Select Subcommittee on the Coronavirus Pandemic
"Oh Doctor, Where Art Thou? Pandemic Erosion of the Doctor-Patient Relationship."
Testimony by Azadeh Khatibi, MD, MS, MPH
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INTRODUCTION AND BACKGROUND

My name is Azadeh Khatibi. I am a physician in Southern California. I graduated Phi Beta Kappa from UCLA with Highest Departmental Honors in Molecular, Cell and Developmental Biology. I was one of twelve selected in the UCSF-UC Berkeley Joint Medical Program, which trains humanistic physician-leaders. I went to medical school at UCSF, during which I traveled to Ethiopia to work on a public health infectious disease research project, completed internship at Alameda County Medical Center's Highland Hospital (a level 1 trauma center), was selected and served as chief resident at UC Irvine, and won the best teaching award twice in fellowship at UC San Diego.

I am also a published author of scientific research, including discovering and naming a disease. In addition to my medical work, I am an author of poetry, short story, a filmmaker and I teach on mindfulness, and how to optimize the health of the highly gifted, and the highly sensitive, both highly vulnerable populations physically and mentally. I am a mother to two children.

I immigrated to the United States from war-torn Iran as a child. In Iran, we saw a burgeoning modernity blasted back into the middle ages under an authoritarian, sociopathic regime in which many go along to get along under fear of reprisal, imprisonment or death. I grew up with these words reverberating in my head, spoken by smart, modern, well-meaning adults who had initially supported the Islamic Republic: "We *never* thought Iran could become this way." One of my roles is to prevent loss of freedom and violations of ethics from happening in the United States. I have endeavored, in my own way to the best of my ability, to stem inappropriate and sometimes tyrannical governmental and corporate intervention in this post-COVID world, in order to preserve the first amendment rights of physicians, the health of patients, and the sacred practice of medicine itself.

Lastly, in addition to being a physician, I'm also a patient with immune system issues after a serious illness and I also have a physical disability. So I come at the issue of COVID and the federal government's role from a very unique perspective.

The work of a physician is a sacred one, which often continues long after a patient leaves the office. Unfortunately, physicians are subject to burnout, moral injury and loss of autonomy largely due to interference and influence of insurance, government programs and regulations, and administrative overreach and lack of supportive people, systems and environments, all ultimately downstream affecting the ethical practice of medicine. Throughout the past three and a half years, reactive, mindless policies of the federal government and some states during the COVID times, with negative downstream behavior by other institutions and corporations, has exponentially decimated the patient-doctor relationship and physician autonomy far beyond the already present and severe problems, particularly in states that have used the tacit support of the federal government to overreach on physician freedoms and the patient-doctor relationship. And Americans continue to suffer as a result.

ETHICAL MEDICINE, PUBLIC HEALTH AND INDIVIDUAL HEALTH

Principles of Medical Ethics and the Role of the Doctor as Fiduciary

In medical school, every doctor is taught the four basic pillars of medical ethics. They are:

- Beneficence: Doctors must act in ways that do good for the patient
- Non-maleficence: Doctors must avoid actions that harm the patient
- Autonomy: Doctors must give patients the freedom to choose freely without coercion, as much as the patient is cognitively able.
- Justice: Doctors must act in ways that promote fairness and equitable medical care.

Doctors are expected to act as fiduciaries for their patients. That is, they are expected to act in their patients' benefit, such that they prioritize their patients' needs if they are odds with, for example, their own financial interests, or professional advancement.

Sadly, as I will explain, the coercive practices and policies of the federal government during COVID led to many doctors not acting in their professional capacities and ethically failing their patients.

The Tug of War Between Public Health and Individual Health during COVID

The historical culture and consciousness of public health is based on a top-down approach where programs implemented didn't historically take into account the populations they served.

It is only in relatively recent times that principles of truly caring about the population you are intervening on, taking their desires, culture and rights into account, and creating sustainable programs have entered public health, such that programs are expected to be sustainable, ethical and culturally responsive.

Doctors and public health officials often work toward the same aims, but their methods of practice are different, and there is currently an inherent conflict in their approach.

For example, public health regularly tries to find the most efficient ways to treat the population, including allowing some deaths without intervention if it is the most efficient way of addressing the issue given time and resources. To put it simply, public health in its current iteration cares about the overall group, not the individual.

