



Health Watch USAsm 2024 Patient Advocacy Report:

Similar to 2023, 2024 has been a productive year. Our members have had coverage by top national news media and have published a major peer-reviewed article along with numerous op-eds and policy statements. In addition, our 2024 Continuing Education Course was a huge success.

The Table below indexes resources from Health Watch USAsm. Overall, there are 10, Op-Eds in major news media, 11 articles in Infection Control Today,, and the 2024 Continuing Education Course.

Table of Contents – Topics Include COVID-19, Vaccines, Infection Control, Patient Safety & Artificial Intelligence

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The following educational credits were awarded for participation in the long COVID webinar. In addition, they can be obtained through an online course provided by Southern Kentucky AHEC and accessed using the link below.

Credits can be obtained for the following healthcare specialties:

COVID-19: Endemic Impact & Responsibility -- Four credit hours for Physician - Category I AMA Credits and Corresponding Kentucky Board Accreditation, Dentistry, Physical Therapy, Respiratory, EMS and Nursing (4.8 hrs)

To view YouTube Videos of the presentations, go to:

<https://www.healthwatchusa.org/conference2024/index.html>

To register for the above online course through Dec. 31, 2025 and obtain continuing education credits through Southern Kentucky AHEC, go to: <https://sokyahec.thinkific.com/courses/COVID-enduring>

Health Watch USAsm Peer-Reviewed Articles

1. Long COVID's Impact on Patients, Workers & Society

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.

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Kavanagh KT, Cormier EL, Pontus C, Bergman A, Webley W. Long COVID's Impact on Patients, Workers & Society. Medicine. Published Mar. 22, 2024. https://journals.lww.com/md-journal/fulltext/2024/03220/long_covid_s_impact_on_patients_workers_.50.aspx

2. **Healthcare Violence and the Potential Promises and Harms of Artificial Intelligence.** **Journal of Patient Safety**

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?

Kavanagh KT, Cormier L, Pontus C. Healthcare Violence and the Potential Promises and Harms of Artificial Intelligence. Journal of Patient Safety. June 11, 2024. https://journals.lww.com/journalpatientsafety/abstract/9900/healthcare_violence_and_the_potential_promises_and.232.aspx

3. **Viewpoint: The Impending Pandemic of Resistant Organisms – A Paradigm Shift Towards Source Control is Needed**

The United States needs a paradigm shift in its approach to control infectious diseases. Current recommendations are often made in a siloed feedback loop. This may be the driver for such actions as the abandonment of contact precautions in some settings, the allowance of nursing home residents who are carriers of known pathogens to mingle with others in their facility, and the determination of an intervention's feasibility based upon budgetary rather than health considerations for patients and staff. Data from both the U.S. Veterans Health Administration and the U.K.'s National Health Service support the importance of carrier identification and source control. Both organizations observed marked decreases in methicillin-resistant *Staphylococcus aureus* (MRSA), but not methicillin-susceptible *Staphylococcus aureus* infections with the implementation of MRSA admission screening measures. Facilities are becoming over-reliant on horizontal prevention strategies, such as hand hygiene and chlorhexidine bathing. Hand hygiene is an essential practice, but the goal should be to minimize the risk of workers' hands becoming contaminated with defined pathogens, and there are conflicting data on the efficacy of chlorhexidine bathing in non-ICU settings. Preemptive identification of dedicated pathogens and effective source control are needed. We propose that the Centers for Disease Control and Prevention should gather and publicly report the community incidence of dedicated pathogens. This will enable proactive rather than reactive strategies. In the future, determination of a patient's microbiome may become standard, but until then we propose that we should have knowledge of the main pathogens that they are carrying.

Kavanagh KT, M Maiwald, LE Cormier. Viewpoint: The Impending Pandemic of Resistant Organisms – A Paradigm Shift Towards Source Control is Needed. Medicine. Aug. 2, 2024. https://journals.lww.com/md-journal/fulltext/2024/08020/viewpoint_the_impending_pandemic_of_resistant.46.aspx

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Professional Presentations & Comments:

- **Nov. 14, 2024. Public written comment regarding CDC's recommendations for the Prevention of Transmission of Infectious Diseases and the importance of using negative pressure rooms and N95 masks for airborne pathogens.**

In addition, the CDC should recommend the implementation of ASHRAE Standard 241 for clean indoor air. <https://www.healthwatchusa.org/HWUSA-Initiatives/PDF-Downloads/20241114-WrittenComment-HealthWatchUSA.pdf>

