



Health Watch USAsm Newsletter

<https://www.healthwatchusa.org> Aug. 1, 2025

Designated "Community Leader" for Value-Driven Healthcare
by the U.S. Dept. of Health and Human Services

Activity for the Month of July Health Watch USAsm:

- 1 Continuing Education Course.
- 1 Presentation.
- 2 Commentaries
- 2024 HW USA Conference Videos are Available.

Information Regarding Health Watch USAsm Nov. 1st, 2023: Long COVID's Impact on Patients, Workers & Society: <https://www.healthwatchusa.org/conference2023/index.html>

Health Watch USAsm 2023 Activities Report:

<https://www.healthwatchusa.org/HWUSA-Officers/20231231-HWUSA-Report-2023.pdf>

Health Watch USAsm 2022 Activities Report:

<https://www.healthwatchusa.org/HWUSA-Officers/20221231-HWUSA-Report-2022-2.pdf>

Health Watch USAsm 2021 Activities Report:

<https://www.healthwatchusa.org/HWUSA-Officers/20211231-HWUSA-Report-2021.pdf>

Health Watch USAsm 2020 Activities Report:

<https://www.healthwatchusa.org/HWUSA-Officers/20201231-HWUSA-Report-2020.pdf>

COMBATING INFECTIOUS DISEASE CHALLENGES
Have we gone twenty steps forward or backwards?

Register for Health Watch USA's 2025 FREE Public Health Webinar

https://us02web.zoom.us/webinar/register/WN_GISfEYK8Q3e4OuCouplFcA



Aug 29, 2025, 2:30 pm to 7:30 pm EDT. Yes, this is an unusual time, but we have international speakers from New Zealand, Australia & Singapore. FREE 4 hrs. Cat 1 PRA AMA & 4.75 hrs. ANCC Nursing Education Credits Plus a number of allied health credits from Kentucky Oversight Boards.

Download Brochure:

https://www.healthconference.org/healthconference.org-files/2025Conference_downloads/20250829-HWUSA_Brochure-2.pdf

Download Agenda:

https://www.healthconference.org/healthconference.org-files/2025Conference_downloads/Agenda.pdf

Health Watch USAsm – Articles & Commentaries



Myths about Amish anti-vaxxers won't Make America Healthy Again.

The CDC's vaccine advisory committee was controversially replaced by RFK, Jr., who appointed members skeptical of vaccines, including Robert Malone, MD. This shift coincided with declining vaccination rates and a rise in anti-vaccine sentiment, with the Amish community often cited by anti-vaxxers

as an example of thriving without vaccines. However, historical evidence refutes this, as Amish communities with low vaccination rates suffered from outbreaks, such as the 1979 paralytic polio cases in Iowa, Missouri, Pennsylvania, and Wisconsin. Vaccination ultimately halted the epidemic. Claims linking vaccines to autism are also disproven by studies among the Amish. The text argues that robust, science-based public health policies are essential, and conspiracy-driven approaches undermine national health efforts.

Key Points:

- RFK Jr. replaced all members of the CDC's vaccine advisory committee, raising concerns about the committee's future direction.
- One of the new appointees, Robert Malone, M.D., has promoted discredited COVID-19 treatments and questioned the validity of reported measles deaths.
- The Amish community, often cited by anti-vaccine proponents, has experienced outbreaks of vaccine-preventable diseases like polio due to low vaccination rates.
- Contrary to some claims, Amish children do suffer from autism, highlighting the lack of evidence linking vaccines to autism.
- RFK Jr.'s focus should be on proven public health measures, not conspiracy theories or misleading reports.

Courier Journal. July 10, 2025. [References](https://www.courier-journal.com/story/opinion/contributors/2025/07/10/vaccine-polio-outbreak-amish-cdc-rfk-jr-autism/84505650007/)

<https://www.courier-journal.com/story/opinion/contributors/2025/07/10/vaccine-polio-outbreak-amish-cdc-rfk-jr-autism/84505650007/>



Is the US Quietly Ending COVID-19 Vaccination for the Young and Healthy

In 2025, recommendations for COVID-19 vaccination have been significantly narrowed in the United States. Vaccines are now primarily recommended for adults over 65,

