The Destruction of American Medicine and Health: An Eyewitness Account

Medical Doctors for Covid Ethics
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Intro:

Since high school I've had a very strong scientific education, with Physics and Chemistry in college and then medical school in Belgium at the Catholic University of Louvain, known for its heavy emphasis on Basic Science and Medical Ethics. While in medical school, I came to completely reject the theory of evolution based on the scientific implausibility of the spontaneous appearance of living creatures with increasingly complex features, and the irreducible complexity of life at the molecular level. I also read Karl Popper and adopted his definition of scientific, as opposed to pseudoscientific, theories, as those capable of being disproven by experimentation. If there's no possible experiment or observation that would be able to disprove a hypothesis, it is not truly scientific. Other examples of pseudoscience include Marxism, psychoanalysis, and of course "climate change."

As a corollary to this foundational principle, a true scientific hypothesis is never "proven;" it can only be disproven. The classic example: The hypothesis that "all swans are white" is completely disproven by the

demonstration of a single black swan. Experiments can support but not prove a hypothesis.

Another major influence during my college years was the classic book by Robert Pirsig: Zen and the Art of Motorcycle Maintenance. This led me to pen an essay some years ago critiquing Health Maintenance Organizations (HMO) entitled "Zen and the Art of Health Maintenance." I put forward the notion that quality in medical care depended entirely on the quality of the patient-physician interaction.

And the brilliant Buckminster Fuller's "Operating Manual for Spaceship Earth" completely debunked the Malthusian nutcase Paul Ehrlich's "The Population Bomb."

Destruction of Medicine:

I was an eyewitness to the destruction of the medical profession and have pushed back for my entire career, mostly through the Association of American Physicians and Surgeons (aapsonline.org) where I served as president in 2015 and board member for many years.

After residency in Internal Medicine in New York, and a Nephrology fellowship at the Hospital of the University of Pennsylvania in the '80s, I began my career as an academic nephrologist at New York's Beth Israel Medical Center, a teaching hospital initially of the Mount Sinai School of

Medicine. It's painful to recall how wonderful it was being a doctor back then, compared with the current state of affairs.

Doctors were a highly selected group of intelligent, fiercely independent overachievers; 90% were in private practices they owned. Private medical care in America was the envy of the world.

Most patients in hospital were admitted and followed by their private doctors. To get hospital privileges, private docs had to do at least a month of service, i.e., teaching rounds; most were excellent.

The private medical staff was a powerful group in the hospital. Many hospitals were run by physicians. The Doctors' Lounge was off limits to patients, visitors, and administrators. I wonder if any still exist today.

Over the years, private doctors were completely pushed out by administration, their roles taken over by "hospitalist" physicians fully employed by the hospital; their primary job was to assure the rapid discharge of patients, as this maximized revenue under Medicare's "diagnosis related group" payment scheme.

Pharma was present but on the periphery. They had their "key opinion leaders" pushing products and reps courted doctors, certainly, but we remained true to our patients. Doctors assessed new drugs with appropriate skepticism. Journals were excellent, especially the Lancet and the NEJM, both of which I read regularly. The Lancet was printed on thin paper, black and white, without ads and was full of clinically useful reports. Turnover time for acceptance or rejection of articles submitted for publication was about one week!

Our bibles were Harrison's Principles of Internal Medicine, and Cecil. Patient problems provided the impetus to research, and we frequently went to the hospital library to pull articles. We carried the Washington Manual and photocopied articles on rounds for quick reference. We wrote progress notes in paper charts by hand.

There were three major elements that led to the demise of the medical profession: Loss of financial independence, loss of professional autonomy, and abandonment of medical ethics.

Financial Independence

Physicians surrendered their financial independence by gradually accepting third-party payment for their services. As we will discuss later, third-party payment (the veterinary model) is inherently unethical as it intrudes on medical decision-making and the patient-physician relationship. The major force driving this change was Medicare. It was initially sold as no-strings-attached insurance program for the elderly that would reimburse for doctors' usual, customary, and reasonable charges with no questions asked. As program costs exploded to over 10x predicted, a series of controls were instituted. Eventually participation in Medicare required physicians to accept their reimbursement as payment in full; in other words, "balance billing" was ended. Private insurers followed suit. While their payments typically exceeded those set by Medicare, doctors were contractually bound

to accept them as full payment. Once doctors surrendered the ability to set their own rates (lawyers, dentists, accountants) their fate was sealed. Physicians in private practice in essence became employees of the insurance provider and gave up considerable control over the way they practiced medicine. They also became completely dependent on the whims of reimbursement policy.