Individual patient care, however, works to maximize the health of every individual patient. It is not supposed to do what is most expedient or efficient, but focuses on maximizing the health and life of each individual patient within constraints of available resources. The doctor in the doctor-patient relationship also acts knowing different patients require different evaluations and recommendations. As consultants with a fiduciary responsibility to patients, doctors must cater their advice to each specific patient. For example, I won't give the same advice to a 30 year-old patient with a very high BMI and in poor metabolic health that I would to a 30 year-old with a low-normal BMI.

There's No Such Thing as "Safe"

A member of this Sub-Committee said "What we say matters, and how we say it," I agree with him. I keep hearing some members of Congress, the CDC and many in federal, state and local governments use the word "safe" when describing vaccines. The definition they are using is a faulty one and they need to cease using it immediately because it is dishonest and confusing to patients, and thus unethical.

In caring for my surgical patients, I have never reassured anyone that a medication, medical procedure or intervention is "safe". Legal and ethical advice to patients requires a discussion of risks, benefits and alternatives to a procedure. When a patient inquires about safety regarding an intervention I'm recommending, I've always been very clear to tell them that *nothing is safe, that there is risk in everything*. We then discuss the risks, benefits and alternatives to the procedure. This ensures patients have a clear understanding of the options available to them and choose freely without coercion or manipulation.

The surprising serious side effects we have discovered sometimes years after drug approval, including Tylenol and autism and ADHD, COX inhibitors and heart attack, hormone replacement therapy and breast cancer, among others, demonstrate that even the most common or trusted medications should be thought of as possibly having unknown risks, and we need to let patients know that.

The government's blanket use of the word "safe" to describe vaccines hearkens back to a less progressive time when medicine was much more paternalistic, more aggressive, less humble and even infantilized patients. It destroys informed consent. It is a violation of the ethical practice of medicine and public health and needs to stop.

We Have an Academic Honesty and Replication Crisis

Scientific methodology is under question because of the replication crisis aka reproducibility crisis. In short, we are realizing that many scientific studies are very difficult or impossible to reproduce. Some of this is due to slight differences in methods that create large differences in outcomes, manipulative data analysis, and falsification of data in order to publish and professionally advance.

Nature published a survey of 1,576 scientists in which 52% reported feeling a significant reproducibility crisis in science. Regarding medical experiments, more than 60% reported failing to reproduce someone else's experiment. More than 60% percent said that the "pressure to publish" and "selective reporting" always or often contributed to others being unable to replicate work. Forty percent reported "fraud" always or significantly contributed to the replication crisis. Daniele Fanelli's meta-analysis of research misconduct revealed 2% of researchers were brave enough to report that they had falsified data, and about 14% said they knew someone who had falsified data.

I, myself, once realized a prominent researcher at an academic institution falsified data. I was afraid to say anything at the time because of the power dynamics involved and sociopathic behavior of this person.

We need to be aware and honest about some people's lack of honesty, and selective reporting and manipulation in science. And because the pursuit of science is a human endeavor, we need to be aware and attentive to the fact that human fallibility and vice can affect science.

EXTREME VACCINE MANDATES

The Federal Government Has Gone Beyond Extremes of Current Ethical Understanding of Vaccines

In October 2020, the New England Journal of Medicine published a perspective piece by prominent vaccine mandate advocates entitled "Ensuring Uptake of Vaccines against SARS-CoV-2". I recognized this group of authors, lawyers and public health professionals, as prominent published proponents of mandates in the ethical and legal debate regarding vaccines. In this publication, the authors suggested a framework for vaccine mandates.

I disagreed with the framework presented and wrote a rebuttal letter with a colleague urging against COVID vaccine mandates, but the New England Journal of Medicine refused to print that letter.

However, even this group of mandate advocates argued that FDA approval–whether under EUA or ordinary review processes–should not be the factor to base mandates on, as broader considerations need to be considered, such as the values of preferences of affected groups, and health economic analyses. They also argued that EUAs may be "based on very limited evidence and consciously or unconsciously influenced by the intense pressure to speed countermeasures to market." The group also argued for transparent communication of the best available evidence about the vaccine's safety and efficacy, including the public's understanding of the limits of what is known, to maintain public trust. And they argued that "because the constitutional power to protect public health rests primarily with states, each state will need to adopt its own legislation" for a vaccine mandate.