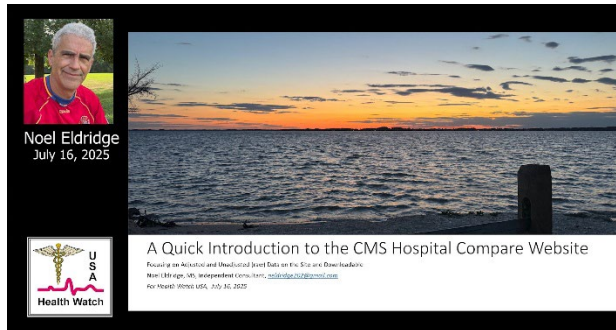
high-risk individuals, and high-risk children. Healthy young adults, children, and pregnant women have largely been excluded from recommendations, replaced instead by a “shared decision making” approach. These changes differ from those in Europe, where broader recommendations remain. The U.S. policy shift is argued to have real-world implications for vaccine accessibility and insurance coverage, and it is justified with exaggerated risk perceptions, while significant benefits—including the prevention of long COVID—are overlooked, especially for children.

Key Points (AI Generated Key Points and summary)

- **Narrowing Recommendations:** COVID-19 vaccine recommendations in the U.S. have been restricted mainly to seniors (65+), high-risk adults and children, leaving healthy adults, most children, and pregnant people outside of standard recommendations.
- **Formulation Update:** For 2025-2026, the FDA recommends a monovalent JN.1-lineage-based vaccine, with a preference for the LP.8.1 strain.
- **Vaccine Approvals:** Moderna and Novavax vaccines are approved for those over 65 and high-risk groups, but not for healthy adults or pregnant people.
- **Insurance Implications:** Without official recommendations, insurance coverage may be lost for many, making vaccines less accessible except for those covered by Medicare Part B.
- **Comparison to European Policy:** The European Medicines Agency recommends broader access, approving Pfizer’s LP.8.1 formula for individuals 6 months and older.
- **Risk Assessment:** U.S. decisions have focused heavily on deaths and myocarditis risks, though the latter is rarer after vaccination than after infection, especially in younger males.
- **Public Statements and Misinformation:** Some state officials have made unsupported claims about vaccine safety, contradicting global data showing billions of doses administered and millions of lives saved.
- **Comparative Vaccine Policy:** The focus on low death rates in the young is inconsistent with other vaccine policies (such as for shingles and polio) where vaccines are recommended despite lower mortality.
- **Long COVID Concerns:** Long-term effects of COVID-19, especially long COVID, are cited as significant risks. Vaccination has been shown to reduce the incidence of long COVID in children and adolescents (with studies showing 60% and 75% effectiveness, respectively).
- **Impact on Children:** Although children have lower rates of long COVID than adults, rates are not negligible. Studies report that 4% to 15% of children develop long COVID post-infection.

References July 29, 2025. Infection Control Today: <https://www.infectioncontroltoday.com/view/is-us-quietly-ending-covid-19-vaccination-young-healthy>

Health Watch USAsm – Presentations



A Quick Introduction to the CMS Hospital Compare Website

This presentation by Noel Eldridge introduces the CMS Care Compare website, a tool that allows users to view and compare quality data for hospitals across the United States.

The site focuses on various measures such as complications, deaths, infections, and patient feedback, but interpreting these metrics can

be complex due to differing definitions, risk adjustments, and the structure of the data.

(Description and Key Topics are AI Generated) Health Watch USA Meetingsm -- July 16, 2025.

<https://youtu.be/L5F00llqEEI>

Key topics covered include:

- The website covers data for over 4,000 hospitals and allows users to compare up to three at a time by location and performance measures.
- Key hospital quality measures discussed are complication rates from hip/knee replacements, serious treatable complications after surgery, and several types of healthcare-associated infections.
- Understanding these measures is challenging because of how data is presented—often as risk-adjusted ratios, not straightforward rates—and because of differences in patient populations (Medicare Fee-for-Service vs. Medicare Advantage).
- Patient Safety Indicators (PSIs) and composite scores, especially those developed by AHRQ, are central to the data, but naming conventions and denominators vary, making direct comparisons tricky.
- The presentation highlights large variations in Medicare patient data across states and counties, which impacts how representative the quality measures are for any given hospital.
- Interpreting hospital quality data requires careful attention to denominators, risk adjustments, and the context of each metric.
- There is concern about future changes to data and measurement as federal agencies face potential funding and organizational changes.