Payment for doctors' services were set using the RBRVS, a Stalinist concoction that attempted to quantify physicians' work product. Payments progressively declined in both the public and private sectors, leading to increasing volume of services, less time per patient, and declining quality of care. The cost of running an office went through the roof since additional staff were required for billing, coding, collection, and maintaining an EHR.

The '80s and '90s saw the rise of Managed Care and the HMO. This was a scam, where patients were assigned a Primary Care Provider (PCP, provider) who was contracted to serve as a "gatekeeper," in other words, to ration care. These plans became dominant; open-ended indemnity plans suddenly were very expensive and hard to find.

Since third-party-payment drove up the cost of care dramatically, few could afford to go without insurance, and denial of payment for various tests or procedures effectively made those options unavailable (MRI, etc). Doctors suddenly had to spend precious time getting "pre-authorizations" for virtually everything more costly than aspirin!

Financial incentives were introduced to control medical practice through various "payment for performance" schemes (P4P). Performance metrics continue today and usually consist of following industry guidelines.

The highly partisan passage of Obamacare dramatically increased regulations and restraints on practice, and we saw "high deductible, high premium" plans offered to individuals and a huge expansion of the Medicaid program.

These heavy expenses, increasing workload, along with lower income, led to a massive migration out of private practice and into large group practices, mostly owned and run by hospital corporations. Doctors went from being *de facto* employees to being *in facto* employees and completely lost their financial independence.

According to a 2022 article in Becker's:

> The number of physicians in private practice dropped to 26 percent in 2021.
>
> There are now about 135,300 hospital or corporate-owned physician practices in the U.S.
>
> About 108,700 physicians have left private practice since January 2019

Loss of Autonomy

The loss of professional autonomy means losing the ability to make independent clinical assessments and treatments based on scientific principles, training, clinical experience and judgment. The Hippocratic Oath states, "I will prescribe regimen based on my judgment and training (consulting colleagues as needed."

This began to fall away during the '90s with the widespread acceptance by the profession of the pseudoscientific cult of "evidence-based" medicine (EBM). This Canadian construct arrogantly claimed the moral and scientific high ground by implying that everything before EBM was based on superstition, sorcery, alchemy, and witchcraft.

Problems with EBM are many.

To begin, "evidence" is not science, and can be found or manufactured to support any conceivable hypothesis. Flat earthers, climate change zealots, and others cite mountains of "evidence" favoring their absurd and implausible notions.

As stated earlier, scientific hypotheses can be supported by experiments (studies), or disproven, but never proven. Remember this when you hear claims that Drug X has been "proven effective." No! This is a key issue.

Since "scientific proof" doesn't exist, EBM substitutes "legal proof" based on statistics and the "preponderance of evidence."

EBM creates an arbitrary hierarchy of "evidence" with randomized, controlled trials (RCTs) at the top (later replaced by the metanalysis), and clinical experience at the bottom. This is absurd on its face—RCTs are easily manipulated and often flawed, while clinical experience is the basis of medical practice. Even a well-designed, unbiased RCT (try to find one) provides at best a statistical probability that a given treatment will be helpful to the patient in your office. Not everyone in the treatment arm does well, and not everyone in the placebo arm does poorly.
There is never enough granular information in a trial to allow doctors to apply the results broadly to everyone, yet that is exactly what has developed.

Using principles derived from EBM, Big Pharma cleverly funded expert panels to create "clinical practice guidelines" (CPG) for the treatment of now virtually every condition. Not coincidentally, many panelists have significant financial conflicts of interest—they are paid by industry. Unsurprisingly, most CPGs recommend Pharma treatments, larger doses, and to ever bigger swaths of the population.
Guidelines now dominate medical school education, leading to rigid, non-critical thinking; "settled science" rather than curiosity. In fact, Pharma now controls virtually every level of medical education, leading to what Toby Rogers calls, "epistemic capture."
I saw guidelines enter Nephrology around 2000 and was immediately suspicious; I began writing and debating with colleagues, urging them to

stop creating and using them. Amgen sponsored guidelines by the National Kidney foundation for treatment of anemia with their blockbuster drug recombinant human erythropoietin (Epogen) that recommended treating to levels of hemoglobin entirely unsupported by existing medical literature, which led to major harms. Most panelists reported being paid by Amgen and other Pharma companies.

