

The reVITALIZER HOUR

with 'The Swinging Sounds of Dr. William Summers

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SATURDAY March 1, 2024

SPECIAL GUEST:

The Listener

TOPICS: IMA,

Quotes & Quips

HUMOR & WISDOM

When you go home, tell them of us and say,

For your tomorrow, we gave our today

– written by Simonides to honor the Spartans

who fell at the Battle of Thermopylae in 480 BC.

*

Joe Biden == Kakistocracy = government by the worst
& least-qualified men in the society

<https://mycancerstory.rocks/the-blog/>

32 Trillion cells = one human

PROPORTION SIZE

1 million seconds = 11 days

1 billion seconds = 32 years

x 38 = 1,216 years

1 trillion seconds = 31,688 years

Blood: ~3.1–3.3 g/L of sodium.

Ocean: ~10.8 g/L of sodium.

The ocean has roughly 3–3.5 times more sodium per liter than human blood.

IN THESE TROUBLED TIMES REMEMBER, FEAR
IS A REACTION.. COURAGE IS A DECISION.

THE PURPOSE OF THIS SHOW IS TO
EDUCATE AND EMPOWER YOU ...THE
LISTENER

I MAKE THE COMPLEX UNDERSTANDABLE
EACH & EVERY SHOW.

— R. Limbaugh

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RESEARCH AT IMA

Attention Alcoholics and friends of alcoholics !

My experice is every alcoholic knows it and secretly desires to stop

A NEW PROTOCOL investigating TMP-301 which sits on the
Glutamate receptor anc hopefully stops desire for alcohol.

Age 18-65, not morbidly obese or with fatal medical conditions (hepatitis,
cancer and NOT severly CO-addicted to other substances (cocaine, meth,).

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ALSO early AD

Also high risk for Cardiovascular Disease

Also two studies on Depression

**The risks of adverse events with mirtazapine
(REMERON)for adults with MAD: a systematic review with
meta-analysis and trial sequential analysis.**

– BMC Psychiatry 25:228 (Jan 22, 2025)

Meta-analyses of 17 trials with 2,131 subjects vs placebo showed that
mirtazapine increased the risks of somnolence, weight gain, dry mouth,
dizziness and increased appetite.

Dr. Summers Why did you DEVELOP MEMORY
reVITALIZER IN 1995... pre internet....? ?

Cholesterol Could Boost Your Body's Cancer-Fighting Abilities

by Cara Michelle Miller February 16, 2025, Epoch Times

A recent study from Mount Sinai Med School in New York reveals that cholesterol plays a crucial role in the function of dendritic cells, the immune cells that help the body recognize and fight cancer.

DENDRITIC CELLS act as the body's scouts, patrolling for threats like cancer cells and alerting the immune system to take action. To do this effectively, dendritic cells must mature and communicate with other immune cells—*a process fueled by cholesterol*.

“We identified the metabolism of cholesterol as *an essential pathway in mature dendritic cells*,” the study authors wrote. This discovery highlights cholesterol's important role in dendritic cell growth, a key process in launching an immune attack on tumors.

How Cholesterol Fuels Immune Cells

The study, published in Nature Immunology, shows that cholesterol helps form small, cholesterol-rich structures on the surface of dendritic cells called lipid nanodomains. These hubs are vital for signaling the immune system to recognize and fight cancer.

All cells in the body contain cholesterol for proper function. This cholesterol can be obtained through the diet, or the body may make its own cholesterol.

dietary factors have been shown to play an important role in depression occurrence and development,” wrote Hongquan Xie, of the **Harbin Medical University** in China, and colleagues.

Xie and colleagues analyzed 2003-2018 data from **31,683 individuals** enrolled in the National Health and Nutritional Examination Survey, which collects detailed dietary and nutritional data of adults and children in the United States. A total of 3,490 participants (average age of about 66, about 58% male) had CVD, 554 of whom also had depression according to their responses on the Patient Health Questionnaire-9. Participants reported what they ate during the day, and the food was evaluated for macronutrients and dietary energy (calories).