In summary, while the CMS Care Compare website provides a wealth of information on hospital quality, fully understanding and using this data requires careful, nuanced interpretation due to its complexity and the variability in healthcare populations.



Upcoming HW USA Meetings:

- Aug. 29, 2025. – Webinar
- Sept. 17, 2025. 7 pm ET.
- Oct. 15, 2025. 7 PM ET. Matthew J Campen PhD, MSPH regarding "Bioaccumulation of microplastics in decedent human brains"

Space is limited. To attend future meetings, send an email to kavanagh.ent@gmail.com

Health Watch USAsm – Articles of Interest



Another huge problem. I'm not sure if the greatest risk to civilization is from global warming, pollution/microplastics, long COVID or a falling birthrate. We have a number of severe and growing public health problems and a CDC which has been hobbled.

U.S. birth rate hits all-time low, CDC data shows

"The fertility rate in the U.S. dropped to an all-time low in 2024 with fewer than 1.6 children being born per woman, federal data released Thursday shows. The U.S. was once among only a few developed countries with a rate that ensured each generation had enough children to replace itself —

about 2.1 kids per woman. But it has been sliding in America for close to two decades as more women are waiting longer to have children or never taking that step at all."

<https://www.cbsnews.com/amp/news/us-birth-rate-all-time-low-cdc-data/>

Although the purpose of the following study was to define the presentation of long COVID in children. I found the incidence of Long COVID in this study to be disturbing. Granted there may be biases in patient acquisition, but never-the-less the incidence is disturbing. From Table 3, 15% of children, aged 3 to 5 years infected with SARS-CoV-2 were found to have Probable Long COVID, and 14% of children aged 0 to 2 years had probable long COVID. Children were enrolled from community or clinical locations.

Characterizing Long COVID Symptoms During Early Childhood

"Findings In the Researching COVID to Enhance Recovery (RECOVER)–Pediatrics cohort study including 472 infants/toddlers and 539 preschool-aged children, prolonged symptoms were identified that were more common in young children with infection history than those without. Infants/toddlers (0-2 years) with infection history were more likely to experience trouble sleeping, fussiness, poor appetite, stuffy nose, and cough, and preschool-aged children (3-5 years) were more likely to experience dry cough and daytime tiredness/sleepiness or low energy; empirically derived indices for long COVID research were developed from these symptoms." <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2834480>

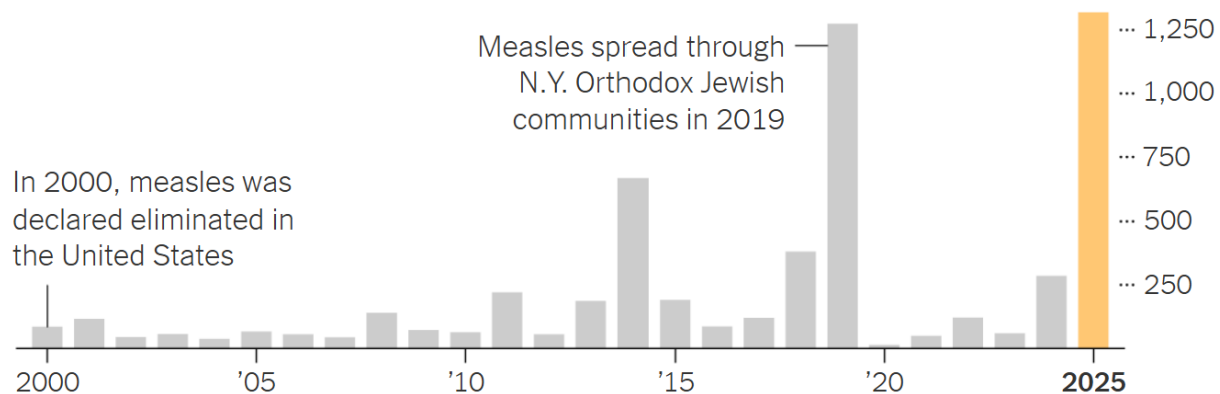
Measles Cases Hit Highest Total Since U.S. Eliminated the Disease

Experts worry that if vaccination rates do not improve, deadly outbreaks will become the new normal.