- **Mitigating Infectious Disease Risks During Medical Visits**

Dr. Kevin Kavanagh from Health Watch USAsm discusses strategies to help mitigate the risks for immunocompromised patients. of contracting COVID-19. Topics discussed include:

- * Risks of COVID-19
- * Timing of Appointment
- * Preparation For Visit
- * Waiting Rooms
- * Masking
- * Ventilation
- * Sanitizers & Wipes
- * Vaccination

American Association of Kidney Patients - Sept. 26, 2024. Duplicate (Pre) Presentation: <https://youtu.be/70i8WvoM5Es> [Download Slides](#)

- **Vaccines, COVID-19 and Long COVID - Presentation to Long COVID Scotland**

Dr Kevin Kavanagh from Health Watch USAsm discusses the history of vaccines with emphasis on George Washington, Variolation and the Continental Army Smallpox Mandate. 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 gives 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

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June 8, 2024. View Video <https://youtu.be/Htu2RnqfVw> [Download Slides](#)

- **Source Control Key to Prevent Spread of Infectious Diseases**

Dr. Kevin Kavanagh from Health Watch USAsm discusses the importance of source control as it relates to ventilation, masking and isolation. He also discusses concerns with new proposals regarding the relaxation of isolation guidelines for COVID, MRSA and Measles. Finally, Enhanced Barrier Precautions and Chlorhexidine Bathing are discussed. Feb. 27, 2024. University of Louisville. YouTube Video: <https://youtu.be/Aihijxt0HAc> [Download PowerPoint Slides](#)

- **How to Best Manage the Risk of COVID Infections While Seeking Healthcare**

Dr. Kevin Kavanagh discusses several strategies to best manage the risks of acquiring COVID-19 while seeking medical care. The concept of minimizing the exposure dosage along with implementation of mitigation factors are discussed. Dosage is related to both the number of people you are in contact with along with the community level of SARS-CoV-2. Mitigation strategies include the monitoring of indoor ventilation, the wearing of masks and vaccinations. Presentation to Mask Together America. Feb. 13, 2024. <https://youtu.be/VigfXZIHNAQ> [Download Slides](#)

Health Watch USAsm – USA Today:

1. **Kavanagh KT. Wake up! We are still in a pandemic and Vaccines are our best defense against long COVID.**

The chance of becoming severely sick from COVID when attending a January indoor function is far too great not to take preventative measures. And once you become sick, do not count on developing any long-term protective immunity to this rapidly changing, immune evasive virus. Infections also tear down not build immunity to other infections...We need to wake up as a society before we reach a point of no return, or before the damage to our frontal lobes from repeated viral infections reaches a point where we are unable to form a consensus and effectively respond to this pandemic...We need to wake up as a society before we reach a point of no return, or before the damage to our frontal lobes from repeated viral infections reaches a point where we are unable to form a consensus and effectively respond to this pandemic. " [References](#) USA Today. Jan. 9, 2024. <https://www.usatoday.com/story/opinion/voices/2024/01/09/long-covid-vaccine-best-defense-infection-virus/72152592007/>

Health Watch USAsm – Op-Eds Courier Journal:

1. Kavanagh KT. COVID denialism allows other infectious diseases to spread. We must make public health a priority. Courier Journal. Mar. 13, 2024. <https://www.courier->

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[journal.com/story/opinion/2024/03/13/covid-19-denialism-threat-to-public-health/72942668007/](https://www.courier-journal.com/story/opinion/2024/03/13/covid-19-denialism-threat-to-public-health/72942668007/)