Overall, participants who ate the most calories at breakfast (791 calories on average) had about a 30% lower risk of depression compared with those who ate the fewest (88 calories). Other macronutrients, including carbohydrates and protein, were not associated with the risk of depression. Additionally, the authors found that substituting 5% of the calories from dinner or lunch with breakfast led to a 5% decrease in depression risk.

The authors wrote that the study's results emphasize the core principle of chrono-nutrition:

“WHEN YOU EAT IS AS IMPORTANT AS WHAT YOU EAT. Dietary energy consumption time should coordinate with body clock fluctuations to reduce the risk of depression.”

SINUSITIS & RHINITIS

– Rhinitis and sinusitis are both respiratory conditions, but they have different causes and symptoms. Here are the key differences:

– **Rhinitis**: Inflammation of the nose caused by allergens.

Sinusitis: Infection in the sinuses, which are air-filled tissues around the nose.

– **Sinusitis**, also referred to as a sinus infection, occurs when the lining of your sinuses becomes inflamed due to an infection caused by either a virus,

bacteria, or (rarely) a fungus. You can also get a sinus infection if your sinuses are regularly blocked — by congestion, for example, or by a nasal obstruction, such as a polyp.

– **Rhinosinusitis**: A more accurate term for sinusitis, emphasizing the relationship between the sinuses and nasal passageways

TREATMENT:

For Sinusitis:

Saline nasal spray: Helps rinse the inside of the nose.

Nasal corticosteroids: Reduce inflammation and swelling.

Decongestants: Available over-the-counter to relieve congestion.

- cetizine (Zyrtec) ...
- chlorpheniramine 4mg Contact/ Actifed
- benadril
- Phenergan (promethazine) tablets, cream,

SIDE EFFECTS

drowsiness, weak or shallow breathing;

light-headed, confusion, agitation, hallucinations, nightmares;
seizure (convulsions);

fast or slow heartbeats;

...jaundice (yellowing of the skin or eyes);

...uncontrolled muscle movements in your face (chewing, lip smacking,
frowning, tongue movement, blinking or eye movement);

...easy bruising or bleeding (nosebleeds, bleeding gums);

.....sudden weakness or ill feeling, fever, chills, sore throat,

mouth sores, red or swollen gums, trouble swallowing;

..... severe nervous system reaction--very stiff (rigid) muscles,

high fever, sweating, confusion, fast or uneven heartbeats,

tremors, feeling like you might pass out.

Antibiotics in severe cases

Colloidal Silver, Oil of Oregano,

- **Umckaloabo**, known scientifically as *Pelargonium sidoides*,

is a South African plant that has been shown to be a helpful herb for sinus infections. This is due to this herb's antimicrobial effects, which can help to fight against pathogens present in the sinus cavity.

This plant was historically used by indigenous African tribes, including the Zulu people, to treat a variety of health complaints, including upper respiratory tract infections like bronchitis and tuberculosis. This plant is also called South African geranium.

- **Bromelain** is a proteolytic enzyme that comes from pineapple juices and stems. It's known to have anti-inflammatory properties, as well as mucolytic (mucus dissolving) capabilities.

- **Cineole**, known scientifically as 1,8-cineole, is a plant chemical that's found in many plant-based essential oils. It is commonly found in **eucalyptus** (*Eucalyptus globulus*) and in magnolia flower buds (*Flos magnoliae*), a popular traditional Chinese medicine herb.

Lab-based research indicates that cineole may be one of the best herbs for sinus infections. It has been shown to improve mucus clearance, block inflammation, and reduce pain perception. A randomized, double-blind trial compared cineole with placebo in 152 patients with rhinosinusitis. The researchers found an improvement in nasal secretion and a reduction in headaches and nasal obstruction in the cineole group. Mild side effects were noted in the cineole group, including heartburn and exanthema (rash). The investigators noted that cineole may serve as a helpful natural therapy during the first 4 days of sinusitis, but antibiotics should be used if sinus infection symptoms continue.