"For every 1,000 children who get measles, one or two will die, according to the C.D.C. Two unvaccinated children and one adult have died this year, the first such deaths in the country in a decade... The outbreak's full effect on public health may not be apparent for years. The virus causes "immune amnesia," making the body unable to defend itself against other illnesses it has already been exposed to and leaving patients more susceptible to future infections. And very rarely, the virus can cause a degenerative and almost always deadly neurological condition that may appear a decade after the original infection."

<https://www.nytimes.com/2025/07/09/well/us-measles-record-outbreaks.html?smid=li-share>

Confirmed measles cases since 2000



Source: C.D.C. confirmed cases through July 15

Harvard: Indoor air quality even more important in childhood

"Indoor air pollution has especially powerful effects on babies and young children, not only due to more time spent indoors but because they breathe more rapidly and inhale more air relative to their body size than adults, according to a working paper by the Center on the Developing Child at Harvard University. Most spend more than 90% of their time in enclosed buildings, where air pollutants can be two to five times higher than outdoor levels due to poor ventilation, say the researchers, citing estimates from the U.S. Environmental Protection Agency." <https://airspothealth.com/a/blog/harvard-indoor-air-quality-even-more-important-in-early-childhood>

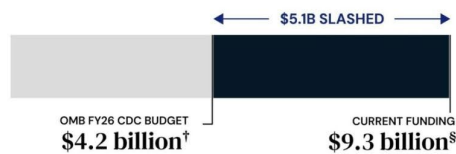
A Massive Study Finds No Evidence Aluminum in Vaccines Causes Childhood Disease.

A 1.2 Million-Child Study Counters the Latest Vaccine Safety Claims "This makes the Danish study published yesterday in Annals of Internal Medicine particularly valuable. It's exactly the kind of rigorous, large-scale research we need to counter unfounded claims about vaccine safety. With over 1.2 million children followed for up to 24 years, this study provides some of the strongest evidence to date that aluminum adjuvants don't cause the chronic childhood diseases that vaccine opponents claim they do. Let's discuss..."

<https://theunbiasedscipod.substack.com/p/a-massive-study-finds-no-evidence>

Four easy to read and disturbing graphs showing the profound impact of CDC budget cuts. Chronic disease prevention is a 1.4 billion dollar program which had 98% of its funds eliminated. <https://www.cdcdatapoint.org/>

OMB and the White House suggest **slashing** CDC's budget by more than half (54%).



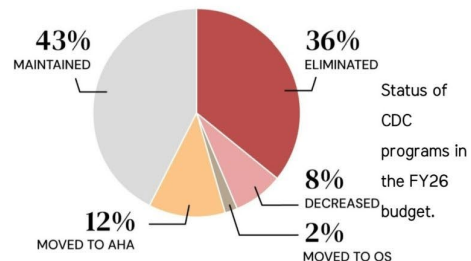
Current funding amounts per Congressional Appropriation line are overlaid with OMB and HHS reorganization plans.

† Does not include \$98.6M of ASPR funding slated to move to CDC.

§ \$9.3B is the combined CDC and ATSDR congressional budget.

Most programs **will not be moved to AHA.**

Some programs are expected to move to the **Administration for a Healthy America (AHA)** or the **Office of the Secretary (OS)**, but there is no plan to transition ongoing work.



Nature published the following article regarding CNS damage from COVID-19. There have been numerous articles confirming this finding, yet far too little is being done or talked about in the media. Damage to the frontal lobes with effects on executive function and personality has been well documented. I believe this may be one of the factors why we are seeing so much violence and intolerance in the world today.

