SAFE HEALTH REPORT

Scientific Data … Informed Choice … Actionable

September 2024 *Official Newsletter for MrGineaPig* *Issue 26*

Please repeat once before proceeding: He Can Do It, She Can Do It, I Can Do It!

Inside …

EPA Stops Dacthal Sales

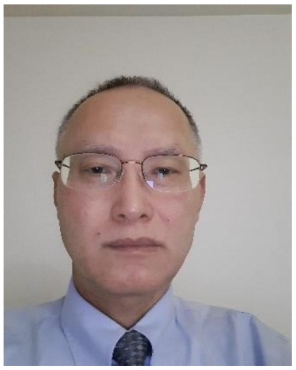
Your Ticket to Exuberant Health for the Next 5 Yea

The Suspension of Dacthal (DCPA):

On August 6, 2024, the U.S. Environmental Protection Agency (EPA) issued an emergency order to suspend the use of the herbicide Dacthal (DCPA). This unprecedented action, the first of its kind in nearly 40 years, was prompted by significant health risks associated with Dacthal exposure. This article explores the reasons behind the EPA's decision, focusing on the health impacts of Dacthal, particularly on fetal development, and its widespread use in agriculture.

Introduction

Dacthal, also known as dimethyl tetrachloroterephthalate (DCPA), is a widely used herbicide in both agricultural and non-agricultural settings. It is primarily applied to crops such as broccoli, Brussels sprouts, cabbage, and onions.



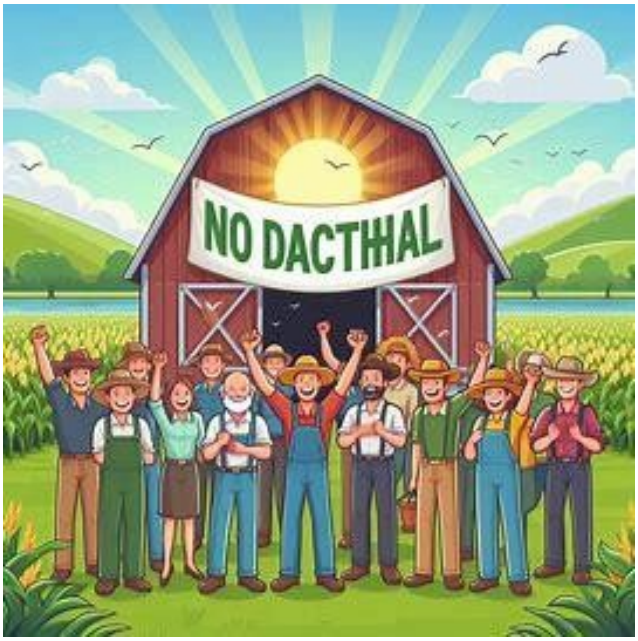
Despite its effectiveness in weed control, recent studies have highlighted severe health risks, leading to the EPA's emergency suspension order.

Ike Kim
Editor

Health Risks of Dacthal

Fetal Health

One of the most alarming health risks associated with Dacthal is its impact on fetal development. Exposure to Dacthal can alter fetal thyroid hormone levels, which are crucial for normal growth and brain development. Changes in these hormone levels can lead to:



Low Birth Weight: Babies born with low birth weight are at higher risk for various health issues, including developmental delays and chronic conditions1.

Impaired Brain Development: Altered thyroid hormone levels can result in impaired brain development, potentially leading to decreased IQ and cognitive deficits1.

Decreased IQ: Long-term studies have shown that children exposed to Dacthal in utero may have lower IQ scores and impaired motor skills1.

Other Health Effects

Beyond fetal health, Dacthal exposure poses several other significant health risks:

Cancer: Prolonged exposure to Dacthal has been linked to an increased risk of certain cancers.

Birth Defects: There is evidence suggesting that Dacthal can cause congenital disabilities, affecting various organs and systems2.

Liver Damage: Studies have shown that Dacthal can cause liver damage, leading to long-term health complications.

Thymus Gland Problems: The thymus gland, essential for immune function, can be adversely affected by Dacthal exposure.

