



# Health Watch USA<sup>sm</sup> Newsletter

<https://www.healthwatchusa.org> July 1, 2024

Member of the National Quality Forum & designated "Community Leader" for Value-Driven Healthcare by the U.S. Dept. of Health and Human Services

## *Activity for the Month of Nov. Health Watch USA<sup>sm</sup>:*

- 2 Articles/Op-Ed regarding COVID-19.
- 1 Peer Reviewed Article
- 2 Presentation.
- 2023 HW USA Conference Videos are Available.

*Information Regarding Health Watch USA<sup>sm</sup> Nov. 1st, 2023: Long COVID's Impact on Patients, Workers & Society:* <https://healthconference.org>

## *Health Watch USA<sup>sm</sup> 2023 Activities Report:*

<https://www.healthwatchusa.org/HWUSA-Officers/20231231-HWUSA-Report-2023.pdf>

## *Health Watch USA<sup>sm</sup> 2022 Activities Report:*

<https://www.healthwatchusa.org/HWUSA-Officers/20221231-HWUSA-Report-2022-2.pdf>

## *Health Watch USA<sup>sm</sup> 2021 Activities Report:*

<https://www.healthwatchusa.org/HWUSA-Officers/20211231-HWUSA-Report-2021.pdf>

## *Health Watch USA<sup>sm</sup> 2020 Activities Report:*

<https://www.healthwatchusa.org/HWUSA-Officers/20201231-HWUSA-Report-2020.pdf>

## Health Watch USA<sup>sm</sup> - Peer-Reviewed Publications, News Articles & OpEds



### **Healthcare Violence and the Potential Promises and Harms of Artificial Intelligence**

Currently, the healthcare workplace is one of the most dangerous in the United States. Over a 3-month period in 2022, two nurses were assaulted every hour. Artificial intelligence (AI) has the potential to prevent workplace violence by developing unique patient insights through accessing almost instantly a patient's medical history, past institutional encounters, and possibly even their social media posts. De-escalating dialog can then be formulated, and hot-button topics avoided. AIs can also monitor patients in waiting areas for potential confrontational behavior.

Many have concerns implementing AIs in healthcare. AIs are not expected to be 100% accurate, their performance is not compared with a computer but instead measured against humans. However, AIs are outperforming humans in many tasks. They are especially adept at taking standardized examinations, such as Board Exams, the Uniform Bar Exam, and the SAT and Graduate Record Exam. AIs are also performing diagnosis. Initial reports found that newer models have been observed to equal or outperform physicians in diagnostic accuracy and in the conveyance of empathy.

In the area of interdiction, AI robots can both navigate and monitor for confrontational and illegal behavior. A human security agent would then be notified to resolve the situation. Our military is fielding autonomous AI robots to counter potential adversaries. For many, this new arms race has grave implications because of the potential of fielding this same security technology in healthcare and other civil settings.

The healthcare delivery sector must determine the future roles of AI in relationship to human workers. AIs should only be used to support a human employee. AIs should not be the primary caregiver and a single human should not be monitoring multiple AIs simultaneously. Similar to not being copyrightable, disinformation produced by AIs should not be afforded 'free speech' protections. Any increase in productivity of an AI will equate with a loss of jobs. We need to ask, If all business sectors utilize AIs, will there be enough paid workers for the purchasing of services and products to keep our economy and society afloat?

***Journal of Patient Safety: June 11, 2024:***

***[https://journals.lww.com/journalpatientsafety/abstract/9900/healthcare\\_violence\\_and\\_the\\_potential\\_promises\\_and.232.aspx](https://journals.lww.com/journalpatientsafety/abstract/9900/healthcare_violence_and_the_potential_promises_and.232.aspx)***



