Given CCHF’s previous successes with the Trump administration, our expectations are tempered by the realities of a Biden administration. While several of our core priorities, such as patient privacy, often enjoy bipartisan support, we’re evolving our strategies in hopes of achieving policy wins in 2021. Thankfully, Democrats did not win sufficient seats to have the decisive advantage of high numbers that they had under President Obama. Thus, it is unlikely that long-desired leftist proposals like single-payer health care or Medicare-for-all could become law. However, incremental steps in that direction, such as “health equity” legislation, may be attempted.

Meanwhile, we can report several successes. First, we again stopped the Unique Patient ID in the annual spending bill, the Consolidated Appropriations Act of 2021. Secondly, officials at the Department of Health and Human Services (HHS) worked in the final hours of the Trump administration to respond to one of our outstanding requests. They established an online downloadable database of doctors who have opted out of Medicare and who are no longer under the control of the federal government. This list, and the public’s ready access to it, is critical to building a force of free-market physicians. Please search them out and patronize their practices at this link: http://bit.ly/3rRtLUS.

While we’re pleased with our successes, we did sustain one unfortunate loss. Our four-year battle to allow Americans to opt-out of Medicare without losing their Social Security benefits was not successful. Due to COVID-19, the proposed rule was not sent to the Office of Management and Budget until September 9 and it was not released in time to make it through the rulemaking process. While we
Health Freedom Watch

Health Freedom Watch is published quarterly by Citizens’ Council for Health Freedom (CCHF), a 501(c)(3) tax-exempt health care policy research and education organization.

CCHF’s mission is to protect health care choices, individualized patient care and medical and genetic privacy rights.

CCHF’s does not endorse any health care treatment, provider, or product. Nothing in Health Freedom Watch should be construed as medical advice or legal counsel.

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came within striking distance of success, COVID and the election set us back. We learned a lot and when the time is right, we’ll be back to push for another executive order or legislation. Meanwhile. Senator Ted Cruz (R-TX) and Congressman Gary Palmer (R-AL) have introduced bills to re-engage this effort at the legislative level.

Looking forward, the Biden Administration’s use of executive orders is shaping up to be a real challenge. Of the 30 executive orders issued to-date, 12 relate to health care or COVID-19. Moreover, President Biden has publicly floated policy ideas for numerous or costly big-government infringements on health freedom and free markets, including:

- Creating a new health care “public option” like Medicare
- Increasing tax credits and expanding federally subsidized coverage to more Americans
- Requiring drug corporations to negotiate with Medicare on prices (a sure path to price controls)
- Achieving mental health parity and expanding access to mental health care
- COVID-19 Health Equity Task Force to address “health inequalities” during COVID and prevent them in the future

Biden needs the Department of Health and Human Services to implement much of his agenda by rule. His choice for HHS Secretary is California Attorney General Xavier Becerra.

On February 3, CCHF mailed a letter to U.S. Senator Tom Cotton, who is leading the charge to stop Becerra’s confirmation. In the letter, we cited the following reasons for CCHF’s opposition:

- Mr. Becerra led the Supreme Court battle to protect the Affordable Care Act.
- Becerra tried to force the Little Sisters of the Poor to provide contraceptives against their conscience. He lost, but the Sisters lost time and money.
- Becerra created “professional speech” to try to force pro-life pregnancy centers to post information on abortion services. He lost in court—again.

Mr. Becerra does not support the U.S. Constitution. If confirmed, he would lead the nation’s largest federal agency, jeopardizing Americans’ rights and freedoms from womb to tomb.
A Letter From The President

Below is a shortened transcript of testimony delivered by CCHF President Twila Brase against a proposed mask mandate in the MN House Health Finance and Policy Committee on February 9, 2021:

We are opposed to H.F. 604.

Dr. Michael Osterholm, former interim director of the CDC, said in a June interview, “Never before in my 45-year career have I seen such a far-reaching public recommendation issued by any governmental agency without a single source of data or information to support it.” He also said, “The highest frequency of mask-wearing population in the world is in Hubei, China… It didn’t make a difference.”

Dr. Daniel Huff at MDH (Minnesota Department of Health) said he’s “not sure what masking did.” In that vein, it’s notable that after Minnesota’s mask mandate was imposed on July 25th, cases and deaths rose for the next five months. They only began to drop around the holidays. So the virus has gone up and down in the seven months of the masking mandate.

A recent study found that an infected person without symptoms has only a 3.5% chance of spreading it to a close contact. And there is only a 21.1% chance of getting COVID-19 from a household member with symptoms. Thus, it is unlikely that people will contract it from just walking around.

The validity of the PCR COVID test is also being challenged-worldwide. In August, The New York Times found that up to 90% of PCR-positive cases in three states were false positives. Similarly, a court in Portugal has now dismissed the PCR test as invalid.