Regulatory Actions and Implications

EPA's Emergency Order

The EPA's decision to suspend Dacthal was based on comprehensive risk assessments and data reviews. This emergency order reflects the agency's commitment to protecting public health, particularly vulnerable populations such as pregnant women and farmworkers3.

Historical Context

This suspension marks the first time in nearly 40 years that the EPA has taken such drastic action against a pesticide. The decision underscores the severity of the health risks posed by Dacthal and the need for stringent regulatory oversight.

Impact on Agriculture

The suspension of Dacthal will significantly impact agricultural practices, particularly for crops heavily reliant on this herbicide. Farmers will need to seek alternative weed control methods, which

may involve higher costs and adjustments to current practices.

Conclusion

The suspension of Dacthal by the EPA is a critical step in safeguarding public health. The documented health risks, particularly to fetal development, necessitate immediate action to prevent further exposure. This case highlights the importance of ongoing research and regulatory vigilance in ensuring the safety of agricultural chemicals.

Actionable Plan:

- **Stop Use Immediately: No application, sale, distribution, or transportation of Dacthal is permitted.**
- **Return Program: The EPA is working with AMVAC, the sole manufacturer, on a return program for existing Dacthal products.**
- **Proper Disposal: Users should follow local hazardous waste disposal guidelines to ensure safe and compliant disposal of any remaining Dacthal products.**
- **Common recalled products include:** Dacthal Flowable Herbicide and Dacthal W-75 Herbicide.

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Free At-Home COVID Test Kits: What You Need to Know

Introduction

As the world continues to navigate the challenges posed by COVID-19, access to testing remains a crucial component in managing and mitigating the spread of the virus. The U.S. government has

reintroduced a program to provide free at-home COVID test kits through COVIDtests.gov. This initiative aims to ensure that every household has access to reliable testing, helping to identify and isolate cases promptly.

Availability

The Biden administration announced that free at-home COVID-19 test kits will be available again starting in late September 20241. This decision comes in response to the ongoing need for accessible testing options, especially as new variants of the virus emerge and the public health landscape evolves.

How to Order

To order your free test kits, visit COVIDtests.gov. The process is straightforward:

Visit the Website: Go to **COVIDtests.gov** and click on the link to order your test kits.

Provide Information: You will need to provide your name and shipping address. No payment information is required, as the tests are completely free.

Receive Confirmation: After placing your order, you will receive a confirmation number. If you provide an email address, you will also receive delivery updates.

Each household is eligible to receive a set number of test kits, typically four per order. The kits will be shipped via the U.S. Postal Service and should arrive within 7 to 12 days.

Importance of Testing

Regular testing is vital for several reasons:

Early Detection: Identifying COVID-19 cases early helps prevent the spread of the virus to others.

Peace of Mind: Knowing your COVID-19 status can provide peace of mind, especially if you have been exposed to someone with the virus or are experiencing symptoms.

Public Health: Widespread testing contributes to public health efforts by providing data on infection rates and helping to track the spread of the virus.

Using the Test Kits

The at-home test kits provided through COVIDtests.gov are designed to be user-friendly. Here are some general steps to follow:

Read the Instructions: Each kit comes with detailed instructions. Be sure to read them thoroughly before starting the test.

Collect the Sample: Follow the instructions to collect a nasal swab sample.

Process the Test: Use the provided materials to process the test. Most at-home tests provide results within 30 minutes.

Interpret the Results: The instructions will guide you on how to interpret the results. If you test positive, follow the recommended guidelines for isolation and notify your healthcare provider.

Conclusion

The reintroduction of free at-home COVID test kits via COVIDtests.gov is a significant step in the ongoing fight against COVID-19. By making testing accessible and convenient, the government aims to empower individuals to take control of their health and contribute to the broader public health effort. Be sure to take advantage of this program when it becomes available in late September.

Stay safe and stay informed!

Rise of Direct-to-Consumer Telehealth and the Death of Primary Care

Introduction

The healthcare landscape is undergoing a significant transformation with the rise of direct-to-consumer (DTC) telehealth

services. This shift is driven by technological advancements, changing patient expectations, and the need for more accessible healthcare solutions. However, this evolution raises concerns about the potential decline of traditional primary care, especially for patients relying on Health Maintenance Organizations (HMOs), Medicare, and Medicaid. This article explores the implications of DTC telehealth, the challenges faced by vulnerable populations, and the hypothetical impact of major players like Amazon and big pharmaceutical companies entering the telehealth market.