Shockingly, the federal government completely ignored and went beyond the extremes of even the recommendations of professional vaccine mandate proponents. Instead of leaving the question to states, the government mandated vaccination involving the Department of Defense, federal employees and contractors, employers of 100 or more employees, and CMS providers. By mandating the vaccine for populations that weren't vulnerable to disease, even though some doctors were sounding the alarm that vaccination would not ultimately be efficacious in preventing people from catching the disease–a fact that Dr. Fauci acknowledged this year in this linked publication–the government grossly overreached. Moreover, it failed to publicly communicate and be honest about risks, benefits and alternatives, and the limits of what is known about the vaccines (see "There's No Such Thing as 'Safe'", above), and instead pushed and sought a massive attack on free speech to silence opposition to its COVID narrative, including regarding vaccines and lockdowns, both directly and indirectly through coercion of and cooperation with tech companies and academic institutions. The federal government proved itself dangerous to wise, ethical public health practice

The Geoge Washington and Constitutionality Arguments

During these Sub-Committee hearings, certain members of Congress have sought to justify the government's mandates by comparing them to the mandates imposed by George Washington during the Revolutionary War. Doing so shows great ignorance of biology and immunology of a respiratory disease, not to mention ignores the vast difference between George Washington's army and our modern life in the United States. Washington's soldiers lived in unsanitary conditions, had a terrible diet, poor clothing, damp shelter or no shelter, and slept body to body in damp open fields. Washington had no access to our comparatively incredible healthcare infrastructure, advanced healthcare practices, medicines and supportive treatments, housing, sanitation and hygiene and clean water. Making blanket statements that if Washington mandated vaccines, then it's good enough for us, is unsophisticated and ignorant of biology and historical context.

Moreover, smallpox has a 30-100% case fatality rate, which far, far more severe than COVID's overall mortality rate. And, again, the biology of the two viruses is very, very different, such that one may argue that due to biological reasons of viral replication and mutation, the smallpox vaccine mandate may be justified, but one can not use the same bio-medical reasoning to justify a COVID vaccine.

The above information strongly supports why government has no business getting involved in healthcare and health decisions between doctors and patients. No one in government has the definitive truth. There are people trained in medicine and medical decision-making, both in and out of governmental medical institutions, academic institutions and in the community. They should be encouraged to talk, pursue interesting scientific questions, be open to critique, and be supported, not censored.

Mandates may have been deemed constitutional in the past. But we now live in vastly different times, in terms of technological ability and ethical consciousness, and we need to progress with the times and make sure our laws and government interventions are aligned with them, and re-evaluate previous rulings in the context of our modern healthcare systems, our modern ethics and what we know–and some already knew prior to COVID–about vaccination campaigns that don't create unintended consequences medically or in public sentiment.

Federal Mandates Attacked Informed Consent

Informed consent requires the patient being given and demonstrating understanding of the risks, benefits and alternatives to a medical procedure and willingly agreeing to the procedure

without duress or coercion. Medical ethics is quite clear on that point. It has gotten so bad that some in the medical literature have argued for removing the informed consent signature prior to vaccination for mandated vaccines!

With the federal OSHA mandate, Department of Defense mandate, federal employee mandate, and CMS mandate, plus the vaccine passports at the local level, I suspect millions of Americans got vaccinated under duress without true informed consent. We need to recognize that mandates largely take us backward by creating ill will toward public health response, and ethical medical practice.

The vast majority of employees didn't sign up for the job with the understanding that they would have to take a vaccine in a pandemic made under conditions which they may not agree with or with mechanisms of action that they find concerning. This is a new condition of employment and not voluntarily entered into upon starting employment. This is different than if they signed up for the job knowing this possibility. Furthermore, the stress of forced compliance creates greater stress for the individual, which affects their social, physical and mental health. This coercion was unjustified, as is the subsequent action of many corporations to mandate vaccination.

Given the travesty of lack of true informed consent for many Americans under the mandates, the arguments that mandate policies worked for maintaining the economy and helping military readiness are weak, as Americans were going to get the virus anyway, and the mandates fomented distrust in the federal government and placed tremendous emotional burden and stress on Americans that affects their mental and physical health. Thus these lines of arguments are antithetical to current ethical discourse on vaccine mandates. And, of course, we need to keep in mind that forcing medical interventions on people to achieve one's financial ends is Machiavellian, which is dangerous and what the government should steer away from in nurturing a culture of ethical treatment of its citizens.

Federal Mandates Discriminated Based on Socio-Economic Status

The federal mandates put pressure on the lower class to comply more than the upper class, since those with less money were less likely to have other options for other jobs or quitting their job. This is the opposite of equity. This is coercion and lack of informed consent of the poor and many middle class and their children. Discrimination based on socio-economic status is morally objectionable.