**COVID-19 could be a potential bioweapon. Better indoor ventilation needed to stop spread.**

"Over the past few years, I have raised this concern and have been labeled an alarmist, but even I would be called a COVID-19 minimizer compared to the right-wing witness testimony we recently have witnessed before U.S. Senate and House Committees... Republican Sen. Roger Marshall from Kansas explained (the viruses' ORF8) protein's function as the "two cardinal sins", causing transmission without symptoms and inhibiting our ability to mount an immune response. Dr. Richard Ebright stated there was "no civilian practical application", continuing that, according to the U.S. Government, the virus could have "high potential for use as a bioweapon. The apparent acceptance by the U.S. House Select Committee that this virus is airborne, and the extreme dangers of the virus as described during the Senate Homeland Security meeting creates an ominous outlook for our future, one which should create deep concerns and demands for change... We squandered and previously spent our COVID money, and we are paying dearly for this with inflation. Now we must reach deep into our pockets for financing. We need to correct critical infrastructure vulnerabilities, not only for indoor safety but also to prepare for the next pandemic." ***References*** Courier Journal, June 28, 2024.

***<https://www.courier-journal.com/story/opinion/2024/06/28/covid-19-continues-deadly-impacts-public-health/74193316007/>***

## COVID killed millions. Fauci's House hearing shows we're not ready for another pandemic.

The House Subcommittee on the origins of COVID-19 convened on June 3. The committee was designed to focus on the origins of the pandemic but instead degenerated into a cesspool of misinformation. Similar disinformation has had a negative impact on the whole nation, and Kentucky has not fared well...there are significant risks of a future bird flu pandemic, and I have strong concerns that the committee will not produce recommendations which will allow us to effectively respond if this were to happen. What I witnessed during the Congressional hearing was strong emotions, infighting and squabbling, a setting not conducive for formulating strategies that will lift us out of the current COVID-19 pandemic or to stop the spread of future pathogens. [References](https://www.courier-journal.com/story/opinion/2024/06/06/covid-pandemic-fauci-house-committee-kentucky/73986122007/) Courier-Journal June 6, 2024. <https://www.courier-journal.com/story/opinion/2024/06/06/covid-pandemic-fauci-house-committee-kentucky/73986122007/>

## Health Watch USA<sup>sm</sup> - Meetings



### Vaccines & COVID-19 - Long COVID Scotland

Dr Kevin Kavanagh from Health Watch USA<sup>sm</sup> discusses the history of vaccines with emphasis on George Washington, Variolation and the Continental Army Smallpox Mandate.

View Video <https://youtu.be/Htu2RnqufVw>

Download Slides

[https://www.healthwatchusa.org/HWUSA-](https://www.healthwatchusa.org/HWUSA-Presentations-Community/PDF-Downloads/20240606-Vaccines-COVID-19.pdf)

[Presentations-Community/PDF-Downloads/20240606-Vaccines-COVID-19.pdf](https://www.healthwatchusa.org/HWUSA-Presentations-Community/PDF-Downloads/20240606-Vaccines-COVID-19.pdf)

Several points are stressed:

1. That herd immunity is not possible with a mutating virus and waning immunity.
2. All vaccines have complications, but they are much less than acquiring the disease.
3. Myocarditis appears to be most common with the second dose of the Moderna Vaccine in young males, but it is still a rare often mild event.
4. Natural infection may give a few months longer immunity than vaccines. However, neither give durable immunity, and becoming infected every year is not a viable plan.
5. Over 6% of adults living in the United States complain of symptoms of Long COVID.
6. Vaccinations can prevent over 70% of the cases of Long COVID.
7. Reinfections are common and each carries an additive risk of Long COVID.
8. Delayed deaths from COVID-19 exceed those from the acute disease.

