

## From the President

# Life after COVID-19

Paul Martin Kempen, M.D., Ph.D.

This past year has been one of challenges on many fronts for both patients and physicians.

We have seen, above all, increasing turmoil and adversity about the coronavirus that causes COVID-19 disease, climate change, election voting disputes, and government impositions on medical and personal decisions.

The Democratic Party's new control of both the presidency and Congress signals its ability to dominate all legislation at this time of crisis. It's a unique opportunity for Democrats to push forward with their increasingly socialistic agenda.

As physicians, in recent decades we have seen medical practice usurped by government control and increasingly dominated by profit-driven hospital companies, big-tech corporations, and the certification industry. Increasingly, we see paramedical groups seek the right to practice medicine as if they were physicians. Though they have no education comparable to that of physicians, they practice without oversight by state medical boards.

We have seen the practice of medicine further restricted by pharmacy boards via government regulation. These agencies suddenly manage to control, for the first time, the dispensing of "off label" prescriptions like hydroxychloroquine (HCQ) in the face of the COVID-19 pandemic. The State of Ohio Board of Pharmacy withdrew<sup>1</sup> a proposed rule<sup>2</sup> that would have "strictly prohibited" filling prescriptions for chloroquine or HCQ for prophylactic use against COVID-19 or in patients without a positive test. The federal government is at the same time using retail pharmacies for the administration of COVID-19 vaccines.<sup>3</sup>

We have seen the overt antagonism of the U.S. government to seriously studying the ability of HCQ and other early treatments in prevention/prophylaxis and mitigation of COVID-19 onset as an inexpensive means for widespread protection, while the expensive vaccination and other therapy (e.g., convalescent plasma, remdesivir) programs attained rapid Emergency Use Authorization (EUA).

### **Facing Political/Medical Realities in 2021**

The good news is that 2020 has gone by and those of us reading here are both alive and hopefully still financially viable. We must remain able to treat patients with an intact conscience and integrity in our own practices. As AAPS physicians, we stand for the preservation of the sanctity of the patient-physician relationship, and for safeguarding the individual rights and independence of patients and physicians as per our motto: *Omnia Pro Aegrotis*—all for the patient.

While we physicians might typically appear aligned with the morality implied by the Democrat/socialist agenda's promise of expanded "healthcare," we know that such political and economic programs impose population care algorithms that are not specific to each individual and that limit patients' choices, and ours. It's likely that medical practice will become more difficult under the new administration.

In a society in which laws impose penalties for failure to

wear a seatbelt, mandate vaccinations to attend schools, or require wearing masks to be in public, we can only expect to find increasing vaccination and quarantine requirements imposed on travel or entry to government offices or businesses. At the time of this writing in late January, the direction of the Biden Administration is clearly one of socialism, using fear and welfare promises to promote their agenda. Similarly, officials will politically use the climate "crisis" and the "dangers" of fossil fuels, and they will allege threats from internal terrorism ascribed to those who illegally entered the Capitol to promote their agenda.

Where these economically and medically questionable directives will lead remains to be seen. Will we have a choice? President Biden's day-one executive orders have already mandated masks and physical distancing in federal buildings, on federal lands, and by government contractors, and urge states and local governments to do the same.<sup>4</sup> Federal mandates disseminate into and impact the private sphere, despite the consequences.

California, which ranks third in the nation in federal land ownership, has 47,797,533 acres of federal land, which is managed for many purposes, such as the conservation and development of natural resources, grazing, and recreation. The federal government owns 48 percent of California's land,<sup>5</sup> including nearly 58 percent of the 33 million acres of forest. Will we now need to wear masks in unpopulated forests and deserts when hiking? Recently, recommendations arose for everyone to wear TWO masks in the face of the new variant virus from South Africa, the UK, and most recently California.

That multiple new variants of this virus are being identified in rapid succession suggests that it is mutating and may not have had a "singular origin" in China. The SARS-CoV-2 virus, the cause of COVID-19, may well have arisen *de novo* in multiple countries simultaneously from the ubiquitous and multiple coronavirus types previously known to exist worldwide, i.e., from one of the common cold viruses.

Travel restrictions have now also abounded under Biden, while travel bans from Muslim countries have been concurrently rescinded.

Neither I nor AAPS is opposed to appropriate use of masks, self-protective measures, or vaccinations! I have *chosen* all personal protections in 2020, as a "front line provider" and older/senior American, given my personal evaluation of risk and benefit. AAPS supports the logical realization that personal health is a personal choice recognizing self-responsibility, in which process individual freedom is sacred. Clearly, many people may choose to refrain from being vaccinated, and with justifiable reasons, including convalescent resistance, religious belief, or the perception of low risk, for example, demonstrated by CDC data in children.

