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Above:
Matt Flanders stands outside the doors of the MN Capitol, which has been closed to the public since March.

A Legislative Session to Remember

By Matt Flanders, State Legislative and Policy Director

Last year was a big year for Citizens' Council for Health Freedom with victories at both the state and national level. Similarly, we had big plans for 2020. But everything changed because of the coronavirus. That said, we were able to be very active throughout the entire Minnesota legislative session.

When the session began in February, we worked with numerous legislators on multiple innovative health policy issues. But our first priority was to stop any and all attempts to repeal Minnesota's strongest-in-the-nation privacy and consent law (Minn. Stat. 144.293), as industry lobbyists have worked hard to do in previous years.

In talking with members of the House and Senate, we felt confident that because our work with privacy-concerned state legislators had so strongly shut down the 2019 attempt, legislators were not interested in

hearing that bill again. In fact, one of the former authors of the bill told us he didn't want to carry the bill again. The 2019 battle over the bill had been grueling, but thankfully we'd won.

Now we wanted more protections. Near the end of February, CCHF drafted language to protect patients who want to *exercise* their lawful data privacy and informed consent rights. This language is important because too many patients are denied care if they refuse to consent to data sharing.

Senator Warren Limmer (R-Maple Grove) and **Rep. John Lesch** (D-Saint Paul) introduced SF 4135 and HF 4357 to stop clinics and hospitals from refusing to treat patients who lawfully restrict access to or totally prohibit sharing of their private medical information. Unfortunately, the March coronavirus shutdown prevented this bi-partisan bill from receiving a

Continued on Page 2

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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hearing. We'll continue to push for this protective legislation again in 2021.

We also worked with **Senator Scott Jensen, M.D.** (R-Chaska) on a resolution supporting the federal Health Savings Account (HSA) bills (S. 3112 and H.R. 5596) authored by U.S. **Senator Ted Cruz** (R-TX) and **Congressman Chip Roy** (R-TX). Although the text of the resolution was finalized, the coronavirus shutdown again prevented us from moving the resolution through the process.

Working remotely, CCHF actively monitored and engaged in Zoom legislative hearings and online floor sessions through April and May.

During that time, we worked on various privacy issues arising from the COVID-19 outbreak. Specifically, we worked with MN **Senators Michelle Benson** (R-Ham Lake),

Mary Kiffmeyer (R-Big Lake), and **Jim Abeler** (R-Anoka) to provide the strongest protections in the nation related to contact tracing. The bill was adopted in a Senate committee, but did not become law. It required a Tennessean warning (special Minnesota law regarding government data collections), allowed patients to refuse to participate in contact tracing, and prohibited coercive techniques or retaliation on individuals who refused to participate or be tested.

Unexpectedly, we learned that the Minnesota Department of Health (MDH) sent a letter to all MN hospitals on April 2, ordering them to electronically and permanently connect their medical records system to MDH and submit detailed data on all their patients—not just those diagnosed with COVID-19.

MDH **Commissioner Jan Malcolm**

falsely declared MDH exempt from Minnesota's medical privacy law in her attempt to use the COVID-19 crisis to establish this illegal, all-year-long, "syndromic surveillance" program that the department's own website says is "not an option in Minnesota."

We contacted key legislators, sent a letter to Malcolm pointing out this unlawful plan, and sent a letter and the petition signatures of more than 1500 people to **Governor Tim Walz**. We also helped concerned legislators introduce a bill to stop MDH's illegal surveillance system and sent a letter to all Minnesota hospitals.

Although the legislative session has ended, we expect a special session to begin in June. In the short time allotted to that session, we will resume our efforts to prevent expansion of government control and surveillance of patients cared for in Minnesota.

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

A Letter From The President

What a historic time to be engaged in the battle for freedom! As some governors try to use COVID-19 to reshape America, we say “NO.”