Types of COVID-19 vaccines are discussed, along with risks and benefits



## COVID-19, an Update and Critical Evaluation of the United Kingdom's Response

Dr. Jonathan Fluxman presents a COVID-19 update, summarizing our current knowledge and mistakes made during the pandemic. COVID-19 is more of a vascular and immunological disease than a

respiratory one. It is primarily spread through respiration and the virus is airborne. The delayed recognition and then once recognized the failure to act to prevent airborne spread is one of the greatest mistakes of the epidemic. Vaccines provide a degree of protection against hospitalizations, deaths and long COVID but not nearly enough to abandon other mitigation measures. Improvements in ventilation are crucial to mitigating indoor spread. The importance of this is underscored by the pandemic being largely driven by super spreader events in congregate settings. Of great concern are the reinfections which are occurring, almost everyone has been infected several times and with each infection the chances of developing long COVID increases. Even children are affected. It is estimated that 12% of children develop long COVID after the first infection, and 16% after the second. The implications of long COVID and delayed organ damage on our society is discussed. Finally, a critique of the United Kingdom's COVID-19 is presented with a discussion of its shortcomings and needed improvements. Health Watch USA<sup>sm</sup> meeting. June 19, 2024. View Presentation: <https://youtu.be/k6e2ub-vB84>



Space is limited. To attend any of these meetings, send an email to [kavanagh.ent@gmail.com](mailto:kavanagh.ent@gmail.com)

**Health Watch USA<sup>sm</sup> - Articles of Interest**





## Very impactful editorial by Alina Chan in the NYT's "Why the Pandemic Probably Started in a Lab, in 5 Key Points".

"1. The SARS-like virus that caused the pandemic emerged in Wuhan, the city where the world's foremost research lab for SARS-like viruses is located.

2. The year before the outbreak, the Wuhan institute, working with U.S. partners, had proposed creating viruses with SARS-CoV-2's defining feature.

3. The Wuhan lab pursued this type of work under low biosafety conditions that could not have contained an airborne virus as infectious as SARS-CoV-2.

4. The hypothesis that Covid-19 came from an animal at the Huanan Seafood Market in Wuhan is not supported by strong evidence.

5. Key evidence that would be expected if the virus had emerged from the wildlife trade is still missing."

New York Times: <https://www.nytimes.com/interactive/2024/06/03/opinion/covid-lab-leak.html>

## Why the New Human Case of Bird Flu Is So Alarming

"The third human case of H5N1, reported on Thursday in a farmworker in Michigan who was experiencing respiratory symptoms, tells us that the current bird flu situation is at a dangerous inflection point. The virus is adapting in predictable ways that increase its risk to humans, reflecting our failure to contain it early on. The solutions to this brewing crisis — such as comprehensive testing — have been there all along, and they're becoming only more important. If we keep ignoring the warning signs we have only ourselves to blame." New York

Times: <https://www.nytimes.com/2024/06/02/opinion/bird-flu-case-respiratory.html>

## Whooping cough cases rising

Data published by the UK Health Security Agency (UKHSA) on June 6, 2024, show that cases of whooping cough have been rising sharply since December, 2023. In England, between January and the end of April, 2024, there were 4793 confirmed cases of pertussis. In comparison, only 858 pertussis cases were reported during the whole of 2023. Concerningly, eight infants who developed pertussis in 2024 have died.

The Lancet Respiratory Medicine: [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(24\)00204-2/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(24)00204-2/fulltext)

## Effect of wearing N95 facemasks on the mode of transmission of SARS-CoV-2 in the indoor environment of a hospital

In this study, three distinct interior hospital environments were selected for surface and airborne viral sampling to ascertain the impact of wearing an N95 facemask on the spread of

the virus. SARS-CoV-2 RNA was detectable in the air of an emergency intensive care unit corridor, where over 30% of mobile personnel did not wear N95 facemasks strictly. By contrast, SARS-CoV-2 RNA was not detectable in the air of a geriatric respiratory diseases ward or in that of an emergency laboratory, where N95 facemasks were mandatory for both mobile staff and patients. <https://www.tandfonline.com/doi/full/10.1080/02786826.2024.2359561>

### **Association of institutional masking policies with healthcare-associated SARS-CoV-2 infections in Swiss acute care hospitals during the BA.4/5 wave (CH-SUR study): a retrospective observational study**