Guidelines typically focus on "risk factors" for disease, rather than the actual disease. These are most often numerical "targets," such as blood pressure, LDL-C, T-scores, or glycosylated hemoglobin (HbA1c). These targets move: Ever-increasing drug treatments are justified to get patients "to goal." Disease reversal by treating underlying causes is almost never addressed. This is what most mainstream medical practices have devolved to.

Outcomes are poor with this approach. Doctors prescribe insulin and other drugs for type 2 diabetes to lower blood glucose and HbA1c when the disease is easily reversible with a low carb/no sugar/high saturated fat diet.

Practice guidelines have allowed the "standard of care" to morph into "standardized care." This is nothing more than "one-size-fits all;" the antithesis of good, individualized care. Going outside the "standard" places physicians in jeopardy of losing their employment, certification, or even their license to practice. This is the complete triumph of "Public Health," a Marxist creation, over personalized care.

Granting unjustified authority to various official bodies, such as the CDC or WHO, most of whose members do not even treat patients, has led us to the medical tyranny we have been experiencing for the last few years. What is "misinformation and disinformation?" Anything that runs counter to the official "guidance," or consensus.

Lapsed Ethics

Medical Ethics has been either abandoned wholesale or highly manipulated over the last 40+ years. The Oath of Hippocrates remains the gold standard expression of medical ethics. It is a solemn pronouncement by which a physician acknowledges and pledges oneself to the priority of patient well-being, and to confidentiality, precaution, beneficence and non-maleficence over coercion, compliance and self-interest.

So much of what is currently practiced is unethical. Reaffirmation of Medical Ethics is an absolute precondition to the restoration of the medical profession.

Medical confidentiality is crucial to the ethical practice of medicine and should be absolute. Sadly, it was surrendered without so much as a whimper way back when the first diagnostic code was entered into a billing form. Third party payers do not have a right to this information, and it should never have been allowed.

Risk vs. benefit analysis is essential to "do no harm." It is almost never performed. No vaccines even come close to passing this test, and the same is true for the majority of commonly prescribed drugs for "chronic diseases," most of which are caused by poor diet.

Rarely is true informed consent given to patients, even for commonly prescribed drugs, the majority of which do more harm than good! No one who was pushed into getting jabbed was informed of the risks, and the complete lack of efficacy, for example.

Speaking of being pushed, coercion in any form makes a mockery of informed consent and is highly unethical. Children and their parents today are being coerced into embarking on a "gender change" journey that is inherently harmful, not to mention completely antiscientific. There are only two genders, determined by chromosomes, and changing gender is an impossibility.

Abortion is the taking of an innocent human life. It is unambiguously proscribed in the Hippocratic Oath.

The loss of an independent, free-thinking, ethical Medical Profession has been a catastrophe. It's not a coincidence that independent practices have been targeted and crushed. They have traditionally been a bulwark against destructive and insane policies, such as eugenics. The eugenics movement originated in liberal and academic circles in the US but got no traction because private physicians were never going to be OK with euthanizing

patients for the greater good! This was not the case in Germany. Hitler stole eugenics from us and had co-opted the medical profession in various ways. German doctors had the highest Nazi Party participation of all professions (nurses were not much better) and led the way on euthanizing retarded children, mental patients, the chronically ill, and ultimately the Jews.

A few years ago I wrote "The Nazification of American Medicine," based on the horrible response to Covid-19.

> *"Most American doctors followed CDC and Food and Drug Administration (FDA) "guidance." They withheld early life-saving treatments. They abandoned patients, instructing them to stay home until they literally couldn't breathe. They did not object to the blatant, harsh censorship and harassment of colleagues who were utilizing repurposed drugs to fight the disease. They failed to recommend general health measures aimed at improving metabolic and immune health.*
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> *"Doctors did not object to the imposition of mask mandates, despite clear evidence of their lack of benefit and obvious harms, especially to young children. Nor did they protest lockdowns, whose inefficacy and massive collateral damage were immediately evident.*
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> *"Once a patient was in hospital, doctors complied with absurd and inhumane rules restricting family visitation of sick and dying patients and followed strict treatment protocols that were at best ineffective, and at worst lethal. Government*

payments to hospitals incentivized diagnosing COVID-19 and following the "guidelines.". These included the mandatory prescription of remdesivir, an ineffective and highly toxic drug, pushed into guidelines by Anthony Fauci. The protocols excluded the use of inhaled steroids, and recommended dexamethasone, a weak systemic corticosteroid, at very low doses. Full anticoagulation was hard to come by in a disease known to cause major blood clotting.