Although COVID-19 is very deadly for some, particularly those with conditions that compromise small blood vessels (e.g. hypertension, diabetes, obesity), many experts say the death rate of COVID-19 will be more like a serious flu season. **Michael Levitt**, Stanford professor of computer science and structural biology (and winner of a 2013 Nobel prize in chemistry), in an interview with *UnHerd*, said damage from the lockdown will far surpass deaths from COVID-19.

As I’ve tried to share facts about the disease, the law, individual rights, and the lockdown in our new *COVID-19 Update* series of **Facebook Live** videos (facebook/cchfreedom), I’ve discovered many things are not what they seem.

For example, COVID-19 is less a lung disease than a vascular disease. You may be breathing fine but most oxygen isn’t getting into your bloodstream. Coronavirus death rates are inflated by counting most deaths as COVID deaths—as directed by the **CDC**. Death rates mean little without lethality calculations, which cannot be made until we know the total number of people infected. Testing is notoriously unreliable. And just because you don’t have a fever doesn’t mean you aren’t infected. That said, most of the infected don’t know it. Two California studies found potentially up to 50 times more people are infected people than are reported as confirmed cases—making it far less deadly than many think it is.

There’s also no evidence that social distancing or masking works. Did you know, the **World Health Organization** (WHO) says only *three* feet is necessary and

recommends masks only be worn when caring for the sick? MN state **Senator Scott Jensen, MD**, says SARS-CoV-2 molecules are 50 times smaller than the molecules stopped by cloth and surgical masks. Meanwhile, vaccinations are hailed as a savior, but even if they emerge, they will likely be as ineffective as seasonal flu vaccines, and they could backfire, making the virus stronger in the vaccinated, says **Dr. Tony Fauci**.

Finally, there’s no such thing as a reliable “certificate of immunity.” Not only is the testing unreliable, but WHO says there’s no evidence that those with antibodies can’t be re-infected. And **Karol Sikora, MD**, former director of the WHO Cancer Institute, says people whose innate immunity kicks out the virus will never have antibodies.

Then there’s hydroxychloroquine, a decades-old drug for malaria, that’s now a lightning rod, likely because President Trump supports it. But stories and some studies show early use is highly effective. India is giving it to all their health care workers prophylactically. Why should state or federal officials be allowed to prohibit a drug that has already saved the lives of COVID-19 patients?

Finally, contact tracing programs are being built. This is an army of government workers tasked to identify the infected, get their contact’s names, potentially detain them all in quarantine and isolation, and monitor them for compliance.

Do you have a plan if they come?

“Flattening the curve” was never about stopping the virus. This lockdown battle may be more about November’s election than the virus, but opening up America can’t wait for the voting booth.

IN THE NEWS



March

“Balancing Public Health with Citizen Freedom” - Hon. Sam Rohrer, *Stand in the Gap Today*, 3/19/20

“California Screens Children for ‘Toxic Stress’” - Kelsey Hackem, *Heartland Institute*, 3/19/20

“Rights and Emergency Health Powers” - Twila Brase, *Pioneer Press*, (Op-Ed), 3/28/20

April

“How COVID-19 Could Erode Health Privacy Protections (Guest Twila Brase)” - AnneMarie Schieber, podcast, *Heartland Institute*, 4/13/20