The Emergence of Direct-to-Consumer Telehealth

Direct-to-consumer telehealth allows patients to access medical services directly through digital platforms without the need for a referral from a primary care physician. This model has gained traction

due to its convenience, cost-effectiveness, and ability to provide timely care. Patients can consult with healthcare providers via video calls, phone calls, or messaging apps, making healthcare more accessible, especially in remote areas.

The COVID-19 pandemic accelerated the adoption of telehealth, highlighting its potential to deliver care efficiently and safely. According to a study published in the BMJ Quality & Safety, direct-to-consumer telemedicine services have shown promise in enhancing patient engagement and improving health outcomes1. However, the rapid growth of this model also poses challenges to the traditional primary care system.

The Decline of Primary Care

Primary care physicians (PCPs) play a crucial role in managing chronic conditions, coordinating care, and providing preventive services. The rise of DTC telehealth threatens this model by fragmenting care and reducing the continuity of patient-provider relationships. Patients may opt for telehealth services for convenience, bypassing their PCPs and potentially missing out on comprehensive care.

A study in the Medical Journal of Australia highlighted concerns about the quality and safety of DTC telemedicine services. The lack of physical examinations and limited access to patient history can lead to misdiagnoses and suboptimal treatment plans. Additionally, the focus on episodic care rather than holistic management can undermine the effectiveness of primary care.

Lack of Access for HMO, Medicare, and Medicaid Patients

Patients enrolled in HMOs, Medicare, and Medicaid often face barriers to accessing DTC telehealth services. These programs typically have strict regulations and limited coverage for telehealth, making it challenging for beneficiaries to utilize these services. A survey published in JAMA Network Open revealed that individuals with public insurance programs reported poorer access to care compared to those with private insurance.

Medicaid patients, in particular, struggle with access due to lower reimbursement rates for telehealth services and limited provider networks. Medicare beneficiaries also face challenges, as telehealth coverage

under Medicare is often restricted to specific conditions and geographic areas. These limitations exacerbate health disparities and hinder the potential benefits of telehealth for vulnerable populations.

The Impact of Amazon and Big Pharmaceutical Companies

The entry of major players like Amazon and big pharmaceutical companies into the DTC telehealth market could further disrupt the traditional healthcare system. Amazon's launch of Amazon Clinic, a virtual health storefront, allows consumers to access teleproviders and obtain prescriptions for various health conditions6. This move signifies a shift towards consumer-centric healthcare, where patients can bypass traditional healthcare providers and directly engage with telehealth services.

Big pharmaceutical companies are also exploring DTC models to streamline the distribution of medications and enhance patient engagement. By leveraging telehealth platforms, these companies can offer personalized care, improve medication adherence, and reduce costs. However, this shift raises concerns about the commercialization of healthcare and the potential for conflicts of interest.

Potential Benefits and Drawbacks

The rise of DTC telehealth offers several benefits, including increased accessibility, convenience, and cost savings. Patients in remote areas or with mobility issues can access healthcare services from the comfort of their homes. Additionally, telehealth can reduce the burden on emergency departments and urgent care centers by providing timely care for non-emergency conditions.

However, the drawbacks cannot be ignored. The fragmentation of care and lack of continuity can lead to poorer health outcomes, especially for patients with chronic conditions. The reliance on telehealth for episodic care may result in missed opportunities for preventive care and early intervention. Moreover, the commercialization of telehealth raises ethical concerns about patient privacy, data security, and the potential for overutilization of services.

Conclusion

The rise of direct-to-consumer telehealth represents a significant shift in the healthcare landscape, offering both opportunities and challenges. While it enhances accessibility and convenience, it also threatens the traditional primary care model and exacerbates health disparities for vulnerable populations. The entry of major players like Amazon and big pharmaceutical companies into the telehealth market further complicates the dynamics of healthcare delivery.

