Correspondence

COVID Mandates

Recently, politicians and their media cronies have been calling for “COVID passports” and other forms of direct and indirect coercion to take one of the currently emergency-use-authorized experimental biologic agents for preventing severe COVID-19. We must resist any and all calls for mandates and demands, whether direct or indirect, for any individual to take any medical intervention, especially one that is not completely studied and officially FDA approved. These are troubling for many reasons:

1. If the government can force you to take an experimental medical intervention for any reason, what right do you have to privacy or to control of your own body?
2. Many people immediately experience mild to moderate side effects with the first and second injections, but the long-term effects are unknown. There have also been many fatalities within 72 hours of injection. There is fundamentally no ironclad way to prove the injection’s responsibility for the death—or to refute it.
3. COVID-19 is primarily a threat to those who are aged 70 or older, in nursing homes, or suffering multiple inflammatory conditions, or who possibly have certain blood types (A, B, or AB). Children of all ages and healthy people generally have self-limited infections after exposure, with no immediate threat to life or limb.
4. Those with low risk, children and healthy adults, gain valuable B cell, T cell, and humoral antibody immunity to the virus after exposure. Then these people help provide herd immunity to protect those at high risk.
5. Yet, some are calling for and starting trials of injections in children and pregnant women.

In my view, based on 11 years of training and more than two decades of practice experience, we have moved much too far, much too fast on the rollout of this experimental biologic agent. It has not been shown to prevent SARS-CoV-2 transmission, only to reduce symptoms—so, what is the purpose of a “COVID passport” based on vaccination status?

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REFERENCE

Appreciation

The Journal does not shy away from the political and social issues that plague American medicine in the war against Marxist efforts to supplant traditional Western professional and ethical standards that place individual patient welfare first, rather than a collectivist utopian substitute. AAPS is virtually the only medical organization fighting for the rights of patients and the profession. Even though the Oath of Hippocrates is ancient we cannot deviate from its principles, and we must always view and react to developments in society and medicine through a lens of moral and ethical fidelity.

From the fall 2020 issue (available at www.jpands.org), I especially applaud Dr. Tamzin Rosenwasser’s analysis of the unconstitutionality of Medicare; Paul Driessen’s brilliant piece explaining the judicial collusion and corruption of the glyphosate (Roundup™ herbicide) trials; Dr. Lee Merritt’s exposé on corrupt research science and suppression of knowledge on therapeutics for viral illnesses; Dr. Lawrence Huntoon’s probe of the conflict-ridden Centers for Disease Control and Prevention (CDC); and Dr. Kristin Held’s commentary on the policies of public health officials that did not serve the public welfare.

The winter issue featured AAPS general counsel Andrew Schlafly’s report on the lawsuit to push back on Food and Drug Administration (FDA) tyranny regarding therapy for COVID-19. Dr. Huntoon writes a magisterial law-review-level paper on the complexities of physician peer review and discipline. I am an expert on peer review law, but I can in no way match the command of the subject regularly displayed in the journal by Dr. Huntoon, who is easily in the top rank of experts on medical peer review in the world. AAPS executive director Dr. Jane Orient’s interview reveals the game of medical discipline (the disruptive physician scam) that reminds us of Stalinist strategies. AAPS president Dr. Paul Kempen writes on corporatized medicine and exposes specialty certification scams that include journals. I am always enlightened by the Journal’s content.

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