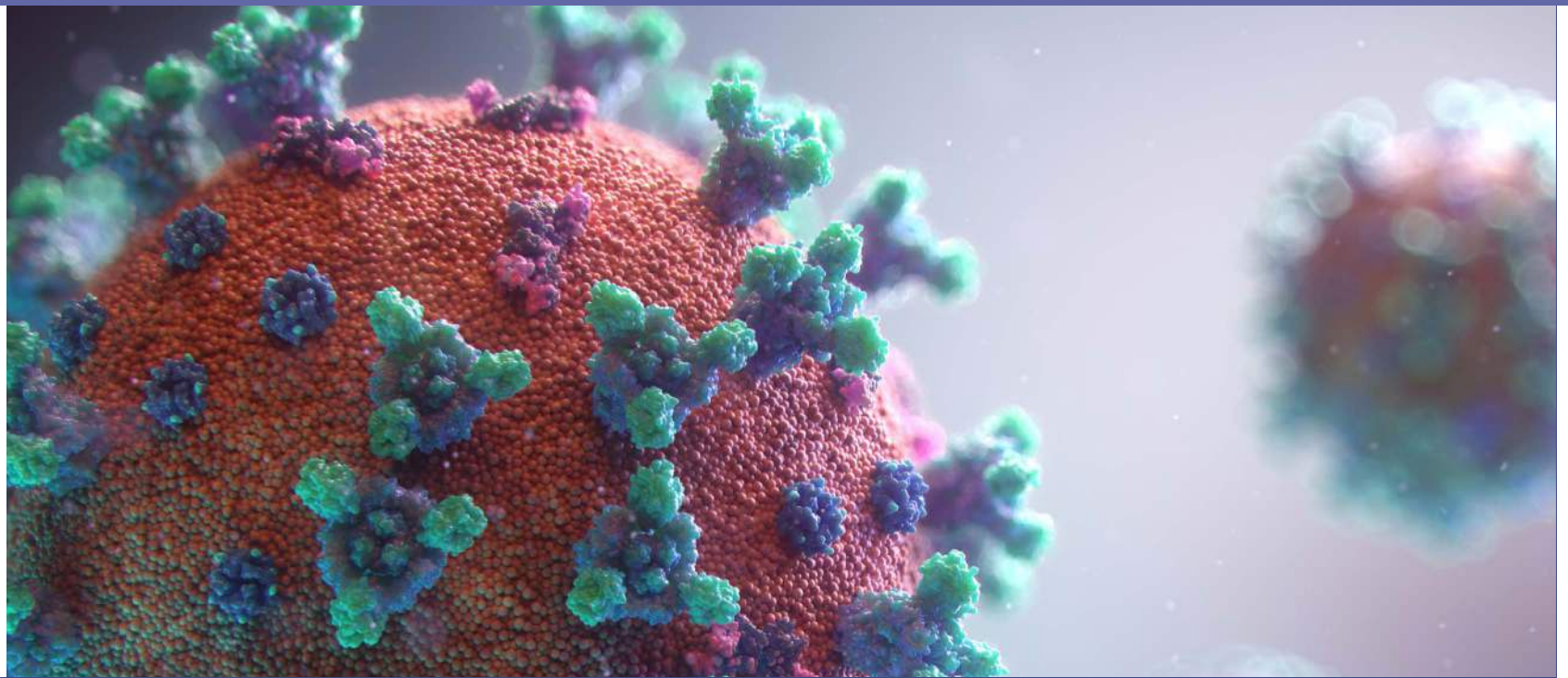
“Coronavirus Bill Establishes National ‘Surveillance’ of Health Care!” - WND Staff, *WND*, 4/19/20

“Minnesota’s COVID-19 Graph Distorts the Truth” - Matt Flanders, *Alpha News* (Op-Ed), 4/22/20

May

“Stop Government from Banking Babies’ DNA Forever Without Parents’ Consent” - Jane Robbins, *The Federalist*, 5/1/20

“Minnesota Building Unlawful Health Surveillance System” - Twila Brase, *Alpha News*, (Op-Ed), 5/13/20



HOW CCHF REMAINED ACTIVE DURING THE COVID-19 SHUTDOWN

By Twila Brase, President and Co-founder

No one could have predicted how one tiny “novel” virus could completely change the lives of every man, woman, and child on this planet. From family life, to church, to food, to shopping, to haircuts, to transportation, to access to medical care, everything changed.

Along with countless others around the country and around the world, CCHF made major changes in response to the shutdown. We have always been a very busy office, but perhaps surprisingly, even to us, we were busier than normal during this time out of the office. Sometimes, it almost seemed like we were working day and night to accomplish some very big things. Although we were all working remotely, we engaged the public and worked with elected officials at the state and national level on various policy initiatives, including coronavirus-related legislation.