- **Manuka Honey** is a special honey that comes from New Zealand and Australia. Compared to typical honey, manuka is special in that it's a monofloral honey, which means that it's made solely from pollen that comes from the **tea tree bush** (*Leptospermum scoparium*).

Tea tree has strong antimicrobial properties and these properties are carried over into manuka honey. Thus, manuka has potent antibacterial activity, which is attributed to its high concentration of methylglyoxal, hyperosmolarity, hydrogen peroxide, and low pH.

On lab-based study discovered that manuka honey has bactericidal activity against biofilms formed by *Pseudomonas aeruginosa* and

The 'pattern' depends on where elevated Alpha brain waves appear.

If an individual has a higher burst in the center than in the back, Dr Hardt claims they have the ability.

The expert said about 85 percent of people he has seen in his decades-long career have high levels in the back, but those in the smaller group all admitted to seeing angels.

'I say, 'Do you see angels?' People are amazed and say to me, 'I've never told anybody,'" Dr Hardt told DailyMail.com.

Dr Hardt founded the Biocybernaut Institute in Arizona in 1983, running \$15,000 courses where clients are put inside sealed chambers with electrodes attached to their heads and learn to control their brain waves.

He said benefits of the training can appear about six to 12 months after, improving patient's progress, reducing guilt and minimizing symptoms of mental illnesses.

Dr Hardt has done Post-Doctoral work in Psychophysiology at the Langley Porter Neuro-Psychiatric Institute of the University of California at San Francisco.

He has also authored or co-authored more than 60 papers and professional presentations.

The training uses neurofeedback that involves placing sensors on the scalp to measure brain wave activity, providing real-time feedback to the individual.

The feedback allows the person to learn how to consciously regulate their brain patterns and promote desired states like focus or relaxation. This essentially 'trains' the brain to operate in a healthier way.

However, neurofeedback has been around since the 1950s and Dr Hardt is the

first to ever discover the angel pattern.

The unique pattern is also not mentioned anywhere else except among his teachings and cases he has shared.

Dr Hardt was performing a test on 24 troops on a military base, finding one Green Beret's brain activity showed the angel pattern.

Dr Hardt asked him if he sees beings that other people don't see. 'It was like I hit him with a two by four,' he recalled.

He went back in his chair, almost tipping over... having a panic attack, hyperventilating,' he added.

The Green Beret told Dr Hardt that while he was doing martial arts training, he would be coached by an elderly, Asian martial arts master that no one else could see.

Life coach and author Tony Robbins also completed the Biocybernaut training and claimed it gave him new mental powers, including the ability to do two tasks at once.

Robbins also said his wife Sage and family members have also completed the training.

The expert says he has conducted training sessions with thousands of people, including Stanford Research Institute scientists.

'We increased their creativity 50 percent in one study,' the brain wave expert said.

'I measured IQ before and after, and the average increase in IQ was almost 12 points.'

The training consists of listening to sounds which offer 'feedback' from the brain itself, to train users to control their brain waves.

'There are four speakers at four different locations, and you're monitoring an auditory environment for change,' said Dr Hardt.

'When you put your attention on this changing auditory environment, and you put part of your attention on the content of your awareness, you very quickly learn how to control those tones,' he continued.

The week-long course involves 10- to 12-hour days, with Dr Hardt and his team going over results and looking at brain wave patterns.

For the participants, their time is spent in the chamber doing brain wave feedback.

At the end of the day, they have a debriefing that can last 60 to 90 minutes per person.

Dr Hardt's claims his specific courses can help people to overcome trauma, forgive abusers, and even reduce anxiety.