"For the most part, doctors enthusiastically backed the mass "vaccination" of all humans, regardless of any clinical considerations such as prior immunity, low risk of severe disease, pregnancy, and many other clear contraindications. They even denied life-saving organ transplantation when either donor or recipient was unvaccinated, a policy with zero scientific merit.

"What about human experimentation? These gene-based "vaccines" are all experimental. How many participants have given truly informed consent? How many were told the absolute risk reduction for serious infection is less than 1%?

"There is no way to measure definitively how many have died because of these centrally ordered practices. Possibly millions. One telling indicator may be the 40% spike in life insurance claims for working age adults reported in 2021.

In other words, the Medical Profession should have stood up en masse and pushed back against these unscientific and unethical policies. We failed miserably.

The Destruction of American Health:

Four main causes:

1. Dietary guidelines→toxic food environment
2. Mass vaccination: All harm, no benefit
3. Pharma-Based Medicine (EBM): Treating numbers and symptoms
4. Covid-19

In the interest of time, I will focus here on diet, which I believe is the major issue, and one that is relatively easy to remedy.

The DGA and the demonization of saturated fat

The first reported case of myocardial infarction was in 1910 and the first report of coronary thrombosis was in 1912. The incidence steadily increased over the first half century to what became alarming levels during the 1950s, culminating in Dwight D. Eisenhower's heart attack in 1955. This provoked a national debate over the cause of the epidemic of coronary artery disease. There were several plausible explanations: A huge increase in smoking, especially after WW2; major increases in sugar consumption; introduction of vegetable seed oils, margarine and shortening (Crisco). Oddly enough it was the least plausible explanation that won the debate—that saturated fat, which our ancestors thrived on for millennia, was the culprit.

This bizarre idea was pushed by a bizarre man, Ancel Keys, a self-described physiologist and originator of K-rations. He became convinced, based on observations in a handful of countries, that saturated animal fats, by

increasing cholesterol, were the cause of heart disease. He pressed his case aggressively, often with personal attacks on those who disagreed with him, such as British scientist John Yudkin. His fraudulent 7-Countries Study looked at population consumption of saturated fat and incidence of coronary artery disease. He cherry-picked only the countries that fit his hypothesis (*7 of 22, omitting France. The French diet, rich in butter, meat, cheese, foie gras, and other sources of saturated fat doesn't lead to obesity or coronary artery disease. This observation disproves the diet-heart hypothesis. Rather than abandon it, they call it the French Paradox*). It was egregious junk science. He was then hired to provide nutritional guidance by the American Heart Association. The AHA was ushered into existence and sustained by multi-million dollar grants from Procter & Gamble, the original makers of Crisco; they continue to push the anti-saturated fat propaganda to this day. Thus, Keys and the AHA were shills for fake fats.

Keys, the AHA and industry lobbyists pushed through the DGA through the McGovern Commission, which led to the USDA's Food Pyramid, stressing minimal consumption of saturated fats, 50% of calories as grains. Nina Teicholz in her excellent book, "The Big Fat Surprise," goes into this topic in great detail.

What about sugar?

Table sugar (sucrose, dextrose) is roughly 50% glucose and 50% fructose. Glucose can be utilized for energy by most cells in the body.

The glucose component of sucrose is metabolized via glycolysis with production of 2 ATP (anaerobic). Glucose stimulates insulin release which blocks fat mobilization. Pyruvate is then metabolized aerobically via the Krebs Cycle with several more ATP produced. Glycolysis consumes oxygen and produces an equal amount of CO2. Glucose provides quick energy and is rapidly depleted. Glucose not used for energy is stored as fat. Fructose is metabolized exclusively in the liver and overconsumption leads to excess production of fatty acids which can accumulate and lead to fatty liver disease (now rampant in children!

The fructose component makes sugar particularly toxic compared with slowly digested carbohydrates, which are broken down to glucose.