As the healthcare system continues to evolve, it is crucial to strike a balance between embracing technological advancements and preserving the core principles of primary care. Policymakers, healthcare providers, and stakeholders must work together to ensure that telehealth complements rather than replaces traditional care, ultimately improving health outcomes for all patients.

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"Interoperability and Patient Access Fact Sheet" - CMS.

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Recent FDA Medication/Supplement Recall

Recall Date	Brand Name	Product Description	Recall Reason Description	Company Name
07/31/2024	Marcum & Supreme Tradition	Ground cinnamon	Potential Metal Contaminant - Lead	Colonna Brothers Inc.
07/31/2024	Abbott	FreeStyle Libre® 3 sensors	Sensors may provide incorrect high glucose readings	Abbott
08/02/2024	Lunds & Byerlys	fresh guacamole products	Potential Listeria monocytogenes contamination	Metro Produce Distributors Inc.
08/04/2024	Bikano	Dietary Supplements for Male Sexual Enhancement.	Potential Contamination with Salmonella	Thal Golden Spices Inc.
08/08/2024	CVS Health, H-E-B Baby	Premium Infant Formula with Iron Milk-Based Powder	Product contains levels of Vitamin D above the maximum level permitted	Perrigo Company plc
08/13/2024	El Chilar	“Canela Molida” Ground Cinnamon	Due to Elevated Levels of Lead	El Chilar HF, LLC.
8/21/2024	No Brand Name	Endurance Pro Energy Boost Capsules	Product is tainted with sildenafil.	Veata LLC
8/22/2024	Montreal Fudge	Chocolate Fudge with Nuts	Potential mold growth contamination	Authentik Fudge
08/24/2024	Bloodline	Water Based Tattoo Pigments	Contaminated with high concentrations of microorganisms	Sierra Stain LLC

What's the probability of 5-year survival for a 75-year-old male with a possible third mitral valve replacement?

The following real-life case examples are hypothetical stories in palliative or hospice care settings, imagined by the author with the help of artificial intelligence. Frailty scores are commonly used not only to decide if a patient should be placed in palliative or hospice care but also to assess whether the patient is a suitable candidate for major surgery in the case of surgical intervention. Unfortunately, patients with low frailty scores often do not survive five years after a major health crisis. No one is no exception since everybody eventually succumbs to the law of gravity.

Pete Petersen

*All patient data is fictional and imagined by the author with AI assistance. Safe Health Report complies fully with US HIPPA regulations.

Age: 75
Sex: .....male
Weight: .....125 pounds
Height: .....5 feet 9 inches

Activities of Daily Living (ADL) components: transfer, bed mobility, toileting, and eating

▪ 0 – Independent: If the resident completed the activity with no help or oversight every time during the 7-day prior period.

▪ 1 – Supervision: If oversight, encouragement, or cueing was provided three or more times during prior 7 days.

▪ 2 – Limited Assistance: If resident was highly involved in the activity and received physical help in guided maneuvering of limb(s) or other non-weight-nearing assistance three or more times during the last seven days.

▪ 3 – Extensive Assistance: If resident performed part of the activity over the prior 7 days, help of the following type(s) was provided three or more times: ▪ Weight-bearing support provided three or more times. ▪ Full staff performance of activity during part, but not all, of the prior 7 days.

▪ 4 – Total Dependence: If there was full staff performance of an activity with no participation by the resident for any aspect of the ADL activity. The resident must be unwilling or unable to perform any part of the activity over the entire prior 7-day period. ▪ 7 – Activity occurred only once or twice: If the activity occurred but not 3 times or more. ▪

8 – Activity did not occur: If, over the prior 7-day period, the ADL (or any part of the ADL) was not performed by the resident or staff at all. ADL support measures the most support provided by staff over the prior 7 days.

*Adapted from Minnesota Department of Health Guideline

Pete's' ADL Score 0

A 75-year-old man, who previously underwent mitral valve replacements in 2005 and 2012 due to mitral stenosis caused by rheumatic fever in his early twenties, is seeking an assessment of his surgical mortality risk. He works as a fitness instructor without any symptoms and is otherwise in excellent health, with no other medical conditions except hyperlipidemia.