Jane, a 69-year-old woman from Switzerland who wished to remain anonymous, completed the course 12 times, costing \$180,000.

Read More

Algorithm lets scientists 'read' your thoughts by decoding brain scans and could help people who can't speak communicate with the world
article image

She told DailyMail.com that she is 'totally convinced' by the process and her results.

According to Jane, the experience feels like a 'confrontation with your inner self,' as you are totally alone in the dark chamber.

She added that she felt 'immensely lighter' and had a 'different level of understanding of the universe' after the courses.

So, why aren't more people signing up to better manage their brains?

Dr Hardt claimed that neurofeedback has been deliberately suppressed by governments due to its ability to 'wake

The doctor also noted that a psychiatrist came to his center looking for training, revealing that his own patients recommended the courses.

'He said, 'Well, you've trained some of my patients, and you've done more for them in seven days than I've been able to do in 20 years," Dr Hardt recalled.

The brain wave expert believes neurofeedback is so effective because it 'only does one thing - increases central nervous system function.'

'Anything that you do as a human being, whether for work or play or hobbies or whatever, you will do it better when your brain works better,' Dr Hardt added.

OBESITY

Tirzepatide is a synthetic peptide that acts as an agonist for both the glucagon-like peptide-1 (GLP-1) and gastric inhibitory polypeptide (GIP) receptors. It is a gastric inhibitory polypeptide mimic and has 39 amino acids. Functionally, it causes the pancreas to release more insulin, which lowers blood sugar levels. Adiponectin concentrations are similarly raised by tirzepatide. Its dual agonism ability decreases hunger and significantly lowers hyperglycemia compared to GLP-1 agonist drugs used alone.

Tirzepatide and niacinamide injection is a compounded medication that combines tirzepatide, which is used for weight management, with niacinamide, which may help support sustained energy levels. However, it's

important to note that niacinamide may interfere with blood glucose control and reduce the effectiveness of tirzepatide, so monitoring blood sugar levels is essential during treatment. If you are considering this combination, consult with a healthcare provider for personalized advice and dosage adjustments.

Tirzepatide functions as a dual GLP-1 and GIP agonist. Similar to other GLP-1 medicines, it is currently used as a second-line diabetic treatment and administered as a once-weekly subcutaneous injection.

Tirzepatide is a glucose-dependent insulinotropic polypeptide (GIP) receptor and glucagon-like peptide-1 (GLP-1) receptor agonist. It has not been tested on individuals with pancreatitis and is not approved to treat type-1 diabetes mellitus. As a GIP and GLP-1 receptor agonist, it is implemented as a second-line defense against type 2 diabetes for glycemic control and significantly reduces body weight.

According to recent clinical studies, tirzepatide decreases hemoglobin A1C levels more effectively than a placebo. In comparison to -0.86% with placebo, the SURPASS-5 clinical trial revealed a -2.11% drop in hemoglobin A1C levels at 5mg per week dose. Hemoglobin A1C decreased by -2.34% when tirzepatide was taken at the maximum dose of 15 mg per week. This was proven during a 40-week period. With a tirzepatide dosage of 5 mg, a weight loss of 5.4 kg was observed, while a weight loss of 10.5 kg was observed with a dosage of 15 mg. A popular GLP-1 drug used for weight loss therapy is similar to this dose-dependent link with weight loss.[1][4]

Tirzepatide has been demonstrated to function similarly to GLP-1 medicines but more effectively. Given its ability to help people lose weight and absence of liver toxicity, it could help people with non-alcoholic fatty liver disease (NAFLD) in a secondary way.

Niacinamide

Niacin, also known as nicotinic acid or vitamin B3, is a vital water-soluble B vitamin that may play a crucial role in various physiological functions. It may help support the metabolism of carbohydrates, fats, and proteins, facilitating the conversion of food into energy. Niacin may also help support healthy

skin, nerves, and digestive systems.