And, of course, the federal government's example set the machine in motion for companies to follow suit on such morally objectionable behavior.

Governmental Funding of Healthcare Tied to Vaccine Compliance

With the CMS vaccine mandate, the government heavily incentivized medical institutions and organizations financially to mandate the vaccine, and thus doctors who worked for these institutions further felt like they could not speak out, as the whole culture of these institutions further changed as they followed financial incentives. This alienated doctors into a pattern of fear, and further decimated open scientific debate and discourse, which ultimately affected patient care.

THE SHROUD OF CENSORSHIP AND CHILLED SPEECH AFFECTING PATIENT CARE

Out of the confusion and the populace grasping for stability and security during the early months of COVID in 2020, I started to see the reactivity and fear, fed not only by media but by governmental reactions to the virus itself, was creating a situation fast cycling downward for the patient-doctor relationship.

I became fearful of posting my questioning of infection fatality rate, countering the mainstream and government narrative, fearful of getting shadowbanned or banned altogether on social media, since I suspected that government was pressuring tech companies to censor those who questioned the government and mainstream narrative, including doctors, and saw the tech companies deferring to the CDC or WHO instead of promoting free speech of doctors. Of course, we now have proof that government collusion with tech companies and censorship by tech companies was real.

In the height of ludicrosity, one of the top medical journals in the world, the British Medical Journal, was erroneously fact-checked for “missing” context and targeted for censorship by Facebook for an investigation where they reported poor clinical trial research practices at a contract research company helping to carry out the main Pfizer covid-19 vaccine trial.

I saw the urgent need for doctors to openly debate, question medications and intervention, try different things and report on it. But it seemed that anyone disagreeing with the governmental narrative was *persona non grata* in the prevailing mainstream culture, which was largely set by the government response.

“CONSENSUS”

I’ve gone against consensus many times in my own care, in the care of my family, and in the care of my patients. And I’ve been happy every time I did. Because I did it appropriately. And I’ll do it again if I deem it indicated for appropriate care delivery for someone.

In July 2021, the Federation of State Medical Boards declared “Physicians who generate and spread COVID-19 vaccine misinformation or disinformation are risking disciplinary action by state medical boards, including the suspension or revocation of their medical license… They also… must share information that is… consensus-driven for the betterment of public health.”

Other professional organizations soon came out with statements with the word “consensus” in them. These words, possibly created by or at least promoted by the government through its culture of maintaining an aura of infallibility of the CDC and repressing open debate about COVID, created concern and fear in some doctors, and put them on alert that they might lose their jobs or be professionally ostracized if they didn’t follow consensus. The problem is, no one was clear on what consensus is.

Consensus is the general opinion of doctors. It can be formal–where a group of doctors get together to discuss and debate a specific issue and publish guidelines on areas of the topic in which they came to some amount of agreement–or informal, which is the generally held belief of doctors in a certain area or institution. However, consensus is always catching up to the latest emerging evidence or thought frameworks or discovery, and thus is always behind. Innovation is always going to be ahead of consensus. Limiting what a doctor can and can’t say about COVID to consensus–and even going as far as not defining it, is very dangerous to medicine and freedom of medical expression and innovation. You don’t want to limit the innovation, including with unapproved treatments. So many innovations in medicine have come from unapproved treatments.

The word consensus was being used as a weapon against doctors.

And ultimately, the patient suffers.

Consider: Who’s the arbiter of mis-information or disinformation? A consensus group? The NIH, the CDC? They can be far, far behind, and they are not necessarily always right. Science is upended all the time. Following the scientific consensus means you’re always going to be behind. Furthermore, “the science” of COVID-19 infection and treatments was constantly changing. Pressure to conform to consensus during the pandemic was plain bad medicine.

The Neuro-Psychology of Doctors and The Loss of Their Independence

In general, doctors are not big risk takers–they like security and certainty. They usually chose the difficult path of medicine so they can help people and also have some guarantee of a relatively secure financial future. This is in contrast to, for example, becoming a big risk-taking entrepreneur from the get-go. They're also mired in a lot of debt when they graduate, and even afterward for three years to even a decade later, they are making relatively low wages during residency and fellowship. And lastly, as private practices have waned over the past decades, doctors have begun to work for academic institutions and corporate or corporate-like entities. In these establishments, their livelihoods are tied to compliance with the stated and unstated doctrines of institutions. This has endangered academic debate and doctors speaking out. Because if you speak out against the institutional narrative and programs, which are financially incentivized to conform to the governmental narrative, you can lose your job or be ostracized, or both.