The case against sugar as cause of heart disease was very strong and had considerable scientific backing. Then, in 1967, highly influential review articles were published in the New England Journal of Medicine by three Harvard scientists, Frederick Stare, Mark Hegsted, and Robert McGandy, downplaying sugar's role in heart disease, and supporting Keys' saturated fat hypothesis. In 2016, investigative journalist Cristin Kearns unearthed letters showing these doctors were each paid $6500 ($61,000 today) for their work by the Sugar Association, who also were heavily involved in editing the articles. These payments were not made public at the time. This clever and diabolical strategy paid off, as sugar was given a pass by the public.

The food industry jumped in with scores of "low fat" processed foods, filled with seed oils and sugars.

The health of the nation began a long decline, led by the obesity epidemic, which began in 1980 and is still raging.

In the '50s-'70s, when I grew up, almost everyone was slim. No one exercised or dieted! Fat people stood out. In 1968, I was one of half a million skinny, longhaired hippies at the Woodstock Festival. Fast forward to the present day: 75% of the population is overweight/obese and most of these have the Metabolic Syndrome. The harm from these guidelines is incalculable!

If Covid is the Crime of the 21st Century, the DGA was the Crime of the 20th Century!

The Metabolic Syndrome (MetSe)

MetS is defined clinically as the constellation of central obesity, type 2 diabetes, abnormal lipids (high TG, low HDL), hypertension, and vascular disease. The pathophysiology involves overconsumption of sugar and processed carbohydrates leading to chronic secretion of insulin and insulin resistance. High levels of insulin are behind most of the complications, such as hypertension. Fatty liver, caused by fructose, is also a major player in MetS.

Most doctors regard diabetes and hypertension as separate diseases and treat each separately with various drugs. They simply fail to recognize they are both symptoms of an underlying metabolic syndrome that is readily reversible with a proper diet!

Insulin signals cells to store energy as fat, and to grow. Hyperinsulinemia is the obvious link between obesity and over 70% of cancers.
Metabolic syndrome is very likely responsible for the epidemic of Alzheimer's dementia.
The key to reversing obesity and the MetS is to lower insulin levels. This is accomplished by cutting out most sugars, reducing carb intake to <100 g/d, eliminating seed oils, and intermittent fasting (no snacks). Read labels and avoid the center aisles of the supermarkets! If people stop buying this toxic garbage, Big Food will stop making it. Most restaurants use seed oils for frying because they are inexpensive. Deep fryers reuse seed oils for a week or more, ensuring high levels of toxic metabolites, such as aldehydes. Request safe oils such as butter, ghee, tallow or coconut oil. Eventually, if enough of us do this, restaurants will change.

Fat Fysiology:

Fat is oxidized in the mitochondria with production of 129 ATP for a long chain fatty acid. For each mole of oxygen consumed, only 0.7 mole of CO2 is generated. If you believe CO2 is destroying the planet (and I certainly do not!), you should go keto (this is for humor, since many in that camp are "plant-based"). Fat oxidation provides virtually limitless energy and produces ketones, which are the preferred energy substrate for the brain

and heart. Nutritional ketosis is, in my view, the default condition for which we were designed.

Vegetable seed oils contain mostly PUFA which are pro-inflammatory and obesogenic. Oxidation of saturated fatty acids in mitochondria produces intermediaries that block the action of insulin to store energy in adipose tissue. Polyunsaturated fat oxidation lacks this benefit.

When heated, PUFA become aldehydes that are quite toxic.

The guideline-driven switch from saturated fat to polyunsaturated seed oils is one of the principal drivers of the obesity/metabolic syndrome epidemic.

Cholesterol

The Cholesterol scam has also harmed millions, while generating billions in Pharma profits.

1. Cholesterol doesn't cause heart disease. This hypothesis is disproved by the millions with low or "normal" cholesterol who have heart attacks every year, and the millions with "high" cholesterol who do not.
2. Cholesterol is a vital substance synthesized by most cells in the body. It's essential to brain and nerve function and plays a key role in the immune system.
3. Cholesterol is the backbone upon which is built vitamin D, cortisol, aldosterone and the sex hormones.