Dietary sources of niacin include a variety of foods such as animal proteins (e.g., poultry, beef, and fish), legumes, nuts, seeds, whole grains, and green vegetables. While niacin is present in cereal grains, it is often bound to polysaccharides, which may hinder absorption. To enhance dietary intake, refined grains are commonly enriched with niacin. Additionally, the body can synthesize niacin from tryptophan, an amino acid found in protein. Approximately 60 mg of tryptophan can yield about 1 mg of niacin.

Niacin serves as a precursor for the coenzymes NAD and NADP, which are critical for numerous biochemical reactions within the body. These coenzymes are involved in energy production and cellular function. A niacin deficiency can lead to serious health issues, including pellagra. Pellagra is a condition characterized by dermatitis, diarrhea, and dementia. Niacin deficiency, although uncommon, may result from inadequate dietary intake or impaired tryptophan metabolism.

Additionally, an animal study suggested niacinamide may influence whole-body energy expenditure by inducing phenotypic changes in adipose tissue in mice with diet-induced obesity. Further research is needed to determine niacinamide's potential to aid in the prevention of obesity and its associated comorbidities

CAUTION

Patients with Hepatic Impairment: No dosage adjustment of tirzepatide is suggested for patients with hepatic impairment.

Patients with Renal Impairment: Tirzepatide is associated with gastrointestinal ADRs, including nausea, vomiting, and diarrhea leading to dehydration, which can cause acute kidney injury. Use with caution in patients prone to dehydration.

Based on available data, most users do not experience significant adverse drug reactions. The primary adverse effects reported are gastrointestinal, but other side effects have also been infrequently reported. Decreased appetite is

frequently reported, though this is a potential contributory etiology of intentional weight loss. Below are the adverse drug reactions reported by System Organ Class (SOC).

Gastrointestinal: Many people report having lowered appetite. Up to 10% of patients may experience nausea and diarrhea, and there may also be sporadic reports of vomiting and acid reflux. Additionally, some individuals have reported having constipation. Other oral drugs have a harder time being absorbed when stomach emptying is delayed. This is especially important for people who already have delayed stomach emptying because it can make their symptoms worse. It is significant to highlight that oral hormonal contraceptives no longer work as well as they once did, so patients should be urged to use non-oral contraceptive methods instead.

Cardiovascular: If discovered, sinus tachycardia may be suppressed by taking other medications concurrently.

Renal: Acute renal injury has been documented in rare cases, most likely as a result of dehydration from gastrointestinal losses. These can happen to both healthy people and those who already have chronic renal illness. It is probably best to keep an eye out for indicators of dehydration to avoid kidney damage.

Dermatologic: Rarely, reports of hypersensitivity reactions at the injection site have been made. The prevalence is not more than what patients who use GLP-1 agonists report. Such occurrences should be handled with a doctor, who may also recommend stopping the prescription.

Pancreatitis: Acute pancreatitis is known to be a risk factor for GLP-1 drugs. Tirzepatide has a comparable level of risk as GLP-1 agonist drugs. If a patient receiving tirzepatide therapy experiences significant abdominal pain, they should be urged to visit their local emergency room for treatment. Some patients may also experience asymptomatic elevations of the enzymes lipase and amylase.[8]

Hepatobiliary: There have been reports of cholelithiasis and cholecystitis

occurring in patients on tirzepatide therapy.[5]

Ocular: Patients with preexisting diabetic retinopathy should be advised that those symptoms may temporarily worsen if their glycemic control quickly improves. Any vision changes while using tirzepatide (GLP-1 receptor agonist) should be immediately discussed with a physician.[9]

Endocrine: There is a small risk of hypoglycemia and dose dependent. This risk is more significant for those on insulin therapy and/or those utilizing sulfonylureas. Patients should be advised on the potential symptoms of hypoglycemia.

INTERACTIONS

In vitro studies have shown low potential for tirzepatide to inhibit or induce CYP enzymes, and to inhibit drug transporters. Tirzepatide delays gastric emptying, and thereby has the potential to impact the absorption of concomitantly administered oral medications.