"We included 2'980 SARS-CoV-2 infections from 13 institutions, 444 (15%) were classified as healthcare-associated. Between June 20 and June 30, 2022, six (46%) institutions switched to a more stringent mask policy. The percentage of healthcare-associated infections subsequently declined in institutions with policy switch but not in the others. In particular, the switch from situative masking (standard precautions) to general masking of HCW in contact with patients was followed by a strong reduction of healthcare-associated infections (rate ratio 0.39, 95% CI" <https://aricjournal.biomedcentral.com/articles/10.1186/s13756-024-01422-4>

### **Why Are Some People Seemingly Immune to Covid-19? Scientists May Now Have an Answer**

More than four years after Covid-19 was declared a pandemic that has since totaled more than 775 million cumulative cases worldwide, scientists are shedding light on the specific immune responses that have made some people seemingly resistant to catching the virus. New research emerging from the United Kingdom, conducted as part of the Covid-19 Human Challenge Study and the Human Cell Atlas project, has found that a combination of robust nasal cell defense and high activity of a particular gene work together to ward off the virus in some individuals before it can take hold.

<https://www.msn.com/en-us/health/other/why-are-some-people-seemingly-immune-to-covid-19-scientists-may-now-have-an-answer/ar-BB1oO510>

### **Hospital nurse staffing variation and Covid-19 deaths: A cross-sectional study**

"Patients admitted with Covid-19 to hospitals with better nursing resources pre-pandemic and during the pandemic were statistically significantly less likely to die. For example, each additional patient in the average nurses' workload pre-pandemic was associated with 20 % higher odds of in-hospital mortality (OR 1.20, 95 % CI [1.12–1.28],  $p < 0.001$ ) and 15 % higher odds of 30-day mortality (OR 1.15, 95 % CI [1.09–1.21],  $p < 0.001$ ). Hospitals with greater proportions of BSN-qualified RNs, better quality nurse work environments, and Magnet recognition offered similar protective benefits to patients during the pandemic. "

<https://www.sciencedirect.com/science/article/pii/S0020748924001421>

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**Nov. 1st, 2023**  
**Health Watch**  
**USA<sup>sm</sup> Webinar**

## **Long COVID's Impact on Patients, Workers & Society**

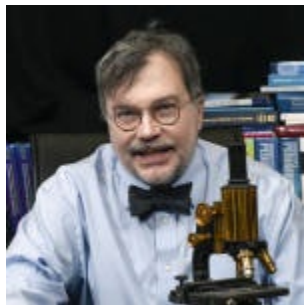
### **Health Watch USA<sup>sm</sup>**

**For More Information Go To:** <http://www.healthconference.org>

**Speakers for the Nov. 1st 2023 Webinar Include:**



**Ambassador Deborah Birx, MD** Past White House Coordinator Coronavirus Response (USA) "Impact of Long COVID on the United States".



**Peter J. Hotez, MD, PhD**, Dean of the National School of Tropical Medicine and Professor of Pediatrics and Molecular Virology & Microbiology at Baylor College of Medicine. will present on "Global Vaccines and Vaccinations: The Science vs The Anti-science." Dr Hotez will discuss the impact of developing new low cost and accessible vaccines for global health, including a recombinant protein COVID-19 "people's vaccine" now administered to more than 100 million adolescents and children in India and Indonesia. He will also discuss new trends in antivaccine sentiments in the US and an escalating and globalizing antisience empire.

### **Additional Presenters:**

**1. Pam Belluck**, New York Times Reporter -- Presentation: "How Long COVID is affecting people's jobs and their needs at work."

**2. Eleni Iasonidou, MD**, Pediatrician, Founder of Long Covid Greece and a one of the very first Greek representatives to join Long Covid Kids. Presentation: "Long Covid and its impact on children."

**3. Georgios Pappas, MD, PhD**, Physician, Researcher and Advocate. Specializing on zoonoses and preparedness against deliberate and natural outbreaks/ epidemics – Presentation:

"Combating Disinformation regarding COVID-19 and Long COVID."

**4. Jane Thomason, MSPH, CIH**, Industrial Hygienist, National Nurses United & California Nurses Association -- Presentation: "The impact of Long COVID on Nurses."