All these characteristics primed many doctors to stay silent in fear of losing their jobs, licenses and thus their incredibly hard-earned livelihood. So most stay silent on matters important to patient care that they would have otherwise stood up for. Very few are willing to get fired. Their silence is their complicity in not standing up for patients and not practicing ethical medicine by speaking up for what they believe. Au revoir, ethical medicine.

As an aside, with regard to doctors themselves, I would argue that the very doctors who proved themselves absurdly close-minded and reactive were, from a mindfulness perspective, grasping for feelings of certainty, security and importance instead of being humble, curious and open-minded and welcoming of diverse opinions. And research is starting to indicate that it's the variety of opinions that allows us as a collective to get at what's the right answer. That is wise to consider next time you see someone quick to clamp down on a medical opinion that differs from what the CDC says.

SUING THE GOVERNMENT FOR FREE SPEECH OF DOCTORS

In California, I've seen erosion of physician's rights and I've been trying to sound the alarm and stead-fastly advocate for physicians by suing the Governor and the Medical Board of California in two lawsuits. Yes, I was afraid of the government and retaliation, but I had to go forward.

California has a frightening history of medical ethics violations in the past, and legislating unethical medical procedures. We haven't really confronted it, dealt with it, or processed it, so

we're at risk of repeating our past. California was the leader of the eugenics movement, including sterilizing young people, and the state's work set the stage for Hitler's atrocities during World War II. Government was in on it, millionaires' philanthropic organizations pushed for it, as did people at Stanford and the Regents of the University of California. They were on the wrong side of history. Legislating what happens to people's bodies is the wrong thing to do. There are so many other, better ways to get society healthy instead of forcing people to do something, and manipulating the actions of doctors.

My first lawsuit was against the government's passage of bill AB2098, which labels a doctor as engaging in unprofessional conduct if they tell a patient misinformation, which was absurdly defined, by the legislature as aided by the Medical Board of California, as information "contradicted by contemporary scientific consensus contrary to the standard of care". Essentially, the consequences of the law were that if you don't only follow the currently accepted official governmental scientific consensus, or narrative, the Medical Board of California will come after you, you can lose your license and your livelihood.

This dangerous law was promoting unethical medicine by chilling the speech of doctors, especially in the dangerous context of unethical interference by the federal government censoring people that didn't tow the mainstream public health narrative. Not only that, but the patient's first amendment right to hear the speech of their doctors would be affected, which ultimately results in unethical medical practice. As my co-plaintiff in the lawsuit, Dr. Aaron Kheriaty, says, "A doctor with a gag order is not a doctor you can trust."

Beyond the immediate patient-doctor relationship, I saw the law would stifle freedom of innovative thought and debate and the spread of new ideas that pushed boundaries. It would target the open-minded brilliant thinkers who can innovate by frightening them into silence. Not only would creative thinking regarding COVID dry up, the consequential change in behavior would affect freedom of some doctors to be open and innovate in other areas, because the collective consciousness regarding medical practice would change.

The law was also grammatically nonsensical, which shows the lack of conscientiousness in the consciousness of the writers of the law.

I believe this law was written out of a well-meaning desire to protect the public but was grossly unwise because of the wide scope and use of the word "consensus". And, what's more frightening, initially the law had been written to go after doctors whose public speech wasn't in line with what government at federal, state and local levels wanted. The legislature realized they couldn't legislate doctor's public speech, so they decided to go after the doctor's public speech.

We argued in court that the law violates the first and fourteenth amendments of the Constitution and were granted a preliminary injunction against enforcement of the law. The judge stated that "the 'contemporary scientific consensus' lacks an established meaning within the medical community," and thus, because the "scientific consensus" is so ill-defined and vague, the physician plaintiffs in the lawsuit are "unable to determine if their intended conduct contradicts the scientific consensus, and accordingly 'what is prohibited by the law.'"

Fortunately, just last week, some wise people in the state Senate chose to try to repeal AB2098, and I hope the bill that this repeal was tacked onto will actually pass. But the damage is done. We have seen that people in the government are happy to manipulate doctors' behavior and speech by directly and indirectly threatening their licenses and their livelihoods, and creating a culture that is inhospitable to true scientific debate. Repair is necessary.

