{–As a provider you can prescribe to a patient with their consent:

1) even if it is off label
2) Without a test
3) Without infection or exposure

–A pharmacist will dispense the drug
–No board is allowed to take action against the physician or pharmacist for expressing an opinion
–There will be no prohibiting off label drugs
–an inpatient who refuses the “standard protocol” will not be starved!
–an inpatient is allowed to have their prescribed meds}

Chairman Huffman, Vice Chair Johnson, and Members of the Senate Health Committee, thank you for allowing me to provide support testimony for HB 73; the Dave and Angie Patient and Health Provider Protection Act.

Imagine with me. Your child is ill. You would like to do what you can for her health. There are treatments available to her that are affordable, that no insurance company will have to pay for and that have been proven to be safe for human use, FDA approved and been used in other capacities for decades. You have a medical provider who has some working knowledge and experience and is willing to prescribe and follow her case. You are able to accept the risk, weigh the benefit and assume the burden of cost. Does the federal government have a place in this? Do you want them telling you that this isn’t an option for your child? What would you do to fight for her?

Your wife is becoming well by using a medical modality that is not conventional, the alternative is death or suffering. Because the law is influenced by companies trying to increase their profits, changes are made and you can no longer access what it is that allows her to enjoy good health or stave off death. Does the federal government have a place in this? Do you want your wife to be told she can no longer take care of herself?

Your family member goes into a hospital and you are not allowed in to visit. He becomes confused from his illness and can no longer communicate with you directly or make decisions for himself. He is intubated and he made

you promise you would never allow this. He is damaged in the process of a procedure you did not know was going to happen and didn't have the chance to weigh the benefits or harms of. He is given medicine you had all expressed verbally that he did not want. There was no phone call to get approval for any of this, just the standard of care being applied. He dies and you have not been able to hold his hand, speak to him or comfort him during his suffering. Does the government have a place in this? Do you want to be directed in this way?

These may seem like extreme examples but they are happening in medicine, in some cases for years.

Who determines what is researched and therefore approved? Who benefits from the research? Who is allowed to see and analyze the raw data from this research and to do the write up? Who are the peers censoring, I mean reviewing, the literature? Is this being done for the best profit or for our best health? The amount of money we spend on healthcare and the overall health of our population speaks volumes: Average life expectancy in the US compared with that of 11 other first world wealthy countries from 1980-2021 shows a progression from us being equal to them in life expectancy in 1980 and then slowly falling farther and farther behind. By 2019 500,000 Americans were dying each year in excess of the death rates of those other countries. The most remarkable part of this is that we spend an average of $2.3 trillion in excess to them annually on health care. This indicates a broken health care system. Despite this happening for years, medical journals and peer review research has been elevated to such a status that many of us never thought to ask these questions.

Science is one of my most favorite things. It teaches you to ask questions and to continue to test the process. Science by its very nature is ever changing: new hypotheses and dissenting opinions bringing about change. Science as I have known to love it is dead.

It is currently true that any of my colleagues who dared to question the "science" given to us by federal proclamation over the last three years has been canceled. Not just censored and deplatformed, but attacked and

discredited. As science has been replaced by propaganda, so medicine has been affected. I have studied for years, and have achieved one of the highest degrees available. Theoretically I am qualified to “practice” medicine. Realistically, I am being told what to do. Does the government have a place in this? Do you, as a consumer, want a governing body who has no personal knowledge of your health weighing in on your health care decisions?

I have watched as the very foundation of what I believed to be medicine crumbled for me over the last few years–revealing itself for what it has become. I have watched as fraudulent data and blatant lies were reported as fact. I have watched as myself and my colleagues who practiced medicine with our common sense and practical application were ridiculed. I have watched harmless proposed life saving modalities be demonized. I have had to make significant moral decisions when what I was seeing happen with my patients was not at all matching what I was being directed to do. Should I stop what I am doing under threat of losing my license and everything I have worked for when I know that I can literally save a life? Should I cast aside my oath to “do no harm” because someone in authority is threatening me and the local newspaper is calling me names? To whom do I appeal? What do I do with the fraudulent data I am seeing? With the complete disregard for human life? With the loss of autonomy? If I am not harming anyone, and indeed my outcomes are better than the “standard of care”--does the government have a place in this? If you were one of my patients and were able to come to me and receive medication or treatment that could save your life when you were scared or sick, would you want to be told that this was not an option? Would you want to be able to do this for your child?

Medicine is changing. A physician has historically been a healer, a teacher. Now we are being trained and treated as though we are medication dispensers. When you are ill, you don’t want a pill dispenser. You want someone who will give you a healing touch, let you know it will be okay, consider the things that are working and the things that aren’t because you

are an individual with unique needs, and adjust your treatment according to your response. You want someone caring for you. We all deserve that.

Today I am asking you to vote yes on a bill that will give us the ability to practice medicine based on our training and intuition and return health providers back to an era where medical innovation breaks through and saves lives. Please vote Yes on HB73. Thank you.

REMDESIVIR: wholesale cost 1000x more than HCQ or ivermectin and no clinical efficacy against C19 according to every legitimate study, in fact it is more deadly. The NIAID and CDC had just spent $79M developing it for Gilead (B&M Gates Fdtn own $6.5M stake) + another Gilead partner the US Army Medical Research Institute of Infectious Disease also contributing millions.
Incentive to have success with it. Prior to corona outbreak Gilead entered Remdesivir in an NIAID funded research trial against Ebola. (2018). 6 mos into this study, it was stopped due to it being extremely dangerous: within 28 days, subjects taking R had lethal side effects inc multiple organ failure, septic shock, hypotension and had the highest death rate in the study arm. This was reported in JAMA 12/19. 2 mos later, 2/2020, Dr. Fauci announced he was enrolling hospitalized C19 patients into a R trial. A trial in which NIAID had complete control and changed the endpoints twice: from “reduction in COVID mortality” to ultimately “achieving shorter hospital stays”. Twice as many R patients v placebo were readmitted to the hospital after discharge. Randomized DB placebo-controlled Chinese study at the same time showed no benefit and exhibited the deadly toxicity from the drug. Before it could be published Dr. Fauci announced at a White House press conference that he could no longer deny the American public R bc his study had proven it to be so remarkably beneficial to COVID patients and to do so would be unethical. By proclamation, instead of with scientific evidence, he announced America’s “standard of care”
-he sponsored the clinical trial
-he ignored deadly data
-his trial was not peer reviewed
-there was no transparent data
-there was no convincing results
-there were fraudulent acts during the trial
Yet he demanded this of rival drugs such as HCQ and ivermectin