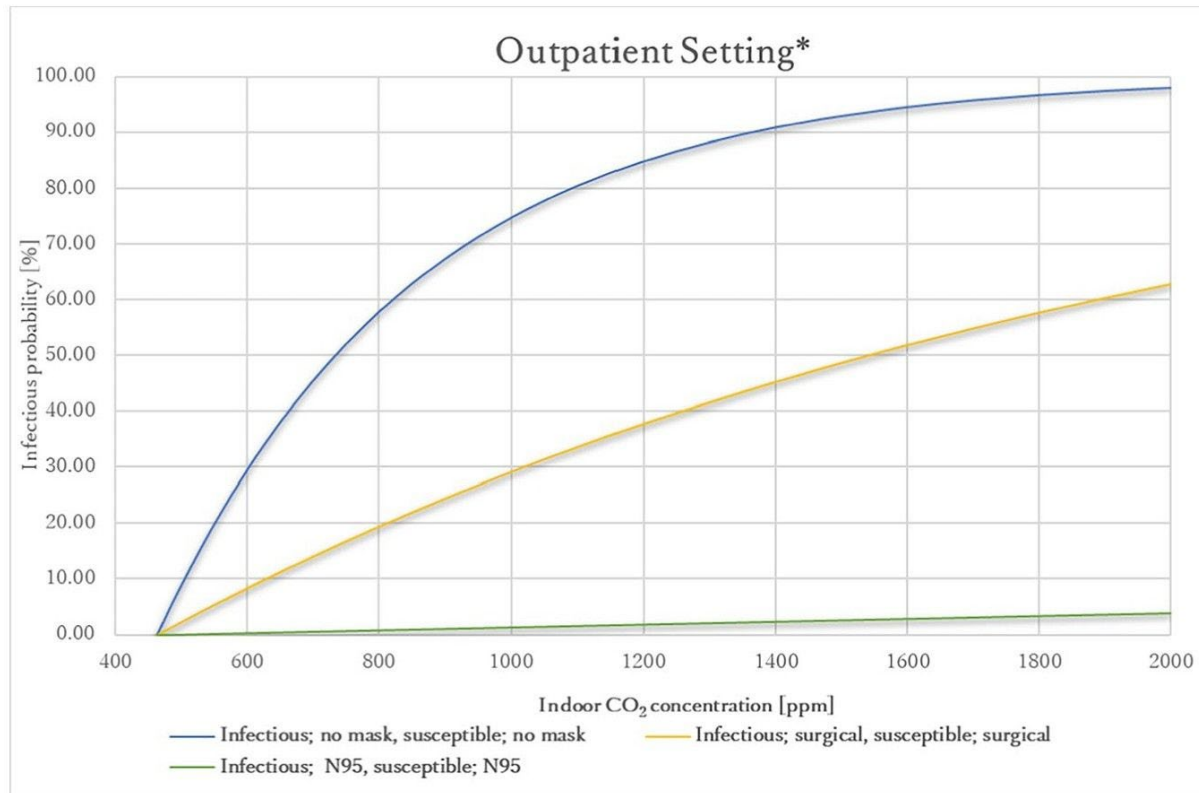
Mapping brain changes in post-COVID-19 cognitive decline via FDG PET hypometabolism and EEG slowing

"The results showed significant hypometabolism in the bilateral frontal, temporal, and parietal lobes, as well as in the left occipital lobe, along with predominantly frontal EEG slowing in post-COVID-19 patients compared to healthy controls." "The observed PET hypometabolism and EEG slowing patterns in anterior brain regions, may help to elucidate the pathophysiological mechanisms underlying cognitive decline in post-COVID-19 patients."

<https://www.nature.com/articles/s41598-025-04815-6>

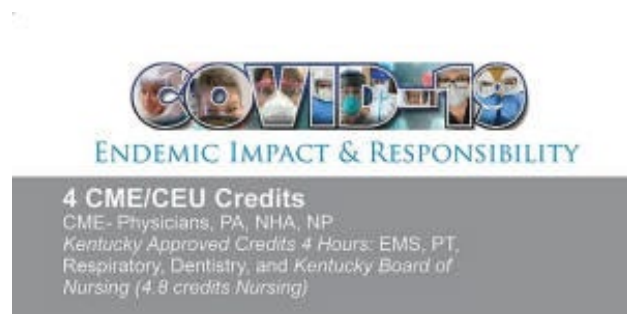
This is a very important study which underscores the importance of time of exposure and the use of N95 masks. If you are working in a healthcare setting for 8 hours a day and wearing a surgical mask, you are probably going to become infected. However, if you are going to enter a restaurant to pick up take out, a surgical mask offers some protection but an N95 offers good protection. This also illustrates the importance of carrying a CO₂ monitor to determine the adequacy of ventilation. (The graph shows results after 15 minutes with 5 people in the room and one is infected.)

https://pmc.ncbi.nlm.nih.gov/articles/PMC10247268/pdf/11356_2023_Article_27944.pdf



*Outpatient setting; the parameters of this model were as follows: atmospheric CO₂ concentration (C_o), 463 ppm; CO₂ emission rate for a person, 0.01795 m³/h; number of infectious individuals (I), 1; generation rate of infectious quanta, 1535/h; pulmonary ventilation rate for a person (p), 0.48 m³/h; exposure time (t), 15 minutes; number of individuals staying in the room (n), 5.