2. Kavanagh KT. COVID killed millions. Fauci's House hearing shows we're not ready for another pandemic. Courier Journal. June 6, 2024. <https://www.courier-journal.com/story/opinion/2024/06/06/covid-pandemic-fauci-house-committee-kentucky/73986122007/>
3. Kavanagh KT. COVID-19 could be a potential bioweapon. Better indoor ventilation needed to stop spread. Courier Journal. June 28, 2024. <https://www.courier-journal.com/story/opinion/2024/06/28/covid-19-continues-deadly-impacts-public-health/74193316007/>
4. Kavanagh KT. Long COVID is hitting Kentucky hard. Vaccinations and proper ventilation are important. Courier Journal. Aug. 1, 2024. <https://www.courier-journal.com/story/opinion/2024/08/01/long-covid-deadly-kentucky-vaccinations/74475382007/>
5. Kavanagh. KT. Long COVID is hitting Kentucky hard. Vaccinations and proper ventilation are important. Courier Journal. Aug. 1, 2024. <https://www.courier-journal.com/story/opinion/2024/08/01/long-covid-deadly-kentucky-vaccinations/74475382007/>
6. Kavanagh KT. Is Robert F. Kennedy Jr. a public health threat? He might have some good ideas. Courier Journal. Dec. 17, 2024. <https://www.courier-journal.com/story/opinion/contributors/2024/12/17/kennedy-trump-good-ideas-public-health-red-dye-ban/77011181007/>
7. Kavanagh KT. Are we headed for an AI robotic takeover of service and manufacturing sectors? Courier Journal. Dec. 30, 2024. <https://www.courier-journal.com/story/opinion/contributors/2024/12/30/unemployment-ai-robotic-workforce-takeover-opinion/77243208007/>

Health Watch USAsm – Kevin MD:

1. Kavanagh KT. A potential discovery of highly fatal SARS coronavirus? Kevin MD. Mar. 23, 2024. <https://www.kevinmd.com/2024/03/a-potential-discovery-of-highly-fatal-sars-coronavirus.html>

Health Watch USAsm – Op-Eds Lexington Herald Leader:

1. Kavanagh KT. COVID is still a problem, and we need to do more to stop it. Lexington Herald Leader. Nov. 1, 2024. <https://www.kentucky.com/opinion/op->

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[ed/article294875999.html](https://www.healthwatchusa.com/article294875999.html)

Health Watch USAsm – Kentucky Lantern:

1. Kavanagh KT. Election '24: Economy's ills demand public health remedies. Kentucky Lantern. Sept. 6, 2024. <https://kentuckylantern.com/2024/09/06/election-24-economys-ills-demand-public-health-solutions/>

HW USA - Infection Control Today Articles & Viewpoints:

1. Addressing Post-COVID Challenges: The Urgent Need for Enhanced Hospital Reporting Metrics

We want to encourage CMS to expand their COVID-19 reporting requirements with the development of the following metrics:

1. Hospital-onset Infections for COVID-19;
2. Total COVID-19 infections in health care workers;
3. Total emergency room visitations and emergency room COVID-19, influenza, and RSV infections.

The toll COVID-19 has taken on our country is sobering and necessitate the implementation of mitigation strategies. Masking and admission testing have been shown to lower the incidence of COVID-19 acquisitions in hospitals. In the same study, a death rate of 8 in 100 randomly selected infected individuals was recorded. This is consistent with other data showing a 9.5% death rate for hospital-onset Infections of COVID-19. In Australia, of all COVID-19 deaths, 14% may have acquired their infection in a hospital. Increasing ventilation and clean air have also decreased the spread of aerosolized respiratory pathogens. These interventions must be widely implemented throughout our health care system to protect patients and medical staff. CMS can drive mitigation strategies by incorporating COVID-19 metrics into their hospital financial incentive programs [References](#) Infection Control Today. Dec. 18, 2024.

<https://www.infectioncontrolday.com/view/addressing-post-covid-challenges-urgent-need-enhanced-hospital-reporting-metrics>

2. CDC HICPAC Considers New Airborne Pathogen Guidelines Amid Growing Concerns

Despite the persistence of SARS-CoV-2 and a looming H5N1 epidemic, most of the Committee, except for one member, appeared to want to maintain a status quo in our approach to airborne illnesses. ... Our current approach to reducing the spread of airborne pathogens must focus on reducing viral dosage. Strong evidence supports that N95 masks will reduce dosage exposure far better than surgical masks. However, this reduction may not prevent infection in

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all clinical settings. Instead of NOT recommending N95 masks, we must add additional layers to reduce exposure dosage. These layers include maximizing ventilation, testing, and source control. All are needed to maintain patient safety and a healthy health care workforce.

[References](#) Infection Control Today. Nov. 18, 2024.