The impact of tirzepatide on gastric emptying was greatest after a single dose of 5 mg and diminished after subsequent doses.

Following a first dose of tirzepatide 5 mg, acetaminophen maximum concentration (C_{max}) was reduced by 50%, and the median peak plasma concentration (t_{max}) occurred 1 hour later. After coadministration at week 4, there was no meaningful impact on acetaminophen C_{max} and t_{max}. Overall acetaminophen exposure (AUC_{0-24hr}) was not influenced.

Following administration of a combined oral contraceptive (0.035 mg ethinyl estradiol and 0.25 mg norgestimate) in the presence of a single dose of tirzepatide 5 mg, mean C_{max} of ethinyl estradiol, norgestimate, and norelgestromin was reduced by 59%, 66%, and 55%, while mean AUC was reduced by 20%, 21%, and 23%, respectively. A delay in t_{max} of 2.5 to 4.5 hours was observed.

I'm a Doctor, and I'm Appalled at the Silence From the American Medical Association

Q&A with an AMA member: “Many physicians feel that our values do not align with the values of our advocacy organization.”

– Kiera Butler , Senior Editor of Mother Jones

With more than 270,000 members, the American Medical Association is by far the nation’s largest professional organization for physicians. A mighty political force, its lobbying arm helps shape federal policy around healthcare, and the group spends millions of dollars supporting candidates each election cycle. In recent months, some of its physician members have expressed concern with the absence of clear statements from the AMA on proposed actions by the Trump administration that would affect their work—including the nomination of Robert F. Kennedy Jr. for secretary of the Department of Health and Human Services, which the Senate is voting for on Tuesday.

I spoke with a physician member—who requested anonymity for fear of retaliation—about concerns many physicians share about the silence of their professional organization on proposed changes that would likely violate AMA policies. (The AMA did not respond immediately to a request for comment from Mother Jones.)

On the nomination of Robert F. Kennedy, Jr. for HHS secretary: In November, we had an AMA meeting. We asked our AMA lobbyists if they thought RFK would be nominated, and they said, no, we do not think so, and that he probably would have some kind of advisory role. The whole idea of him being nominated made everybody laugh because he has no qualifications to run HHS.

I watched both of the [confirmation] hearings, and he’s absolutely unqualified to be in charge of HHS, and not only because he has promoted

vaccine disinformation and that he's promoting fluoride disinformation. But when he was asked about Medicare and Medicaid, he showed his incompetence.

RFK Jr. made a statement about [the abortion drug] mifepristone maybe not being safe. In one of the hearings, members showed him a lot of [scientific] articles. It feels like right now is the time to remind everybody that we have policies that physicians voted for, the [AMA's] House of Delegates voted for, and we stand by those policies.

There are a lot of smaller organizations that have called RFK Jr. unqualified. But they have much less power and many fewer connections. The AMA has an advocacy office in DC with their lobbyists, their advocacy people—they could go to Congress and the Senate and have meetings under this umbrella of a national physicians organization who have the highest representation and the highest number of members.

RFK Jr. has participated in so many activities that are stating a lot of false information. For the AMA being afraid to say something—they say we don't target personalities, we target policies. But these are his statements, which will become policies.

On AMA's silence in the face of Trump's violation of their standards: There is a policy that supports funding to the World Health Organization and a policy that supports participation in WHO. Trump pulled out of WHO, and AMA hasn't said anything. And now there is this attack on transgender care. We also have policies supportive of transgender care, and the AMA has not said anything. Meanwhile Trump's administration is trying to cancel those people and cancel physicians who are providing care.