The 11 weeks in lockdown proved that our very capable staff can

work far from each other and still accomplish great things, such as legislative achievements, multiple published op-eds, a rapidly expanding social media presence, letters to the Walz administration and the state legislature, a “Stop Surveillance” petition, a very unique fundraising letter you’ve likely received, and more. Each one of us at CCHF had unique challenges and experiences working remotely for nearly three months. The following is a snapshot I collected from each member of our staff:

Twila Brase – President and Co-founder:

“Unlike the rest of our staff, my time has been split between my home and our otherwise empty office due to radio and Facebook Live recordings, as well as Zoom interviews with job applicants from across the country. An unexpected benefit of the shutdown has been our successful Facebook Live COVID-19 Update video series. I went live once or twice a week. The

videos have received nearly 50,000 views and lots of positive comments. It was surprising how we were not at all shutdown during the shutdown!”

Karen Markowitz – Office Manager:

“It’s been a challenging couple of months since the stay-at-home order came down in March. Being the Office Manager means I need to ensure that the office runs smoothly. Not an easy task when we are all... not IN the office! But OK - Challenge accepted! Keeping communications open has been a key priority. I’ve been able to forward phone calls from the office number to my cell phone and we’ve joined the ZOOM train! I’ve been able to go in to the office occasionally when no one else is there and keep our bills paid.

But mostly, “CCHF Central” is right here at my kitchen table. It’s difficult, but we are so blessed to be able to continue our mission during these unprecedented times!”

**Richard Larkin McLay –
Communications Manager:**

“I never believed in ‘couch activism’... until we had to work remotely for over 2 months. That was where I diligently worked to communicate CCHF initiatives with media and the public, mobilize state and national grassroots campaigns, and proactively strategize CCHF initiatives for, during, and after COVID-19. One of the biggest challenges in communication is that people sometimes have a tendency to just talk about the things they want to discuss. CCHF looked at COVID-19 as a chance to align its mission with what was relevant to our constituents and to the national crisis. Challenging times call for purpose-driven priorities. These few months provided a unique opportunity to engage in thoughtful conversations, protect patient rights, and a chance to finally take down my Christmas tree – in May!”



**Matt Flanders – State Legislative
and Policy Director:**

“Working remotely during the busiest parts of the legislative session has been challenging, especially since everything shut down right as we were gaining traction on a number of our legislative initiatives, bills, and resolutions. However, I was able to stay engaged by texting and emailing legislators to intervene on our behalf or offering amendments on various proposals – even without physically being there. Although I am looking forward to returning to the office, I am both surprised and proud as I look back at all the things CCHF has accomplished remotely over the last three months. I am also looking forward to a haircut!”



CCHF staff returned to the office on June 1 with a COVID-19 office plan in place and will continue to be an active voice for health freedom during this tumultuous time.



Photos: Richard Larkin McLay (top left), Karen Markowitz (top right), Twila Brase (center), Matt Flanders (bottom)

RADIO: HEALTH FREEDOM MINUTE

CCHF's Minute is heard on more than **840 stations** around the nation. Find our station list at cchfreedom.org and tune in every weekday wherever you live!

(To listen: www.healthfreedomminute.net)



Medicare Opt-out Update

June 03, 2020

President Trump's October 3rd executive order requires the Social Security Administration and the Department of Health and Human Services to change administrative procedures so that Americans who choose not to enroll in Medicare, or to later opt out of Medicare, do not lose access to their Social Security retirement benefits. Their six-month deadline to do this has come and gone.

Our organization pushed for almost three years to get the executive order, and now we're pushing to make it real. We are in ongoing contact with the administration. No law mandates enrollment in Medicare and no law says if you don't enroll you lose your Social Security benefits. But for 27 years, the Social Security Administration has denied benefits to those who refuse to enroll. We must end this before the next election. Stay tuned.

CCHF's New Library!