Risk of Death for a 75-Year-Old Male Undergoing a Third Mitral Valve Replacement

Abstract

Mitral valve replacement (MVR) is a critical surgical intervention for patients with severe mitral valve disease. However, the risk associated with multiple valve replacements, particularly in elderly patients, is significant. This article reviews the risk of death for a 75-year-old male undergoing a third MVR, focusing on operative mortality, postoperative outcomes, and contributing factors.

Introduction

Mitral valve replacement is a common procedure for treating mitral valve stenosis or regurgitation. While the first replacement carries inherent risks, subsequent replacements, especially the third, present increased challenges. This review aims to provide a detailed analysis of the mortality risk for a 75-year-old male undergoing a third MVR, drawing from recent studies and clinical data.

Methods

A comprehensive literature search was conducted using PubMed, focusing on studies published from 2019 to 2023. Keywords included "third mitral valve replacement," "elderly patients," "operative mortality," and "postoperative outcomes." Relevant articles were selected based on their focus on elderly populations and multiple valve replacements.

Results

Operative Mortality

The operative mortality rate for a third MVR in elderly patients is notably high. Studies indicate a mortality rate ranging from 20% to 30%:

Journal of Thoracic and Cardiovascular Surgery (2023):

This study reported an operative mortality rate of approximately 25% for patients undergoing a third MVR. The increased risk was attributed to age-related factors and the complexity of repeated surgeries.

Annals of Thoracic Surgery (2022):

Similar findings were reported, with a focus on the impact of frailty and comorbidities. The study emphasized the need for careful patient selection and preoperative assessment.

Postoperative Outcomes

Postoperative outcomes for elderly patients undergoing a third MVR are influenced by several factors:

Recovery and Complications:

Recovery time is often prolonged, with a higher incidence of complications such as infections, bleeding, and arrhythmias. The European Journal of Cardio-Thoracic Surgery (2021) highlighted the increased risk of postoperative complications in elderly patients.

Long-term Survival:

Long-term survival rates are generally lower for patients undergoing multiple valve replacements. The Circulation: Cardiovascular Interventions (2020) study noted a significant decline in survival rates within the first year post-surgery.

Eye of the Tiger Test for Yasmin Watson

***All patient data is fictional. Safe Health Report complies fully with US HIPPA regulations.**

Clinical Frailty Score

- **1 – Very Fit: Very fit for their age with no disease symptoms, very active, and exercise regularly- 5 days a week**
- **2 – Fit: Still no active disease as in 1 but exercise only occasionally – three times a week or only seasonally**
- **3 – Managing Ok: Disease symptoms are well managed. Not able to exercise at all other than walking.**
- **4 – Very Mild Frailty: Symptomatic disease. Not dependent on others for daily activities but disease symptoms slow down their activities. May need a cane for walking occasionally for example**
- **5 – Mild Frailty: Symptomatic disease limits daily activities. Needs walkers. Needs help with walking and shopping.**
- **6 – Moderate Frailty: Needs help with walking, shopping, climbing stairs, and bathing with disease progression.**
- **7 – Severe Frailty: Completely dependent for personal care and daily activities but seem stable and at risk of death within the next 6 months.**
- **8 – Very Severe Frailty: Same as 7 but unstable and even mild illness is likely to cause death.**
- **9 – Terminally Ill: As in 8 but not likely to live next 3-6 month.**

*Adapted from Rockwood & Theou 2020

Pete's Frailty Score 0

Quality of Life:

While many patients experience an improvement in symptoms and functional status, the overall quality of life may be impacted by the recovery process and any complications. The Journal of the American College of Cardiology (2019) discussed advancements in surgical techniques that

have improved outcomes but still acknowledged the high risks.

Discussion

The decision to proceed with a third MVR in a 75-year-old male should be made on a case-by-case basis. Factors such as overall health, comorbidities, and quality of life must be considered. The high operative mortality and potential for postoperative complications necessitate thorough preoperative assessment and patient counseling.

Conclusion

A third mitral valve replacement in a 75-year-old male carries significant risks, with operative mortality rates ranging from 20% to 30%. Postoperative outcomes are influenced by age, comorbidities, and the complexity of repeated surgeries. Careful patient selection and preoperative planning are essential to optimize outcomes. Due to his excellent health status (65 year equivalent), the surgical risk could be much lower, as low as 10%. This should be best discussed with both cardiologist and cardiac surgeon.