In addition, many reported deaths may be people who died with COVID, not from COVID. The head of the Illinois Department of Health said a person who dies of a known non-COVID condition but has a COVID diagnosis is labeled a “COVID death.”

The World Health Organization says there’s no evidence that universal masking protects. It also lists harms and “critical risks” including difficulty breathing, self-contamination, and a false sense of security. The FDA also prohibits manufacturers from saying non-medical masks are “safe or effective” for “antiviral protection.” Finally, two scientists say masks are not effective as “source control or PPE.”

From our perspective, the mask mandate has been a social experiment infringing on the rights of individuals to speak and breathe freely. The mask mandate has also caused fear and social isolation, likely leading to the increased suicides and unnecessary and untimely non-COVID deaths. It’s time to end this unnecessary and unproven mandate, not codify it.

Read the entire testimony: http://bit.ly/nomasksmn

Twila Brase, RN, PHN, President & Co-founder, CCHFreedom.org
COVID POSSES CONSTITUTIONAL TEST FOR MN LEGISLATURE

By Ashley Smothers, Legislative and Policy Manager

The coronavirus pandemic has tested the limits of Minnesotans’ commitment to constitutional governance. Because of a peacetime emergency law enacted in 2002, Minnesota Governor Tim Walz (D) can continue to rule by executive order until both chambers of the legislature vote to stop him. While the Democrat-controlled House seems content to keep this legislature-of-one in power, the Republican-controlled Minnesota Senate has voted to end his power and called for him to voluntarily abdicate his expanded authority.

In response, Governor Walz sent a letter to the Minnesota legislature on January 7 with a list of requirements—a set of seven laws they must enact before he will agree to relinquish his emergency powers. In other words, he wants his temporary executive orders to become permanent statutes. One of those requirements is a statutory mask mandate for individuals “to wear face coverings in public indoor places and businesses.”

The Republican Senate refused to accede to his demands, but the Democrat House didn’t hesitate. On February 1, just three days after CCHF’s fifth #FaceFreedom illustration and commentary were published in Alpha News (see page 6), a bill to codify the mask mandate and keep it in place until the CDC no longer recommends face coverings was introduced by Democrat Rep. Sydney Jordan.

CCHF’s president and co-founder testified against H.F. 604 using facts, studies, and an admission by Dr. Daniel Huff, the assistant commissioner of health who testified for the mandate. Even though he’d spent nearly an hour pushing the bill, he ended his presentation with a shocking statement: “I can’t say for sure what masking did, versus not.”

We were also “at the table” (by Zoom) when the Senate held an informational hearing on the governor’s mandate that student athletes wear masks. CCHF’s testimony included the recent news that Iowa, North Dakota, and a Missouri county had lifted their mandates. We also shared a recent study showing how difficult it is to catch COVID, even within households (21.1%). Concerned physicians and parents also spoke out against mask mandates for young athletes, citing injuries like concussions, collisions, and loss of consciousness as a result of their required use.

This year has been a challenging one at the legislature. Due to pandemic restrictions, it’s difficult to communicate with legislators. Our team cannot enter the state capitol, and most lawmakers are attending meetings by Zoom from their homes across the state, making casual encounters impossible. Nevertheless, as CCHF’s legislative and policy manager, I’ve been scheduling meetings with legislators via Zoom or phone calls. We’ve “met” with both Republicans and Democrats to discuss legislation of concern and our policy priorities.
While we know many more troubling bills will surface before we reach the end of the legislative session on May 17, as of this writing, our current concerns include the possibility that the Democrat-led House will try to impose COVID-19 vaccination mandates. We’re also concerned about the push to require vaccination certification and/or disclosure of COVID-19 health status to participate in commerce or public life.

I’ve already testified against legislation that would publish the names of doctors in a government database that collects patient encounter data (claims). The bill also sets the stage for linking the Minnesota “All Payer Claims Database” with APCD databases of other states (H.F. 59). This would help build a national database of every patient encounter paid for by government insurance. I said it would likely lead to outsider analysis and control of treatment decisions.

We have also been working to expand our Model State Legislation Library, filling it with unique legislation that policymakers nationwide can use to advance free-market, privacy-protecting legislation in their states. We recently published new model legislation on limiting contact tracing and protecting individual health information. Please share this useful resource with groups and legislators in your state. You can find the CCHF health freedom library at: http://bit.ly/2N05n4S
Biden Re-Opens Failing Obamacare Exchanges
February 4, 2021

On January 28, President Biden signed an executive order reopening Obamacare exchanges for three months. As the Washington Post claimed, Biden “believes the perennially divisive ACA should be further anchored in American life.”

However, in December, when enrollment on Healthcare.gov closed, there were only 8.3 million enrollees, about the same number as a year earlier. Before the law was enacted, however, in 2010, the Congressional Budget Office claimed 22 million people would enroll by 2016. It hasn’t come close.