<https://www.infectioncontroltoday.com/view/cdc-hicpac-considers-new-airborne-pathogen-guidelines-amid-growing-concerns>

3. Breaking the Cycle: Long COVID's Impact and the Urgent Need for Preventative Measures

We need to emulate the NIH, which, on November fourth, initiated a masking requirement at all National Institutes of Health (NIH) patient care areas. Our nation needs to come to grips with the fact that the pandemic is NOT over; the virus is very dangerous and poses risks to everyone. NIH is masking up, and so should we.... A mask ban enacted in public venues will increase viral spread. Even outdoors, if you are within 6 feet of an infected person, large droplet spread can easily occur. Any proposed or enacted mask ban is anti-public health and will result in needless cases of long COVID, death, and disability. It will adversely impact our economy and the mental health of our citizens. We must break this cycle of infections and disability. Clean indoor air, the wearing of N95 masks in public places, and vaccinations are keys to preventing new cases of acute COVID-19 and long COVID. [References](#) Infection Control Today. Nov. 15, 2024. <https://www.infectioncontroltoday.com/view/breaking-cycle-long-covid-s-impact-urgent-need-preventative-measures>

4. Long COVID: Urgent Findings, Including Brain Alterations, Call for Renewed Public Health Focus.

Over the last month volumes of impactful scientific research have been published regarding long COVID, which when taken together clearly describes the precarious state of our society and the desperate need to change course. We must start to control our impulses to partake in desirable but risky behavior and instead prioritize controlling the spread of COVID-19. Most concerning was a large survey by Shijie Quin and colleagues involving over 74 thousand participants in China that found the incidence of long COVID in their country to be between 10% to 30%. A recent NIH study (RECOVER-Pediatrics cohort STUDY) reported that “20% of kids (ages 6-11) and 14% of teens met researchers' threshold for long COVID.” Unfortunately, there is mounting evidence regarding the role which brain injury plays in long COVID. A picture is starting to form of an insidious dangerous pathogen which upon infection can change the behavior of the host to manifest risky behavior, which in turn can increase the spread of the SARS-CoV-2 virus, repeating the cycle. Acquiring such an ability is an example of evolutionary pressure to enhance the survival of the virus. We must prioritize vaccinations, use of N95 masks, clean indoor air, along with stopping the spread of this virus. Only then will we be headed in the correct direction. [References](#) Infection Control Today. Oct. 21, 2024.

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<https://www.infectioncontroltoday.com/view/long-covid-urgent-findings-including-brain-alterations-call-renewed-public-health-focus>

5. Commentary: If You Are Immunocompromised, Do Not Despair, Plan and Prepare for Medical Care

One of the most dangerous challenges individuals can undertake is climbing Mt Everest; here, one is pitted against the fury of nature, and many are unable to navigate the journey and return home safely. But for an immunocompromised transplant patient, such challenges occur every day and are unavoidable. One of the highest and most dangerous peaks they must summit is entering a medical facility and leaving without experiencing the fury of COVID-19. Wearing N95 masks, keeping up to date on vaccinations and strategically scheduling appointments are of utmost importance. In addition, make sure the air you breath indoors is as safe as possible. Bring a portable CO2 monitor, hand sanitizer, extra N94 masks and alcohol wipes with you during your medical appointment. Attending needed medical visits is of the utmost importance. Instead of postponing, prepare and plan to make these visits as safe as possible. [References](#) Infection Control Today. Oct. 3, 2024.

<https://www.infectioncontroltoday.com/view/if-you-are-immunocompromised-do-not-despair-plan-and-prepare-for-medical-care>

6. Urgent Need for a Paradigm Shift in Infectious Disease Control Amid 2024 Outbreaks

We need a paradigm shift in our approach to infectious diseases. A recent viewpoint in the journal Medicine discussed 5 areas of concern:

1. The first and most important area of concern is a siloed feedback loop.
2. The second area of concern is an overreliance on randomized controlled trials.
3. The third area of concern is the overreliance on hand hygiene.

We must not normalize

4. The fourth area of concern is the normalization of deviance or acceptance of the status quo.
5. The fifth area of concern is our views of the burden or cost-effectiveness of interventions.

Thus, we must extensively revamp our strategies to provide safe indoor environments and stop the spread of airborne diseases. This includes measuring CO2 levels to check for proper indoor ventilation, HEPA filtration, and installing UVC lighting fixtures. Most importantly, we need to internalize that even breathing and talking can spread airborne diseases. It does not require an aerosolizing procedure. AND N95 masks are required to provide increased protection against contracting airborne diseases. It has recently been demonstrated in human volunteers that N95 masks reduce the exhaled viral load of SARS-CoV-2 by 98%. Thus, 2-way

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masking is most effective. Infection Control Today. [References](#) Aug. 26, 2024.