Laws have already closed businesses and promoted corporate mandates for masks, prohibiting employees or customers from entering federal *and* private establishments. Legal liability will come to bear now at a time when the danger of COVID-19 will rapidly decline with the approach of summer weather and increased delivery and administration

of vaccines. Yet laws once passed become outdated and are rarely rescinded.

### Vaccine Efficacy

Herd immunity may never be reached, as lifelong protection through vaccination is unlikely. Reinfections have reportedly occurred within one year of original COVID-19 appearance and with multiple new mutations demonstrated, reinfection risks increase. It is too soon to determine the duration of effective immunity. COVID-19 (or -20 -or -21) may become the “new flu virus” requiring annual or even semi-annual vaccination.

I wonder how many Americans will be quickly (and needlessly) vaccinated after having asymptomatic COVID-19 infections. I wonder how many will become asymptomatic post-vaccination COVID-19 spreaders: This vaccine does not prevent COVID-19 infection, but merely reduces symptoms, hopefully limiting severe disease and hospitalizations when infected.

The high degree of “efficacy” ascribed to the vaccines is misleading, as vaccination does not protect from developing COVID infections, but only limits the degree of danger from complications and severe disease. The 95 percent efficacy ascribed to the Pfizer vaccine<sup>6</sup> is a calculation derived from the total number of COVID-19 cases manifesting in recipients of placebo (162/21,728 or 0.75 percent) and vaccine (8/21,720 or 0.04 percent) recipients. Of the 170 cases, 162 or 95 percent occurred in the placebo group. Of the 10 severe cases, nine were in the placebo group. The vaccine did not entirely prevent severe cases. Note that the infection rates in this highly selected study population over two months’ follow-up (0.04 percent) were far less than in the general U.S. population, which is about 7 percent per year (1.16 percent over 2 months).

Since these data do not address whether vaccination reduces asymptomatic infection, receiving the vaccine should not affect your behavior.

Results recently published from the Moderna vaccine studies have demonstrated a rapid rise in messenger RNA-induced antibodies specifically to the spike protein, with a slow decline in titers at 119 days, where preliminary data indicating the “95 percent efficacy” is also touted.<sup>7</sup> It is not known exactly how long this immunity will remain effective or how it compares to the still unknown natural response to actual COVID-19 or the new mutant variant infections. Clearly, government and corporate attempts to prevent COVID-19 deaths are currently solely directed to the vaccine approach, without actual prevention of COVID-19 infections.

While COVID-19 vaccination is currently being funded by the government (taxpayers), we do not know how long this level of support will continue or what the cost will be if, as seems likely, there will be annual campaigns like with influenza, which has also caused “excess” deaths yearly.<sup>8</sup> Oddly, in this year of COVID-19, the influenza infections have virtually disappeared while the CDC continues to push yearly vaccinations.<sup>9</sup>

### Risk/benefit Considerations

As an anesthesiologist trained in the professional assessment of risks and benefits, I question the frenetic nature of media presentations, which have tremendous public influence. As of Jan 23, we have documented 25,559,937 COVID-19 “cases,” 427,587 deaths (rate of 1.7 percent), and

15,326,647 recoveries. The media emphasize the cumulative number of cases, which of course will increase continually. We also continue to hear how dimly the U.S. population has fared to date, despite the many governmental impositions, compared with other countries.

Just what would have happened without these imposed measures remains speculative. We also do not know how many died from the isolation itself or from failure to get needed treatment for existing and developing illnesses.

Rates of infection are high again in January 2021, but with much lower death rates than in 2020. Is it not time to begin to tabulate rates in 2021 separately, and shift to reassurance, as treatment is improving? Only in this fashion will the general population be able to identify continuing risks, while emerging from the economic lockdown and social isolation that have so damaged people and the economy.

In any war, priorities must be set. Clearly, the elderly are at risk and are currently afforded priority in the vaccination protocols. But school-aged childhood mortality is relatively unaffected by COVID-19, as shown in Figure 1 and Table 1. So why are schools closed? Teachers as a group are NOT at particularly high risk for COVID-19, as so many teachers are young and healthy. But their unions most often oppose re-opening schools, ostensibly to protect teachers who are at low risk from students who are also at low risk, or to protect students from them. We medical professionals have continued working through the highest risks, on the most dangerous fronts, and without vaccinations, in the name of professionalism. It is reasonable to open schools and demand that teachers under age 55 return to work now, especially with all the precautions and vaccinations available.