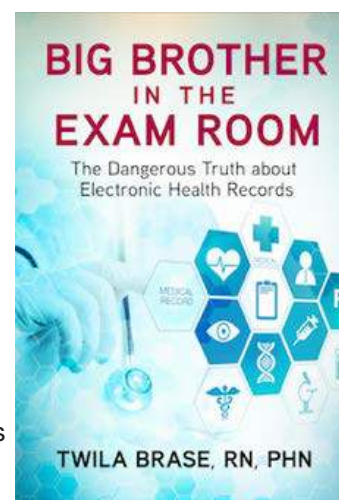
Model State Legislation

On April 20, 2020 CCHF announced the creation of a patient-centered Model State Legislation Library. This library was designed to provide state policymakers with model legislation that protects patient rights, individual freedom of choice, medical privacy, and affordable access to care. The language of each proposal has been written as a template for ready adoption or easy adaptation in any state. CCHF has already published five ready-to-implement legislative proposals:

1. Individual Rights in Declared Emergencies
2. Non-Coercive Patient Consent Required
3. Prescription Monitoring Program Audits, Appropriate Access, and Patient Access
4. Universal Patient Data Consent Form
5. Direct Primary Care Protection (DPC)

Four More Awards!

Big Brother in the Exam Room won four **Eric Hoffer Book Awards** this year. It was selected as the **2020 Winner** in the Health category, selected for the **2020 Grand Prize Short List**, and was a finalist for the **First New Horizon** award (for first-time authors) and the **Montaigne Medal** award (for thought-provoking books). The Eric Hoffer Book Award is one of the top literary awards for independent books, involving over 2,200 books, 25 all-inclusive categories, and over 150 judges. The book by CCHF's president reached the top 10% of registrants and now has a total of eight awards. Visit BigBrotherInTheExamRoom.com for more.



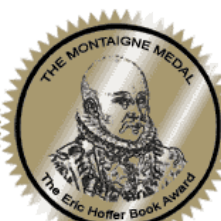
2020
WINNER



2020
SHORT LIST



2020
FINALIST



2020
FINALIST

Save The Date!

HEALTH CARE SHARING IS HEALTH FREEDOM

Thursday | Sept. 24 | 7 PM
CCHF Virtual Fundraising Event
Keynote: **Ted Pittenger**, Founder and
President of Samaritan Ministries

More Details to Follow...



YES, I WANT TO DONATE TO CCHF!

You have options! You may use the donation envelope you'll find in this newsletter. Or if you prefer to make an online donation, please go to www.cchfreedom.org and click on "DONATE TODAY." To make a donation of STOCK, please call us for instructions at (651) 646-8935. **Thank you for supporting CCHF!**

Special Option: If you are age 70 ½ or older, you may instruct your Individual Retirement Account (IRA) to transfer any amount, up to \$100,000 directly to Citizens' Council for Health Freedom.

Note: This gift would not produce a charitable contribution deduction, but it would fulfill some or all of your required minimum distribution (RMD) without increasing your taxable income.

Are we in your will? Please consider us 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.*

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OVERHEARD

“We ran into an impasse where I could not morally, in a patient-doctor relationship, continue the current protocols which, again, are the protocols of the top hospitals in the country.”

– **Cameron Kyle-Sidell, M.D.**,
NYC ICU physician
at Maimonides, *Medscape*,
April 06, 2020

“In almost every context we’ve seen the epidemic grow, turn around and die away – almost like clockwork.”

– **Sunetra Gupta**, Professor
of Theoretical Epidemiology at
University of Oxford, *UnHerd*,
May 21, 2020

“I think that everybody panicked. They were fed incorrect numbers by epidemiologists... there is no doubt in my mind that when we come to look back at this the damage caused by lockdowns will exceed any saving of lives by a huge factor.”

– **Michael Levitt**, Professor
of Biophysics, Stanford, and
winner of 2013 Nobel Prize for
Chemistry, *UnHerd*,
May 02, 2020



“Ownership of data is much more valuable than access to data.”

– **Yoav Fisher, CTECH**,
March 29, 2019

“Society is afraid. It’s been scared totally by governments... The fear is going to cause the damage, not the virus.”

– **Karol Sikora, M.D.**, Professor
of Medicine at University of
Buckingham, *UnHerd*,
May 21, 2020