Active Continuing Education Courses



COVID-19: Endemic Impact & Responsibility

Four credit hours for Physicians - Category I AMA Credits and four hours of corresponding Kentucky Board Accreditation, Physical Therapy, Respiratory, EMS, & Nursing (4.8 hrs.)

Course Objectives:

- To better diagnose and recognize the multiple presentations of Long COVID, including behavioral health implications.
- To be able discuss with patients the importance of preventing COVID-19 and other respiratory diseases.
- To combat patient misinformation regarding vaccines and the risks of COVID and Long COVID.
- To identify and reschedule patients who missed disease screenings during the pandemic.
- To discuss how COVID-19 is spread through the air by a continuum of particle sizes.
- To discuss with office staff and other health care professionals strategies to prevent the spread of respiratory pathogens including use of N95 masks and improvement in indoor ventilation.
- To better discuss with patients the benefits and need for vaccinations.

Link to Course (Southern Kentucky AHEC)

<https://sokyahec.thinkific.com/courses/COVID-enduring>

Download Brochure: https://www.healthconference.org/healthconference.org-files/2024Conference_downloads/20240901-HWUSA_Brochure-AHEC.pdf

We're constantly told to choose products with

"none of the bad stuff, only the good stuff."

But here's the problem: preservatives—often labeled as "bad chemicals"—actually keep the real bad stuff out. They prevent dangerous bacteria and fungi from growing in our vaccines, cosmetics, and food.

When we remove preservatives to make products seem "cleaner," we're not eliminating risk, we're creating it. If people really wanted to avoid harmful substances, they'd want the preservatives that stop contamination and infection. Sometimes the "artificial" ingredient is exactly what protects us from genuine danger.



THE UNBIASED SCIENCE PODCAST

Health Watch USAsm – Combating Misinformation

We have posted a number of COVID-19 resources regarding common areas of misinformation. These include:

- The Dangers of Long COVID and COVID-19 in Children: [Download Resource](#)
- COVID-19 Vaccine Prevention of Long COVID: [Download Resource](#)
- COVID-19 Vaccine's Effectiveness & Risks: [Download Resource](#)
- The ineffectiveness of Hydroxychloroquine & Ivermectin in the treatment of COVID-19: [Download Resource](#)

Health Watch USA Op-eds Regarding COVID-19 & Children

- COVID is still a problem, and we need to do more to stop it | Opinion. Lexington Herald Leader. Nov. 1, 2024. <https://www.kentucky.com/opinion/op-ed/article294875999.html#storylink=cpy>
- COVID is closing Kentucky schools – again. Embracing disinformation paralyzes our response. Sept. 6, 2023. USA Today. <https://www.usatoday.com/story/opinion/2023/09/06/kentuckyschool-districts-close-covid-upgrade-buildings-ventilation/70765140007/>
- 70% of COVID-19 Cases Transmitted By Children. Infection Control Today. June 5, 2023. <https://www.infectioncontrolday.com/view/70-covid-19-cases-transmitted-by-children>

Health Watch USAsm – 2023 & 2024 Conference Presentations

COVID-19: Endemic Impact & Responsibility

Link to 2024 Presentation Videos:

[COVID-19: Endemic Impact & Responsibility Sept. 1, 2024](#)

Link to 2023 Presentation Videos:

[Long COVID's Impact on Patients, Workers & Society](#)

Download & View 2023 Conference Proceedings: Kavanagh KT, Cormier LE, 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

Download 2023 Brochure: https://www.healthwatchusa.org/conference2023/healthconference.org-files/2023Conference_downloads/20231101-HWUSA_Brochure-5.pdf

Health Watch USASM - Peer-Reviewed Publications



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. *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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