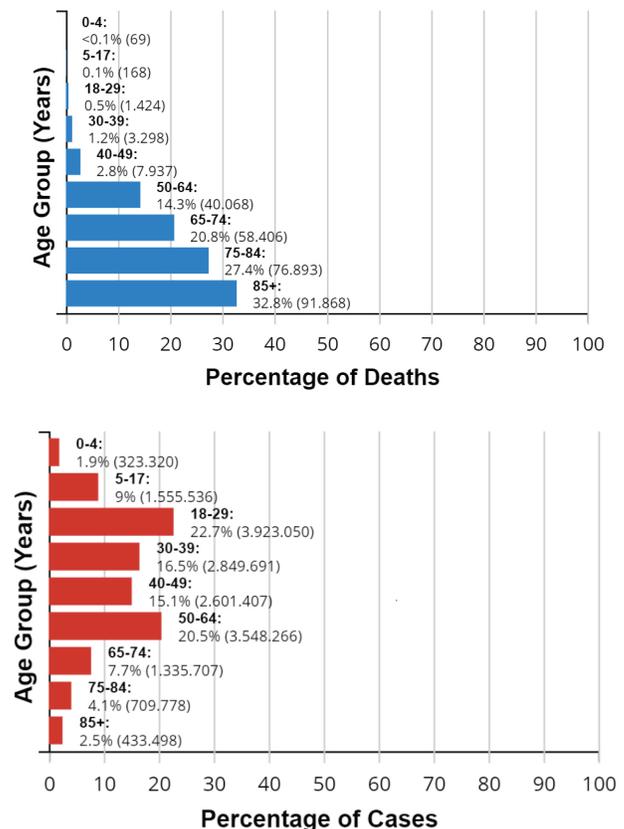


Figure 1. Distribution of COVID-19 Deaths and Cases by Age  
Source: CDC<sup>10</sup>

**Table 1.** Rate Ratios for Hospitalization or Death, Compared to 18-29-year-olds

	<b>Hospitalization</b>	<b>Death</b>
0-4 years	4x lower	9x lower
5-17 years	9x lower	16x lower
18-29 years	Comparison Group	Comparison Group
30-39 years	2x higher	4x higher
40-49 years	3x higher	10x higher
50-64 years	4x higher	30x higher
65-74 years	5x higher	90x higher
75-84 years	8x higher	220x higher
85+ years	13x higher	630x higher

Source: CDC<sup>11</sup>

### Conclusions

Multiple challenges face all Americans this year. Our political voice as physicians is increasingly important because we provide leadership to ensure that the practice of medicine is serving the American people and our profession. AAPS is independent of political parties, corporations, and world opinion pressures.

It is time to move forward with rejuvenation of the nation's economy, and to provide health and job opportunities for Americans, instead of creating a socialistic welfare-state economy. This nation was built on liberty and justice for all, through hard work and self-reliance. It is time to focus on these foundations to move forward in 2021, without being derailed by a virus.

After a year of medical advancements, the COVID-19 danger is receding. Winston Churchill never heard of this coronavirus, but today he might well say of it, and of the lockdowns, that "Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning."

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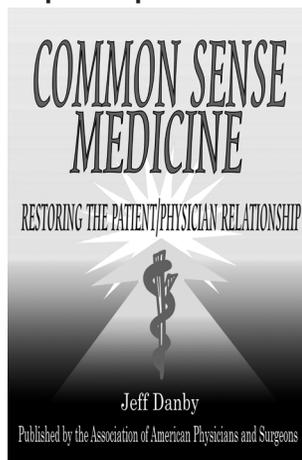
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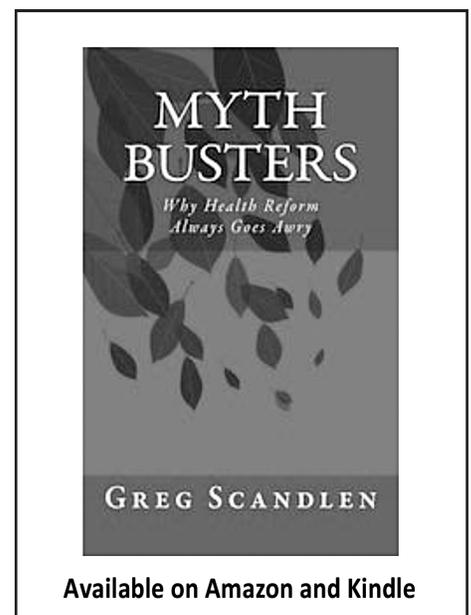
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