4. Blocking the mevalonate pathway (statins) depletes other key compounds such as dolichols and CoEnzyme Q10; vital for energy transport. It's inconceivable that blocking this key biosynthetic pathway could be anything but harmful
5. The cholesterol blocked by statins is the same molecule in HDL (good) and LDL (bad).
6. Dietary cholesterol has no impact on blood levels.
7. Studies of cholesterol lowering show no mortality benefit.
8. Phony "relative risk reduction" math is used to sell statins which at most produce 1-3% absolute risk reduction in "events."
9. As in most Pharma studies, harms are downplayed but are very real and sometimes deadly. Examples: myositis, rhabdomyolysis, brain fog (aka dementia!), diabetes, neuropathies, amyotrophic lateral sclerosis (ALS, Lou Gehrig's disease).

Caloric Nonsense:

This fiction creates the impression that calories from different foods are equivalent in terms of weight control, and that fat (9 kcal/gm) is more obesogenic than carbs or protein (4 kcal/gm). This is demonstrably absurd. The insulin response to food is what counts: Carbs/sugars trigger insulin release which drives energy storage as fat. Fat doesn't provoke insulin or energy storage.

Constant snacking or multiple small meals as many dieticians recommend will guarantee continuous weight gain. To utilize energy stored as fat, insulin levels must be suppressed. This requires a prolonged fast (12-18 hours) and low carbohydrate intake.
Carbs are an inefficient source of energy and produce insulin/blood glucose peaks and valleys which drive more carb/sugar intake.
Weight reduction strategies based on calorie reduction never work! Read "The Obesity Code" by Dr. Jason Fung for a deep dive into this topic.

Salt:

Salt is essential for life and should be restricted only in those with heart, kidney, or liver failure. Everyone else should liberally use salt to taste.
Low salt intake produces a variety of health problems and triggers counter regulatory hormonal systems that create harm.

Saving the Medical Profession and Restoring Health

How do we take Medicine back? The current system is too corrupt, too Pharma-controlled to be fixed. We need to create a parallel system. It's our calling to preserve Hippocratic Medicine for future generations.

1. **Reestablish medical ethics and financial independence**. (Join GoldCare and AAPS)

a. Ditch 3rd party payment entirely: Direct payment only (essential that patients embrace this concept!)

b. Leave corporate practice

c. Restore medical confidentiality

d. Restore informed consent

e. Do No Harm: Risk v benefit should guide all decisions.

f. Restore the patient-physician relationship to its place of primacy

2. **Restore Science:** The concept of "misinformation and disinformation" in science and medicine must be rejected at the highest level. No one holds a monopoly on the truth. Protections for doctors to practice independently must be enacted by legislatures around the country.

    a. Reject EBM

    b. Abolish practice guidelines

    c. Re-learn the Basic Sciences

    d. Use knowledge of basic science to prevent, reverse, and cure disease

    e. Stop treating "risk factors."

    f. Deprescribe

    g. Focus on healthy eating and lifestyle, especially LCHF (keto) and intermittent fasting.

3. Take back Medical Education

    a. Focus on basic and clinical science

b. No 'wokeism' allowed (Do No Harm)

c. No EBM or guidelines

d. Abolish all Schools of Public Health

Restoring Our Health

Diet: Do the opposite of official "guidance."

1. Eat saturated fats: Butter, cream, meat, eggs, bacon..
2. Avoid vegetable seed oils like the plague
3. Cholesterol lowering is harmful. Don't take statins.
4. Grains (carbs) should be consumed sparingly
5. Sugar is to be avoided.
6. Don't count calories
7. Muscle strengthening with resistance is highly beneficial
8. Salt your food!

Vaccinations: I personally believe that all vaccines fail risk vs. benefit analysis for individuals and do not improve population health. Mortality risk for all vaccines on the childhood schedule exceeds that for the diseases they supposedly prevent. True placebo-controlled safety trials haven't been performed. Moving away from them will be difficult due to the enormous financial interests behind their continued use. At the very least we must eliminate all mandates for vaccines if only because the violate informed

voluntary consent and medical ethics. We should also eliminate financial incentives to doctors to administer them.

Pharma-Based Medicine (PBM): Patients should seek clinicians who reject PBM and who strive to understand and correct underlying problems and reverse diseases rather than treat numbers based on Pharma protocols. Mainstream practice of medicine has become harmful to health! For this, I can safely recommend joining us at GoldCare.com.

Covid-19: Both the disease and its official "remedies" have had devastating effects on national and world health. This discussion is beyond the scope of this presentation.