<https://www.infectioncontroltoday.com/view/urgent-need-paradigm-shift-infectious-disease-control-amid-2024-outbreaks>

7. Reevaluating the 6-Foot Rule: Efficacy and Challenges in COVID-19 Prevention

"During the June 3, 2024, House Oversight Committee regarding the Coronavirus Pandemic, the six-foot rule was again thrown into the spotlight, and questions about its appropriateness and effectiveness were raised. One of the Representatives questioned the continuation of advocating for six feet of social distancing after it was known the virus was aerosolized. This question exemplifies one of the underlying problems in our pandemic response—dividing the spread of respiratory pathogens into aerosols and large droplets.....Although the 6-foot rule will protect against large non-aerosolized particles, it will not afford the needed protection if one is exposed to a highly infectious airborne virus that spreads through the air. Because aerosols float in the air, ventilation is a key factor in their elimination. In highly ventilated indoor settings or outdoor venues, aerosolized particles will dissipate, but large particles will not. Thus, the 6-foot rule adds substantial protection if you do not have a mask and are outdoors. In highly ventilated indoor settings, the same may be true. This is why a CO2 monitor is handy for measuring indoor ventilation. However, the safest option indoors or in crowded outdoor settings is wearing an N95 mask." [References](#) Infection Control Today. July 22, 2024. <https://www.infectioncontroltoday.com/view/reevaluating-6-foot-rule-efficacy-challenges-covid-19-prevention>

8. Rethinking Airborne Pathogens: WHO Proposes New Terminology for Disease Spread

"Recently, the World Health Organization (WHO) initiated a paradigm shift in preventing pathogens from spreading through the air. If that phrasing seems non-scientific and does not use the jargon of “airborne pathogens” or “aerosolized pathogens”, it is by design... Too many healthcare experts believe that an “airborne” pathogen will only spread under certain circumstances or unusual conditions, such as during an aerosolizing procedure... Infection disease professionals must not only advocate but also act. A good first step is to carry a portable CO2 monitor to help evaluate indoor air quality at your health care workplace. One should advocate for continuous CO2 monitoring in your facility and make sure HEPA filtration is used with adequate ventilation." Infection Control Today. References May 15, 2024. <https://www.infectioncontroltoday.com/view/rethinking-airborne-pathogens-who-proposes-new-terminology-disease-spread>

9. Understanding the Impact of COVID-19 on Personality and Brain Function: A Grim Reality or a Wake-Up Call?

Opinion: A summary of studies on how COVID-19 may damage the brain's frontal lobes, alter personality traits and cognitive functions, and potentially reshape society's dynamics. A

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nightmare scenario would be if mankind were targeted by a pathogen that attacks our frontal lobes and changes our personalities, making us less likely to get along, reach a consensus, and understand others' points of view. Such a pathogen could bring an end to society as we know it. Unfortunately, the nightmare may be real and taking shape in SARS-CoV-2, the virus that causes COVID-19. [References](https://www.infectioncontroltoday.com/view/understanding-impact-covid-19-personality-brain-function-grim-reality-wake-up-call-) Infection Control Today. April 30, 2024. <https://www.infectioncontroltoday.com/view/understanding-impact-covid-19-personality-brain-function-grim-reality-wake-up-call->

10. COVID-19 Harmonization: Balancing Risks and Benefits of CDC's Latest Move

"The CDC's recent decision to align recommendations for respiratory viruses, particularly COVID-19, has garnered support from the public and infectious disease societies....the Infectious Diseases Society of America (IDSA) lends its backing to the CDC's harmonization efforts, concerns persist regarding the implications of this shift, especially considering the Omicron variant's unique characteristics and the ongoing challenges posed by COVID-19's multi-system impacts. Currently, IDSA is supporting the CDC in dropping the isolation time to 0 days for asymptomatic carriers. In view of protracted viral shedding in patients who have become symptom-free after infection (11% had positive cultures at 10 days) and a 40 to 50% rate of asymptomatic infections, some have concerns regarding this decision. COVID-19 is still ravaging our society, with over 200 deaths each week and over 20,000 individuals in the hospital each day. And the tolls of long COVID may be mounting, not decreasing. During the first week of February 2024, 6.8% of all adults are experiencing long COVID symptoms, up from 5.3% during the week of October 18 to 30, 2023. In Sweden, a country that had very few COVID-19 interventions, a major insurance company, If, reported that after the pandemic, 1 in 3 young adults are experiencing brain fog. A better prevention harmonization may well be with the measles and polio viruses." [References](https://www.infectioncontroltoday.com/view/covid-19-harmonization-balancing-risks-benefits-cdc-s-latest-move) Infection Control Today. Mar. 11, 2024. <https://www.infectioncontroltoday.com/view/covid-19-harmonization-balancing-risks-benefits-cdc-s-latest-move>