After the lawsuit was filed, doctors began to share with me more and more frightening stories and I came to realize how many doctors believed as I did that something is terribly wrong with the veil of fear and chilled speech over medicine. When they found out I was suing the state, doctors' faces lit up with happiness and hope. One doctor told me they believe there was a problem with the dosing of one of the vaccines, but didn't dare speak about it. Another, who is very concerned about the inflammatory nature of mRNA vaccines, simply gave a list of vaccine side effects to patients when they were asked their opinion of the vaccine, and told them they can't tell them what they think because they might lose their license. Another tells patients "I would tell you what I think, but I can't because it's illegal." Another doctor advised a group of us doctors to never write a vaccine exemption despite a belief that it would be right for the patient, for fear of being investigated and losing licenses. Another told me they're afraid to speak out at work to say what they really believe about lockdowns, mandates and vaccine side effects. Another doctor shared with me that the situation with doctor's lack of free speech has become "ridiculous". Another doctor told me they were reluctant to get vaccinated and when they did they suffered frightening immediate side effects that lasted for months. Doctors also came out of the woodwork on social media to connect with me, many of them anonymously due to fear of retaliation. Doctors can't practice medicine honestly as they expected when they entered medical school, with the best interest of patients in mind. My own doctor told me she feels like she's practicing under Communism, such that her emotional and mental perception is that she can't say what she really thinks and is constantly worrying about being reported.

Doctors tell me how much they admire me for being so brave, for standing up when they couldn't, and many of them didn't. They stayed silent due to fear of losing their licenses and livelihoods. When public health narrative and threats to livelihood are so strong, or demeaning

of what doctors may say or prescribe, it is squelching debate and what doctors may have otherwise done to serve their patients and progress knowledge.

And with their silence, doctors are complicit in not fulfilling their ethical responsibilities to their patients. It is now programmed in their nervous system. The patient-physician relationship has been greatly damaged. The patient is not getting ethical care. Drastic repair is necessary.

My second lawsuit, Azadeh Khatibi vs. Kristina Lawson, is a suit regarding California's AB241, which requires doctors to teach the topic that the government wants them to teach, and tells them what to say about that topic. I consider it a clear violation of doctors' first amendment rights. The government should not be in the business of telling doctors what to say to their patients

This onslaught against doctor's free speech and ability to practice medicine free from coercion is continuing. In California, doctors now have to tell the government about every vaccine exemption they write. Of course many will change their practices in response, not because they believe what they are doing is wrong, but because they don't want the government to come after them or their livelihoods.

I used the judicial process to get imminent relief, but Congress can institute legislation and promote policies in the executive branch so individual doctors shouldn't have to do this.

Backing by Professional Organizations Does not Mean an Order or Law is Constitutional Nor Ethical

Not only am I proud to stand up against a law that's unconstitutional, I want to point out to those who seek to bolster their arguments regarding vaccine mandates by noting backing by professional medical organizations, to please note that the CMA and the California Chapter of the American College of Emergency Physicians both backed AB 2098 against which I sued and which has been found to have grounds for being unconstitutional. This beautifully shows that these professional organizations can most certainly back laws that are unconstitutional. And not only that, they backed a law that is grossly medically unethical.

FINAL THOUGHTS

The necessity of skillful, mindful leadership in government, medicine, and our academic institutions is one of the lessons we must learn from the COVID pandemic. As psychologist Dr. Esther Perel beautifully says, the "soft skills" are so needed and leadership touts their

importance, but they often go by the wayside. Openness, curiosity, active listening, empathy, excellent communication skills and conflict resolution skills, respect for one another, are necessary for the next evolution in pandemic response. Reactivity should be replaced with wise, centered responding. Grasping for security and certainty replaced with acceptance of the unknown while boldly and firmly working to protect the populace. Weak arrogance should be replaced with humility and strength. If certain members of the government's COVID response had possessed these skill sets, a lot of problems detailed above would have been mitigated.

If you as part of the federal government want to do something about drastically reducing health care expenditures and medical diagnoses and number of office visits, each ***potentially by 50%***, and promoting a much more physically healthier and more mentally stable and cohesive society, with a richer, stronger social fabric, the wisest thing would be to focus on promoting Americans to meet the social-emotional needs of the most neurologically reactive/highly sensitive in our population. More than three decades of research shows that these children and adults represent 15%-20% of the population, and currently they are the sickest in our society, but they are also the most malleable in terms of response to intervention, and they have the most promise mental-emotionally and physically compared to others. Research indicates that if we met their needs, we would be dramatically physically and mentally healthier as a society. I believe this would truly be an awesome help in the next pandemic, and I am happy to discuss this further.

Thank you for your attention and your work.