Standing Up for Informed Consent

By Twila Brase, RN, PHN, President and Co-founder

CCHF supports freedom. If a citizen wants to receive the Covid-19 shot, they should be free to make that decision. But no one should be forced to be injected, and government should not encourage coercion. What appears to be happening in America is bigger than Covid-19 — an opportunistic reset of the relationship between the government and “We the People.”

Americans are experiencing an unprecedented push to get near-100% compliance with a therapy that could cause harm (injection) while also experiencing a blackout, often a ban, on treatments that can save the lives of Covid patients. Vaccination mandates and government control over medical decisions must not become the new normal. CCHF opposes the reset.

The Covid-19 injection is not a vaccine because it does not prevent infection. According to the CDC’s own definition of “vaccine,” it must prevent infection. For example, when vaccinated for tetanus, you don’t get mild tetanus; you don’t get partial lockjaw. You don’t get the disease. Period. As “breakthrough infections” have grown, Americans are realizing that the Covid injection does not prevent infection. Some studies say the viral load of the injected may be as high as the uninjected, although transmissibility has yet to be determined.

Dr. Fauci told the U.S. Senate on July 20: “I think people need to appreciate when you talk about breakthrough infections that the original data from the clinical trial — the efficacy data was based on preventing clinically apparent disease, not preventing infection…” Thus, it was created to reduce symptoms. CNN’s Brian Stelter recently declared, “Breakthrough is probably the wrong word.” He’s correct. Infections were expected.

Wrongly calling the shot a “vaccine” likely makes the public and corporate
executives more agreeable to mandates. Would they accept a mandate for just a drug to reduce symptoms?

Thankfully, with more than 346 million doses already given in the U.S., it appears relatively few have experienced serious adverse events (AE) to this therapy that causes bodies to make the spike protein. Yet, OpenVAERS.com lists 518,769 reports of AEs after the Covid injection (July 23). These include death, disability, miscarriage, stroke, heart inflammation, and administration errors like wrong dose.

Under emergency use authorization, the FDA requires all doctors to report anything clinically significant after vaccination. There’s also a list of required reports, including any deaths (6,490 as of Aug. 2). Determining causality is separate. Previous reporting of AEs from vaccines was voluntary. During the first six months of Covid injections, 4,812 deaths were reported after vaccination. Over the previous 31 years, 5,039 deaths had been reported to VAERS, the Vaccine Adverse Events Reporting System, from all other vaccines combined. Is this difference only because of the FDA Covid-19 reporting mandate?

Whatever the answer, the injured want to be seen, heard and believed. Ken Ruettgers, formerly with the Green Bay Packers, convinced U.S. Senator Ron Johnson (R-WI) to hold a press conference with a few pro-vaccine, vaccine-injured folks who say doctors often don’t know how to help them.

Here’s a sampling of their comments:

Sheryl Ruettgers: “I’m pro-vaccine. I’m definitely pro-science, but I’m also pro-informed consent. And these vaccine injuries are real but people don’t know.”

Kristi Dobbs: “I would give anything; I would give my whole life savings if I could go back to January 17th and never have had this experience in my life.”

Stephanie de Garay (about her 13-year-old child now in a wheelchair and unable to feed herself): “Why is she not back to normal? She was totally fine before this!”

Covid-19 injection mandates are increasing nationwide despite:

- 99% recovery rate for most ages
- Acquired immunity for those infected
- Little danger from Covid for children
- Highly effective early treatment for virus
- No data on the shot’s long-term effects
- Serious adverse reactions from the shot
- The vaccinated are getting Covid-19

CCHF supports informed choice and opposes this attempt to set a new standard of government power. Our billboard calls on Americans to resist the reset. Thanks to our supporters, watch these billboards pop up in other states! If you want one, let us know!
A Letter From The President

We are truly living in dangerous times as a country. As I’ll discuss below, Covid makes this clearer than ever.

If you are a patient today, that danger is closer at hand. The fact is, while patients are key to having a health care system, patients are often not its primary purpose. Let me give you four examples:

First, 70% of doctors are employees of a health care corporation. They’re not independent. Though they might not want to follow standardized corporate treatment protocols, that is very difficult.

Second, health plans are buying hospitals and hospitals are buying health plans—and both are buying clinics and doctor practices. This vertical top-down integration can put doctors and hospitals in a conflict of interest with patients, who negatively impact their bottom line.

Third, hospitals that “save” money for Medicare can receive federal “shared savings” payments. This is why some hospitals put hospital employees (hospitalists) in charge of most treatment decisions.

Fourth, health plan corporations are building medical schools. Kaiser’s medical school will focus on data-driven care and team-based care, two concepts which sound good but limit the doctor’s ability to customize care to the patient.

The danger to patients has become more obvious with Covid. Two stories make the point:

A patient told CCHF that after her third ivermectin prescription, a Walgreens pharmacist called her to inquire about its purpose. Her answer: Covid prophylaxis. The pharmacist told her that is not an approved use and said she’d have to get her prescription filled elsewhere. In short, it was prescribed by a physician and denied by a pharmacist. How’s that possible?