On Trump's removal of sanctuary status for hospitals: When Trump removed sanctuary status from hospitals, AMA did not come up with any kind of guidance for physicians. What are we supposed to do when ICE is at our door? When ICE is at the bedside? First of all, it's a violation of physicians' ethical practice of medicine. We have an AMA Code of Ethics so I don't know what my patients' immigration status is. If ICE shows up and starts

asking me questions, at what point is there a HIPAA violation? I have a duty to the patient; I don't have a duty to ICE. I don't know what to do. I'm going to call my administrator and say I will refuse to speak with ICE. I will tell ICE to go to my administrator and not ask me any questions. That's the only thing that I came up with for myself.

On AMA's silence around the government's lack of action on bird flu: We are closely monitoring situations with viral illnesses, and we are particularly concerned over H5N1. As you know, the current administration prohibited all communications of the CDC and other agencies with the public. Now, the public and physicians are left with no information on food recalls or disease outbreaks. Doctors receive some information from state departments of health where they are licensed. However, it only provides information about one state and doesn't provide a comprehensive picture. Individual physicians are searching through information released by departments of health of different states and post it on substack. But the AMA could have said something about it. While we are not in the pandemic yet, a reckless approach to H5N1 may bring us there. The AMA has a policy about pandemic preparedness that shows the importance of communication and various connections between CDC, NIH, and state departments of health.

On physician burnout: A lot of people feel demoralized. In medicine, for several years, we have discussed that physicians are burned out. There was a new term several years ago—called “moral injury”—when you work for an organization and your values do not align with the values of your organization. That's when you feel demoralized. In terms of advocacy, this is the same kind of situation. Many physicians feel that our values do not align with the values of our advocacy organization, that the AMA does not necessarily represent us.

I seriously doubt your figure that 270,000 physicians CHOOSE to belong to the AMA. This would be 27% of the 1.1 million practicing physicians.

As a third generation physician I know the organization morphed from opposing socialized medicine in 1948 to Supporting Obama-don't-care in 2008. I resigned in 2008 and still practice general medicine. The principle source of income for the AMA are their publications and royalties from the control of the coding system. I gain the impression that the AMA pads their membership with free membership for the 100,000 medical students. Further, forced membership occurs in some areas of the country where obtaining Malpractice insurance requires at least local AMA membership.

The AMA is a front group for the Federal Insurance.

In all, I suspect under 10% of practicing physicians actually belong. Clearly the AMA is a government front that actually opposes the interest of American physicians.

William K. Summers, M.D.
Albuquerque, NM

Latest DISTURBING COVID vaccine data

<https://www.theblaze.com/shows/steve-deace-show/latest-disturbing-covid-vaccine-data-reveals-just-how-much-work-rfk-jr-has-to-do>

Recent reports from a team of immunologists at Yale University indicate that some COVID jab patients experienced “immune system exhaustion and prolonged spike protein production.”

According to the study, some patients who received the vaccine developed AIDS — acquired immunodeficiency syndrome.

The Danger Zone: Albuquerque penalized \$500,000 for ‘willful’ safety violations

– Story by Larry Barker, KRQE

ALBUQUERQUE, N.M. (KRQE) – It’s a showpiece complex designed to tackle Albuquerque’s homeless problem. In 2021, City officials bought an old hospital building, renovated it and, \$36,000,000 later, the Gateway Center at Gibson Health Hub was born.

Ask anyone around City Hall about the Gateway Center and they’ll talk your ear off. They’ll tell you it’s more than just a homeless shelter. They’ll say it’s a place where Albuquerque’s itinerant population can expect a host of services from overnight beds to medical and behavioral health care. But there’s a dark side to the Gateway Center project and it’s something city officials don’t like to talk about. It’s a secret buried behind the walls of the antiquated structure on Gibson Avenue.

After purchasing the outdated hospital building, Albuquerque’s officials spent \$9,500,000 renovating it. But the one thing city renovators didn’t count on was asbestos. Back in the 50s, when the Lovelace Clinic was constructed, asbestos was commonly used in building materials. Today, because exposure to hazardous material can be deadly, stringent federal regulations govern the renovation of old buildings containing asbestos. Only specially trained work crews are allowed to remediate asbestos. Full body suits, respirators, gloves, and boots are required. Asbestos debris must be bagged and disposed of in a designated hazardous waste landfill.