11. COVID-19 Realities: Beyond a Respiratory Virus, Addressing Optimism in Pandemic Management

The CDC needs to give an unambiguous message about the urgent need for COVID-19 vaccinations and not one minimizing the disease by green-lighting the safety of asymptomatic spreaders mingling in our community. We should not be minimizing COVID by comparing it to RSV and flu. Not all airborne viruses are primarily respiratory. There is disagreement with this contention in the scientific community as to whether SARS-CoV-2 should be considered a respiratory virus since it affects every organ system of the body, and COVID-19 may be more of a neurological and cardiovascular disease than respiratory. The United Kingdom's workforce has been crippled with chronic illnesses, with 2.8 million of UK's citizens being inactive due to chronic illness. This figure has increased by 700,000 since the pandemic first started and

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corresponds to an equivalent decrease in workforce participation. We need to strengthen isolation requirements along with protecting the vulnerable. And we need to prepare for the next pandemic through increasing standards for ventilation and the use of N95 masks for all airborne pathogens. [References](#) Infection Control Today. Feb. 28, 2024.

<https://www.infectioncontrolday.com/view/covid-19-realities-beyond-a-respiratory-virus-addressing-optimism-in-pandemic-management>

Health Watch USAsm Meetings

1. Dec. 18, 2024. The impact of COVID-19 and long-covid on work and employment: insights from the INSPIRE registry - a CDC-funded initiative.

During the Dec. 18, 2024, Health Watch USAsm Meeting. During his presentation Dr. Venkatesh stressed that long COVID is placing stresses on our workforce with decreased rates of workforce participation. For example, he cited one study of clinical cohorts where half of people hospitalized with COVID-19 were unable to return to work 6 months after infection. He discussed another study that used data from the US Population Survey, and which showed that work absences up to one week after infection were associated with resulted in an estimated reduction of 500,000 people in the U.S. workforce in 2023. Looking at studies on Long COVID specifically, Dr. Venkatesh highlighted a report that showed that approximately 50% of individuals with symptoms lasting more than 28 days were not working or had a reduced work schedule. Moving into the recent findings of the CDC-funded INSPIRE registry, which followed 6,000 participants with symptoms of a COVID-19 infection for 18 months, Dr. Venkatesh highlighted of those with a positive COVID test and returning to work, 7.2% reported missing more than 10 workdays. Overall, 14% had not returned to work at 3 months after their COVID-19 infection (almost 30% for those with 5+ symptoms). The most frequent symptoms preventing return to work were being more tired, headaches, muscle aches, joint pains and shortness of breath. COVID-19 missed workdays and non-return to work was more frequent in lower paying jobs. This may be due to these workers being in front line positions with less COVID-19 protections available. It is estimated that almost 13 million individuals in the United States may not have returned to work after 3 months post COVID-19 infection. Reinfections are compounding this problem and creating a long-term labor problem in the United States. You Tube Video:

<https://youtu.be/dAdayeQgyzw>

2. Dec. 18, 2024. Association between hospital-onset respiratory viral infections and masking and testing policies at ten US hospitals |

Dr. Theodore Pak, MD, PhD, Harvard Medical School presented on "Association between hospital-onset respiratory viral infections and masking and testing policies at ten US hospitals" during the Dec. 18, 2024, Health Watch USA(sm) Meeting. During his presentation Dr. Pak stressed that hospital acquired respiratory infections are common and most transmission is by pre or asymptomatic individuals. There is a 20% to 40% risk of a patient acquiring COVID-19 after exposure to an infected roommate. Universal testing and