Premiums and deductibles for many are too expensive and it’s not private insurance. It’s really just a program to push more people into government health care and advance socialized medicine.

“Biden reopens ACA enrollment for three months in opening bid to extend health coverage.” Amy Goldstein, The Washington Post, January 28, 2021

Retirement Freedom Act is Reintroduced
Citizens’ Council for Health Freedom has been leading the charge to separate Medicare enrollment from access to Social Security benefits. On February 4, 2021, Congressman Gary Palmer (R-AL) reintroduced the Retirement Freedom Act. On February 9, Senator Ted Cruz (R-TX) released the companion bill. This legislation would allow senior citizens to opt out of Medicare without losing Social Security benefits, ending the link imposed by the Clinton administration. Since 1993, senior citizens who choose not to enroll in Medicare (for example, to keep their private insurance), forfeit their lawful Social Security benefits.

Will Countries Push Vaccine Passports?
Tony Blair, former British prime minister, wants the G7 to agree to global COVID-19 vaccine passports. The G7, a coalition of seven of the largest countries, will meet in June. To restore travel, the UK, which holds the presidency of the G7, plans to push for the development of a global vaccine passport. It argues for the efficiency of a common set of rules and a common verification system. Will America, as part of the G7, agree to advance a system that forces citizens to share their private health information with a global verification system as a prerequisite for travel?

Digital ID Bill Violates States’ Rights
Congressmen Bill Foster (D-III) and John Katko (R-NY) have reintroduced the “Improving Digital ID Act” (H.R. 8215). Per Politico: “There’s just a long list of government uses once you have this ID that would make the federal government ‘a leader instead of a laggard,’ said Foster, a member of the House Financial Services Committee. He said those uses could range from electronic health records to voter identification.” This legislation advances a national identification system, building upon the already federalized, state-issued REAL ID. CCHF has long opposed a national ID due to violation of state’s rights and privacy concerns. Individuals can have their identities compromised, surveillance conducted, and information used without consent.

Have you seen our “Face Freedom” illustrations and op-eds in Alpha News opposing face mask mandates?
View all five online: FaceFreedom.org

Be sure to follow us on social media: www.facebook.com/cchfreedom

“In a free society, we do not let the government mandate that we wear something that has the potential to cause a slippery surface.” — Ronald Reagan

“Freedom is never more than one generation away from extinction. We didn’t pass it to our children in the bloodstream. It must be fought for, protected, and handed on for them to do the same, or one day we will spend our sunset years telling our children and our children’s children what it was once like in the United States where men were free.” — Ronald Reagan
Help us build a new website!

Help us raise at least $12,000 for us to build a brand new website to protect your health freedoms! We can reach our goal if:

1. 12 generous supporters donated $1,000 each
2. 24 loyal readers pitched in $500 each
3. 80 health freedom advocates gave $150 each

Our design team is standing by. Please donate by April 30!

YES, I WANT TO DONATE TO CCHF!

You have options! You may use the donation envelope you’ll find in this newsletter. Or you can make an online donation at www.cchfreedom.org. Just click on “DONATE TODAY.” For a donation of STOck, please call us for instructions at (651) 646-8935. Thank you for giving to protect freedom!

IRA Giving: If you are age 70 ½ or older, you may instruct your Individual Retirement Account (IRA) to transfer up to $100,000 directly (and tax-free) to Citizens’ Council for Health Freedom.

EXTENDED TO 2021 The CARES Act charitable giving provisions have been extended through the end of 2021! This includes the deduction of up to $300 ($600/couple) for ALL taxpayers (whether you itemize or not!), as well as the ability to deduct 100% of your adjusted gross income of CASH contributions made to CCHF in 2021. See also: bit.ly/2021Deductions

Is CCHF in your will? Please consider CCHF in your estate planning.

*CCHF has received 501(c)3 non-profit status from the IRS. CCHF has received permission to solicit charitable donations in all states except California. In August 2016, we withdrew our registration in CA to avoid the AG’s demand that we share the confidential names of certain donors. The full disclosure regarding solicitation is found on page 2 of this newsletter.
“Your data is yours; it should require an active permission by you to share information with the government.”
February 8, 2021

“If any country bets everything on the vaccine, we’re going to lose, certainly in 2021.”
– Bruce Aylward
Senior Advisor to the Directory-General, World Health Organization
January 25, 2021

“Fear is infecting more Americans than the virus.”
– Annie Holmquist,
The Epoch Times
January 5, 2021

“Even if they said there’s no more CO2, it feels like it.”
– Sen. Chris Eaton, R.N.
on mask-wearing,
Minnesota State Senate
HHS Finance and Policy Committee
February 10, 2021

“Quite honestly, we don’t know what’s going on.”
– Michael Osterholm, Ph.D.
July 20, 2020