

2/13/2023

I am a PROPONENT of Senate Bill 6

Chairman Gossage and Senate Public Health and Welfare Committee Members:

I am Dr. Gayln Perry, an associate clinical professor of medicine with 30 years of clinical experience in pulmonary, critical care and sleep medicine who practiced solely in an academic setting until January of 2022. I testified last year before this same committee regarding the use of Ivermectin for the treatment of acute Covid infection. I am returning today as well as tomorrow to testify because though you may not realize it these senate bills are all closely related. I am here to appeal to you as vulnerable human beings who will all ultimately rely on the medical profession to care for you and your families. We all get sick and bleed red regardless of party affiliation. I am here to argue that the alarming trends in our country to politicize and corporatized healthcare puts us all at risk. Of all professions history speaks loudly of the repercussions that societies reap when ethical medical practice is usurped by ideology and the power of the state. When a physician can no longer advocate for the individual patient sitting in front of them bad things happen. Medicine is ultimately about the health care of individuals and not about the collective health care of the society by using a "one size fits all" solution. Public health, though important, inevitably subordinates the care of individuals.

Though I am a subspecialist, people are begging me to become their primary care physician as the loss of trust in my profession is now rampant. Why would this be true? First of all, faith has been lost in our public health institutions because of their inconsistent recommendations, and their refusal to acknowledge the need for public debate even about a novel new infection, whose public policies have now led to extensive harms. The CDC, NIH and other government agencies suppressed and actively censored scientific academic debate of truths opined by Ivy League physicians, top doctors in their field, and clinicians actively treating sick patients. Physicians who attempted to enter the debate or give true informed consent to their patients were threaten with removal of their medical license (California Assembly Bill 2098) or board certification for thinking critically, reviewing the medical literature and questioning the obvious inconsistencies in the public health policies. Physicians, who were employees of large medical systems, also created public distrust as they followed the reimbursed "countermeasures" specifically laid out by the federal government allowing these strong-armed recommendations of the state to trump individualized patient care. They became state actors rather than your advocates. That should keep you up at night. This is no hyperbole. We now know that what we actually endured over these last three years was put in place for a disease that we knew very early on had an infection fatality rate of 0.05% with an average age of death of 75 -80 years old. Would this information have been helpful for you to know? Did you ever hear that low Vitamin D levels significantly increased Covid mortality? Why did our PUBLIC health agencies not educate the public about this fact? I could go on and on.

I mentioned corporatization of medicine – employees of the CDC, FDA, and NIH intermingle with the pharmaceutical companies by revolving doors, and pharmaceutical companies pay the salaries for FDA reviewers and government researchers receive royalties for drugs that are brought to market. You scratch my back and I'll scratch yours. This is called regulatory capture. The academic medical institutions are captured by these federal agencies too due to millions of research grant dollars awarded to them by the NIH. Medical researchers are beholden to these federal agencies, the academic institutions and the pharmaceutical industry and expected to only publish things that will not rock the boat. Lastly, medical journals are biased and captured by the same institutions and have been for decades.

Dr. Thomas N. James, cardiologist and president of the University of Texas medical branch who was also the president of the American Heart Association in 1979 stated “it was worse than that; you couldn’t get ideas funded that went in other directions than cholesterol. You were intentionally discouraged from pursuing alternative questions. I’ve never dealt with the subject in my life that elicited such an immediate hostile response.” It took him two years to find another research job.

Marcia Angell who edited the New England Journal of Medicine for 20 years, wrote the following: “it is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of the New England Journal of Medicine.”

When medical information, research topics and fundings, and physicians are all captured you get lockstep recommendations, lockstep care and lockstep bad outcomes. Medicine becomes a tool of the state and patients no longer have an advocate. This was what happen with Covid.

The question on everyone’s mind should be: How did the whole world lockdown in lockstep in 2020? There had never been a public health policy to quarantine the well, or to wear masks during flu season or to social distance. The WHO declared a worldwide health emergency with only 40 covid cases and the word “deadly” has since been removed from the definition of pandemics. As we speak, the WHO is attempting to amend treaties associated with the International Health Regulations to change the WHO from an “advisory organization” to a “governing body” whose proclamation would be legally binding essentially usurping national sovereignty per analysis of international lawyers. Per their amendments, emergency declarations could be for situations with “**potential** impacts on public health” with the ultimate stated goal of instituting a system of global health certificates in digital or paper format in order for individuals to travel.

In summary, I would like for you to reflect on these questions. Why is the United States still under an Emergency Declaration for Covid that allows for ongoing use of countermeasures (which allows use of medical products that have not been FDA approved) and justifies continued spending on Covid. Why is the US one of the only countries restricting foreigners from visiting without the covid vaccine knowing it doesn’t stop infection or transmission? Public Health declarations are being abused at the international, federal and state level and if you don’t think we need to put stopgaps in place to protect you and your family you are naïve. SB 6 does just that by removing the power wielded to one individual to give public health “orders” to our citizens by replacing it with giving guidance and recommendations to our citizens while protecting due process. Power wielded is rarely given up and when medicine becomes an arm of the state very bad things happen. You have the obligation to protect our citizens from abusive public health declarations and officials. I strongly encourage you to support this bill until it becomes law in the state of Kansas.

Gayln Perry, MD

Overland Park, Johnson, Kansas

Senate District: 8