 offers a clear and unequivocal repudiation of the desirability of centralized and government-controlled health care. In the future nationalized health care schemes such as "ObamaCare" should be fought as vigorously as possible, lest we further damage what was once the finest health care system in the world.