Meanwhile in Mississippi, Jonathan Jordan brought his mother to the hospital with severe difficulty breathing. He successfully begged for ivermectin. After three days she was much better, even sitting up and talking. But another doctor took it away because it wasn’t proper protocol. His mom is now on a ventilator. Jonathan warned, “This hospital is dictating what these doctors can do. They can’t go outside this little protocol, a little box that they have to stay in.” (tinyurl.com/3ctxpp6r)

He is right, and this is wrong. In fact, it’s deadly. While other countries use ivermectin to treat Covid-19 – Indonesia recently ordered 14 million doses – there’s a virtual ban on this treatment in America. Jonathan said he couldn’t even get doctors to say the name.

Why the ban? Is it to leave people with no option but the Covid injection, which is dangerous for some people in ways ivermectin has never been? Ivermectin has been safely used for decades. How many Covid-19 deaths are simply due to being deprived of early treatment with ivermectin?

Ask your doctor if he is allowed to prescribe ivermectin prophylactically or as treatment. If not, go to EarlyTreatmentOptions.org, CCHF’s new resource page.

In 2022, CCHF will work to significantly grow The Wedge of Health Freedom (jointhewedge.com) by identifying and adding more cash-based physicians. For the sake of freedom, ethics and patient safety, patients must be able to find doctors that make patients their first priority. Thank you for supporting our work!

Twila Brase, RN, PHN, President & Co-founder, CCHFreedom.org

IN THE NEWS

May
“Ama ripped for injecting CRT into medicine” – Chris Woodward, ONE News Now, 05/24/2021

“Covid Vaccines - Your Body, Your Choice?” – Jan Markell, Understanding the Times, 05/14/2021

June
“Are feds discussing ‘VAX passport’ to resuscitate REAL ID?” – Chris Woodward, ONE News Now, 06/01/2021

“Seven Reasons NOT to Give Full Approval to Covid-19 Vaccines!!” – Conservative Commandos Radio, 06/07/2021


“Considering the ‘COVID’ Injection Carnage” – Sam Roher, Stand in the Gap Today, 06/16/2021

“Minnesota State Agency Should Not Demand Daily Reporting of Vaccination Status” – Red Lake Nation News, 06/22/2021

July
“Lockdowns, Delta Variants and Early Treatment Options” – Financial Issues with Dan Celia, 07/07/2021

“Covid Lies and Pandemic Policy” – Sam Roher, Stand in the Gap Today, 07/22/2021
With the return of free movement in public spaces, CCHF has gotten out of the office and into venues where smiles are visible, unmuffled voices are heard, and hands are shaken.

In June, CCHF hosted an information booth at another organization’s event. We showcased three *Fauci emails* (which had just been released) and were thrilled by the number of people who stayed at our booth to read: 1) Fauci telling former HHS Secretary Sylvia Burwell that she didn’t need to wear a mask on the plane because the virus would go right through it, 2) Fauci suggesting that because a vaccine wouldn’t be coming any time soon, significant acquired immunity to Covid-19 was expected, and 3) Virologist Kristian Anderson emailing Fauci to say that the virus potentially looked “engineered.”

CCHF’s president, Twila Brase, also took to the road after receiving invitations to speak in Kentucky and Ohio. She spoke at a luncheon held by the *Boyd County Republican Women’s Club* in Ashland, Kentucky, just over the Ohio River from West Virginia. The night before the luncheon, the host held a ‘meet and greet’ dinner, allowing a small group of Republican leaders to have an engaging dialogue with Twila. Her book, *Big Brother in the Exam Room*, was a popular item, with requests exceeding availability.

The next day, about a hundred Boyd County business leaders, clergy, legislators, young adults, and local Republican leaders heard Twila’s presentation at the luncheon.

Several days later, Twila was the keynote speaker at a *Greater Dayton Women* dinner event. She was excited to also meet several CCHF donors living in the area who took the opportunity to attend the special event.

At both venues, Twila focused on: “How today’s health care system is closer to socialized medicine than most people understand” as well as “Helpful facts about Covid-19 to counter the fearmongering.”

Highlights related to the advance of socialized medicine included:

- Health plans are the corporate version of socialized medicine.
- Medicine is a mission, but today the charitable mission of medicine has been taken over by the corporate business of health care.
- Most doctors are not working for patients. They are working for government or corporate payers. Many are employed (70% according to a new study) and no longer independent.

Her comments related to Covid-19 included:

- Covid-19 showed us how far the government is willing to go to interfere in private medical decisions.
- The government is willing to prohibit doctors from accessing the medications they need to save the lives of their patients.
- Public health officials are more interested in control than in saving the lives of the people they’re supposed to protect.
Twila told the audiences that this is one of the most important lessons Americans should learn from Covid-19. The government that is willing to do this during a Covid-19 outbreak is willing and likely thinks it has a right to do this all year long.