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masking are of very low cost especially when compared to hospital-onset Omicron infections which have a crude mortality rate of 3.2% to 13% of patients in Germany, Singapore and the United Kingdom. The cessation of testing in the United Kingdom was associated with an increase in hospital onset COVID-19 infections. A study of 10 hospitals in Massachusetts found that with the cessation of universal masking and COVID-19 testing, hospital onset of respiratory viruses (SARS-CoV-2, flu, RSV) had a 25% increase. Hospital onset cases then fell by 33% with the reinstatement of mandatory staff masking. YouTube Video: <https://youtu.be/oTucFHkZELo>

3. Nov. 20, 2024. Infection Disease Hazards and Protections in Health Care -- Aerosol Transmission, Spread by Air

Jane Thomason, MSPH, CIC from National Nurses United discusses the dangers and prevention of aerosolized pathogens. The United States is currently seeing dangerous increases in Tuberculosis, Measles, Meningococcal, Candida auris, and COVID-19 cases. It is estimated that there are between 34,000 to 151,000 cases of influenza and between 3,200 to 6,400 cases of Tuberculosis. Frontline healthcare workers are 11.6 times more likely to have COVID-19 than the general population. Aerosol transmission is an important mechanism of spread in many diseases and our understanding of the mechanism of spread has changed. Particles of various sizes spread through the air, with particle sizes below 100 microns having a propensity to aerosolize. Aerosolization can occur with breathing, speaking, and coughing. Surgical masks are not designed to prevent transmission of aerosolized pathogens. N95 masks provide the minimum level of protection which should be used. Despite the science, a NNU survey of nurses found respirators are only used 65% of the time when treating TB patients and 36% of the time when treating patients with measles. Nearly half of nurses report that facilities are using surgical masks when treating COVID-19 patients. Health Watch USAsm meeting Nov. 20, 2024.

<https://youtu.be/ciWkl7d2Lqw>

4. Oct. 18, 2024. The need to revise the NIOSH REL for Noise Downward -- Dr. Daniel Fink

Dr. Daniel Fink, MD, MBA discusses the NIOSH REL (recommended exposure limit) for noise and the need to revise it downward. National Institute for Occupational Safety and Health (NIOSH) has set the recommended limit at 85 dBA. A-weighting adjusts sound level measurements to reflect the frequencies heard in human speech. However, at this noise exposure level, for the standard occupational exposure time of 8 hours/day, 5 days/week, 50 weeks/year, for 40 years at work, there is an 8% risk of developing occupational noise-induced hearing loss. OSHA's permissible exposure limit (PEL) for noise is 90dBA which creates a 25% excess risk of developing occupational noise-induced hearing loss. For the general public and for inherently quiet industries such as healthcare these RELs are far too high since the excess risk for developing hearing loss in these settings should be exceedingly low. Acceptable risk as outlined by the WHO in a book about safe drinking water standards should be between 1 in 10,000 to 1 in 1 million. Thus, we need more stringent guidelines for the protection of the public and workers in inherently quiet industries. Health Watch USAsm meeting Oct. 17, 2024 View YouTube Video at <https://youtu.be/Gg6HTpAo8s>

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5. Aug. 20, 2024. COVID-19 Patient Outcomes in the Context of Hospitals Chronically Under-Resourced Nursing Services

Dr. Karen B. Lasater, PhD, RN, FAAN presents on nurse staffing, working environment and nurse to patient ratios' impact on COVID-19 patient mortality. The presentation discusses the newly published article in the international Journal of Nursing Studies entitled: "Hospital nurse staffing variation and Covid-19 deaths: A cross-sectional study"

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

The researchers observed that for each additional patient assigned to a nurse there was on average a 20% higher risk of in-hospital death. The article concludes: "Patients with Covid-19 admitted to hospitals with adequate numbers of RNs caring for patients, a workforce rich in BSN-qualified RNs, and high-quality nurse work environments (both prior to and during the Covid-19 pandemic) were more likely to survive the hospitalization. Bolstering these hospital nursing resources during ordinary times is necessary to ensure better patient outcomes and emergency-preparedness of hospitals for future public health emergencies." Health Watch USAsm meeting August 21, 2024. YouTube Video

<https://youtu.be/6toFNY86ulc>

6. July 18, 2024. The Changing Role of Agency Oversight & The Recent U.S. Supreme Court Decision.

Edie Brous, esq, past president of the American Association of Nurse Attorneys discusses the changes in the process and evolution of regulatory oversight which has occurred through the last century and the potential transformational changes the recent U.S. Supreme Court Decision will initiate. Nurse Attorney Brous will present "A short history on how we got to the Loper Bright Enterprises v. Raimondo decision and its implications for worker safety." Health Watch USAsm meeting. July 18, 2024. View Video:

<https://youtu.be/SPLVRjubkNw>

Landmark Court cases:

- *Chevron v. Natural Resources Defense Council* 6/25/84
<https://supreme.justia.com/cases/federal/us/467/837/>
- *Loper Bright Enterprises, et al, v. Raimondo*, 6/28/24
https://www.supremecourt.gov/opinions/23pdf/22-451_7m58.pdf
- *Corner Post Inc. v Board of Governors* 7/1/24
https://www.supremecourt.gov/opinions/23pdf/22-1008_1b82.pdf

7. June 19, 2024. 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

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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 USAsm meeting. View Presentation: <https://youtu.be/k6e2ub-vB84>

8. May 15, 2024. Overview of the Impacts of Long COVID on Behavioral Health.

Dr. Jacqueline H Becker discusses the definition of Long COVID along with its incidence, impacts on disparate populations and challenges in treatment. The presentation emphasizes the impact of Long COVID on cognitive abilities, executive function and personalities along with potential biological and environmental etiologies. Health Watch USAsm meeting. View Video: <https://youtu.be/aZdv-zXA4N4>

9. Apr. 17, 2023. Impacts of COVID-19 in Pathology and Cancer Care.

Dr. Kaitlin Sundling, MD, PhD discusses the impact of COVID-19 on cancer patients and needed precautions the healthcare system needs to adopt to augment the safety of immunocompromised patients. Health Watch USAsm meeting, April 14, 2024. https://youtu.be/LLN7jB_Vwrk

An expanded version of this talk (41 minutes) with a more detailed description of the PAP Test and HPV diagnoses along with an expanded comparison of automated versus human microscopic pathological diagnosis can be viewed at: <https://youtu.be/76RldKi34U8>

10. Mar. 20, 2024. Long COVID Scotland - Dr. Sally Witcher and Jane Ormerod

Sally Witcher, PhD and Jane Ormerod from long COVID Scotland discuss the status of the COVID-19 pandemic and long COVID in the United Kingdom and Scotland. The presenters stressed the lack of available healthcare for those suffering from long COVID and also the lack of gathering data and transparency regarding the magnitude of the problem. Governmental strategies are over reliant on vaccinations and even if vaccines produced ironclad durable immunity, they are not widely available to the general public. Few if any are masking, including medical personnel in major healthcare centers. Similar to many countries, there is rampant misinformation which is inhibiting the public health response. Currently, the United Kingdom's workforce is being adversely affected to a large degree by chronic illnesses, but there remains little discussion or recognition of the impacts of long COVID. Health Watch USAsm meeting, Mar. 20, 2024. View YouTube Video: <https://youtu.be/K22GqxLKrRg>

11. Feb. 21, 2024. Irregular reemergence of pathogens after lifting of pandemic restrictions - Matthias Maiwald, MD

Dr. Matthias Maiwald presents on the patterns of pathogen re-emergence after the COVID-

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19 pandemic. This is based on respiratory multiplex PCR data from a major women's and children's hospital in Singapore between 2019 and 2023. The dataset includes 83,250 results, mostly from paediatric patients. Pandemic response measures disrupted the usual patterns of respiratory pathogens, and the subsequent relaxation affected their re-emergence. Nonenveloped viruses returned first, and some viruses (e.g. respiratory syncytial virus [RSV]) had out-of-season peaks that were higher than pre-pandemic peaks, and some other viruses (e.g. adenovirus and metapneumovirus) had unusual phases of high activity. Bordetella pertussis (agent of whooping cough) remained near-absent until the end of 2023, while Bordetella parapertussis (agent of parapertussis) and Mycoplasma pneumoniae (agent of childhood pneumonia) started to return around March 2023. Population-based immunological susceptibility and unusual exposure patterns presumably played a role in these observed phenomena. Health Watch USAsm Meeting. View YouTube Video: https://youtu.be/Yx_VyP3Z9wI

Newspaper Articles Featuring Health Watch USAsm

- Lowenstein F. A win for healthcare workers and patients: The CDC returns HICPAC's draft recommendations on infection control. The Sick Times. Jan. 30, 2024. <https://thesicktimes.org/2024/01/30/a-win-for-healthcare-workers-and-patients-the-cdc-returns-hicpacs-draft-recommendations-on-infection-control/>

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