**5. Greg Vanichkachorn, MD, MPH**, Occupational and Aerospace Medicine, Mayo Clinic-- Presentation: "Symptoms, treatment and rehabilitation of patients with Long COVID."

**6. Dr. Wilmore Webley**, PhD, University of Massachusetts, -- Presentation: "The effectiveness of vaccines to prevent Long COVID."

**7. Brian T. Walitt, MD, MPH**, Clinician with the NIH's National Institute of Neurological Disorders and Stroke. -- Presentation: "Neuropsychiatric manifestations of Long COVID & Chronic Fatigue Syndrome."

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**Continuing Education Is Planned for Physicians, Nurses, Social Workers, Physical Therapists, Occupational Therapy, Dentistry and Respiratory Therapy. For More information Go To:**  
<http://www.healthconference.org>

**Download Speaker Bios:** [https://www.healthconference.org/healthconference.org-files/2023Conference\\_downloads/Bios-Speakers-2023-HWUSA-Conference-6.pdf](https://www.healthconference.org/healthconference.org-files/2023Conference_downloads/Bios-Speakers-2023-HWUSA-Conference-6.pdf)

**Download Webinar Agenda:** [https://www.healthconference.org/healthconference.org-files/2023Conference\\_downloads/Agenda-1.pdf](https://www.healthconference.org/healthconference.org-files/2023Conference_downloads/Agenda-1.pdf)

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**Download last year's summary white paper from 2022 Worker Safety Conference (Journal of Patient Safety):**  
[https://journals.lww.com/journalpatientsafety/Fulltext/9900/Frontline\\_Worker\\_Safety\\_in\\_the\\_Age\\_of\\_COVID\\_19\\_A.126.aspx](https://journals.lww.com/journalpatientsafety/Fulltext/9900/Frontline_Worker_Safety_in_the_Age_of_COVID_19_A.126.aspx)

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## Download 2023 Conference Proceedings: Long COVID's Impact on Patients, Workers, & Society: A review [https://journals.lww.com/md-journal/fulltext/2024/03220/long\\_covid\\_s\\_impact\\_on\\_patients\\_workers,.50.aspx](https://journals.lww.com/md-journal/fulltext/2024/03220/long_covid_s_impact_on_patients_workers,.50.aspx)

**Abstract:** The incidence of long COVID in adult survivors of an acute SARS-CoV-2 infection is approximately 11%. Of those afflicted, 26% have difficulty with day-to-day activities. The majority of long COVID cases occur after mild or asymptomatic acute infection. Children can spread SARS-CoV-2 infections and can also develop long-term neurological, endocrine (type I diabetes), and immunological sequelae. Immunological hypofunction is exemplified by the recent large outbreaks of respiratory

syncytial virus and streptococcal infections. Neurological manifestations are associated with anatomical brain damage demonstrated on brain scans and autopsy studies. The prefrontal cortex is particularly susceptible. Common symptoms include brain fog, memory loss, executive dysfunction, and personality changes. The impact on society has been profound. Fewer than half of previously employed adults who develop long COVID are working full-time, and 42% of patients reported food insecurity and 20% reported difficulties paying rent. Vaccination not only helps prevent severe COVID-19, but numerous studies have found beneficial effects in preventing and mitigating long COVID. There is also evidence that vaccination after an acute infection can lessen the symptoms of long COVID. Physical and occupational therapy can also help patients regain function, but the approach must be "low and slow." Too much physical or mental activity can result in post-exertional malaise and set back the recovery process by days or weeks. The complexity of long COVID presentations coupled with rampant organized disinformation, have caused significant segments of the public to ignore sound public health advice. Further research is needed regarding treatment and effective public communication. Proceedings from Health Watch USA 2023 Webinar. Medicine. Mar. 20, 2024. Download Article: [https://journals.lww.com/md-journal/fulltext/2024/03220/long\\_covid\\_s\\_impact\\_on\\_patients\\_workers,.50.aspx](https://journals.lww.com/md-journal/fulltext/2024/03220/long_covid_s_impact_on_patients_workers,.50.aspx)

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