This, she said, is why CCHF must expand The Wedge of Health Freedom, our online directory of cash-based, independent medical practices. She also envisions “Wedge hospitals,” the kind of independent, cash-based hospitals we used to have.

In early August, Twila headed to Florida to give presentations to the Sarasota Patriots, and to moderate a health care panel at the Young Americans for Liberty conference of state legislators from around the nation. She used this special opportunity to share state legislative initiatives posted online in CCHF’s Model State Legislative Library.

Twila’s already-busy schedule for the remainder of 2021 is being filled quickly! If you would like her to speak to your group or at a special event, please reach out to our office.
In Case You Missed It

Government’s Attack on Life-Saving Ivermectin

Dr. Pierre Kory, MD, (pictured here before the U.S. Senate on Dec. 8) received the Special Benevolence Award from Tan Sri Lee Kim Yew of Malaysia on July 24, 2021, World Ivermectin Day (tinyurl.com/uuee8rwj). A Wall Street Journal commentary asks, “Why Is the FDA Attacking a Safe, Effective Drug?” Good question. For prophylactic or early treatment access to ivermectin go to EarlyTreatmentOptions.org, a new CCHF resource page. Find physicians that provide life-saving access to ivermectin and hydroxychloroquine, drugs that government agencies and health care systems have essentially banned for coronavirus in the U.S., but are effectively preventing Covid-19 hospitalization and deaths worldwide.

Study Evaluates One Way to Control Physicians

A study conducted at Duke University evaluated whether triggers imposed through the electronic health record (EHR) could be used to reduce a particular test when the hospital determined by an algorithm that it was not clinically indicated. The triggers created barriers to doctors ordering the test. One such intervention required the approval of a “gatekeeper,” forcing the doctor to get permission from a hospital administrator to run the test. In the end, the study found that these EHR-based interventions did not reduce testing. In short, using an EHR to send alerts to doctors did not have the desired effect of controlling them.

Vaccinations in Sharp Decline

Vaccinations in America, despite inducements (i.e. free tuition, donuts, beer), are in sharp decline. Even Fauci’s presence in a poor black community can’t convince those more afraid of the coronavirus injection than Covid-19. One elderly woman said, “Oh no, I ain’t getting no shot.” On Tuesday, June 22, NBC News reported, “[D]aily vaccination rates had already begun to fall sharply from a peak of more than 4.6 million April 10, bottoming out at just over 500,000 at the start of June. Through Sunday, 150 million Americans had been fully vaccinated, with 65.4 percent of adults having received at least a single dose.” On Aug. 2, it was 70%.

Physician Profile — WEDGE of Health Freedom

Tina Johnson, MD, a board certified physician, has been practicing internal medicine since 2007. Her Woodbury, Minnesota-based practice is Pinnacle Medicine. Dr. Johnson’s passion is preventive care. She works with her patients to understand and help them achieve their health goals, and make the most beneficial decisions for their own care. In 2011, Minnesota Monthly named her one of the best internal medicine doctors for women in the metro area. In 2016, Mpls.St. Paul Magazine named her a Top Doctor “rising star.” However, the most meaningful honor she receives is when patients refer family or friends to her. Dr. Johnson joined The Wedge about two years ago.
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. If you have any questions, please do not hesitate to contact our office: 651-646-8936 or info@cchfreedom.org.

*CCHF has received 501(c)3 non-profit status from the IRS. CCHF has also received permission to solicit charitable donations in all 50 states.
“The virus was introduced to introduce the vaccine.” — David Martin, creator of MCAM CNBC IQ100 Index (tinyurl.com/3zer2msm), global investment advisor, managing partner of Purple Bridge Funds, author of the *Fauci Dossier*, The Stew Peters Show, 7/19/2021

“We decided that we would never take a dime of government money.” — Keith Smith, MD, of the Surgery Center of Oklahoma, Medical Freedom Summit, 06/17/21

“They fill (prescriptions for) narcotics every day that kill people. They know they kill people, and they’ll fill those all day long, but they refuse to fill the ivermectin. And the reason I was given is, it does not work, which has never been a reason why a medication was refused.” — Dr. Safiyya S. Shabazz, online group chat for doctors in May 2020

“Without a life, you don’t need a liver.” — Jonathan Jordan, after physician said ivermectin could harm his hospitalized mother’s liver. The Stew Peters Show, 07/19/21

“In the US, “Never Trump” morphed into “Never Hydroxychloroquine,” and the result for the pandemic is “Never Over.” — Meryl Nass, MD

“I didn’t get into health care to look at data. My passion is helping people” — one physician surveyed by Forrester Research about data generated by health care wearables.

“Everybody’s waiting for large, randomized, controlled trials and they’re forgetting how to doctor.” — Dr. Pierre Kory, MD, after awarded the Special Benevolence Award for work to promote use of ivermectin, 07/24/21

“We are the collateral damage of the pandemic” — Brianne Dressen, June 28, 2021 press conference by U.S. Senator Ron Johnson (R-WI) on adverse vaccine reactions