Actionable Plan:

- Seek medical advice from the Primary Care Provider immediately with further referrals to a cardiologist.
- The cardiologist will most likely give a further referral to a cardiac surgeon who will likely order additional tests.
- Timing is of the essence for optimal outcomes in this case.

References:

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Update on MrGineaPig's BPH LUTS Protocol

It has been three months since the author began testing the BPH LUTS protocol. Lycopene dosage has been adjusted from 20 mg twice daily to 40 mg two to three times daily. The storage symptoms of LUTS,

including frequent urination during the day and night, urgency, and nocturia, as well as voiding symptoms such as a weak urine stream, straining to urinate, and urinary hesitancy, have all resolved. Additionally, post-voiding symptoms like the sensation of incomplete bladder emptying and post-void dribbling have disappeared. No side effects have been observed.

This outcome was achieved without inhibiting 5α-reductase activity through the use of saw palmetto or finasteride-type drugs, as is traditionally believed.

The key ingredients of the protocol were: lycopene, magnesium, and zinc. I wish those of you with BPH LUTS symptoms the best of luck.

MrGineaPig's Core Long-Term Trial

LONG-TERM TRIAL	SUPPLEMENT	START DATE	
Muscle Weakness	Hyaloronic Acid	07/01/2019	50 mg-1 capsule daily
Back Pain	Pantothenic acid	09/1/202	500 mg 1 capsule daily
	Pantethine	09/01/2022	450 mg 1 capsule daily
Mealtimes	Breakfast 09:00 -Lunner (13:00)	01/07/2023	+Salad with Balsamic Vinegar Lunner = Lunch + Dinner
BPH Prevention	Lycopene	01/31/2024	20 mg daily
BPH LUTS	Lycopene	08/31/2024	40 mg two to three times a day (<$6 per 60 gelcaps)
	Magnesium Citrate Solution	08/31/2024	1 tablespoonful mixed in water twice a day (<$2 /per bottle)
	Zinc 50 mg	08/31/2024	1 tablet every other day ($4.99 per 200 tablets)

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MEDICAL EMERGENCY

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Risk Factors for Premature or Unexpected Death

Immediate Risks	Internal Threat	External Threat	Other Topics
1. COVID-19	1. Poor diet	1. War	1. Shortness of breath
2. RSV	2. Smoking	2. Microplastics	2. Back pain
3. Flu	3. High blood pressure	3. FDA recalls	3. Hemorrhoids
4. Fentanyl death	4. Obesity	4. Meat preservatives	4. Incontinence
5. Drug shortages	5. Sedentary Lifestyle	5. Trans fatty acid	5. Joint swelling
6. Gun violence	6. Suicide	6. Pesticides	6. Fibromyalgia
		7. Heavy metals	7. Health Insurance

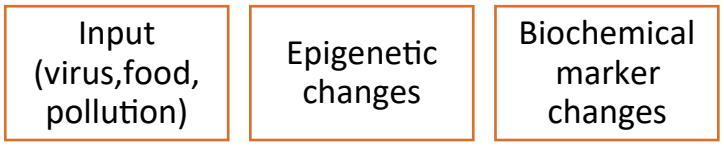
Topics Chosen: Covid-19 update, Clostridium difficile, Search of Best Diet Series

Format of Safe Health Report

Section 1: Conditions or internal environment that increases the risk of premature death or pose an immediate danger to your health (both mental and physical) as in an avalanche.

Section 2: External environment that increases premature death, FDA recalls.

Section 3: Case examples of premature death. If you are in a similar situation, remove yourself out of harm's way! Can we extend **our expiration dates** when in the eye of the storm before disease strikes at a tissue level. Remember epigenome is what activates a specific set of genes.



Purpose of Safe Health Report

If you feel you are being used by someone or somebody or institution or institutionalized philosophy or even by your parents or siblings or your coworkers or even your boss, you are a GineaPig. This newsletter is designed to empower GineaPigs in the area of human health and possibly decrease the risk of **premature death**.

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