But, rather than comply with federal OSHA asbestos remediation regulations, project managers ignored them. “We had received several complaints that employees were being exposed to asbestos because demolition work was being done without following asbestos remediation practices,” New Mexico

Occupational Health and Safety Bureau Chief Kristy Peck says. “It’s a serious allegation. So that’s when we stepped in,” Kristy Peck said.

New Mexico’s OSHA Bureau launched an investigation in 2023. “We determined that the city of Albuquerque had a plain indifference towards the Gateway Center and the fact that it had asbestos-containing material. The city willfully disregarded that and continued on with construction as normal, as if there was no asbestos-containing material in the areas they were working,” OSHA Bureau Chief Peck said.

OSHA investigators discovered Albuquerque’s violations were not merely mistakes or lapses in judgment. OSHA found city project managers intentionally disregarded the health and safety of employees and the public. When Albuquerque’s Risk Management Division learned there were reckless construction practices on the Gateway Center’s second floor, Risk Managers directed construction crews to stop work immediately. However, OSHA said, rather than comply with the directive, the Gateway Center’s project managers ignored it. In its complaint, OSHA stated that was an egregious violation. “That’s why we issued the two ‘willful’ serious violations,” Peck said.

OSHA cited the City of Albuquerque for six federal safety violations including a failure to protect employees from exposure to hazardous materials and improper disposal of asbestos waste. “Those construction workers didn’t know that they were being exposed to asbestos because the city failed to identify that as an asbestos-containing regulated area,” Kristy Peck said.

In a settlement agreement with New Mexico’s OSHA Bureau, Albuquerque must pay a \$219,552 penalty for the asbestos-related violations. In addition, the city agrees to spend \$94,000 for asbestos testing and training experts. City officials also are required to dole out another \$180,448 over three years to provide medical monitoring for potentially exposed city workers and contractors. “We will hold every employer accountable for failing to protect their employees from any hazards, and specifically, for asbestos exposure in the workplace,” OSHA Bureau Chief Peck says.

READ: New Mexico Environment OSHA Citation and Penalty

“There was never an intention or a willfulness on our part to put anybody’s safety in danger,” says Albuquerque’s Chief Financial Officer, Kevin Sourisseau. “Lessons learned, all of us have a heightened awareness of asbestos. We’ve trained our staff. We have a more robust system for bringing complaints forward. Folks know and understand the importance of these complaints and to take them very seriously. Those are some of the changes that we’ve made to make sure that this doesn’t happen again,” Kevin Sourisseau says.

In addition to the City of Albuquerque penalties, OSHA’s New Mexico Bureau fined the Gateway Center’s General Contractor, Consolidated Builders of New Mexico, \$331,475 for its role in the asbestos violations. An out-of-court settlement with Consolidated Builders of New Mexico has not been finalized.

From the highest level of city government, Albuquerque’s Chief Financial Officer Kevin Sourisseau pledged, safety first. “I am the CFO talking to you about asbestos, and I am well aware of the challenges, the dangers with older buildings in asbestos. And I will assure you our staff have been trained. They know what to look for. This should not happen again. I’m confident that we have taken steps necessary to mitigate risk going forward.”

“We’re doing inspections and we’re going to cite employers, as applicable, for the hazards that we find. We’re going to hold every single one of those employers accountable, no matter who they are, even a big city like the City of Albuquerque or a small municipality. We’re looking at everybody and we want to make sure that all employers are providing a safe working environment for their employees,” OSHA’s Kristy Peck says.

FEBRUARY WAS HEART MONTH.

There are heart conditions that are important to know about as we grow older.

Coronary artery disease is the most common form of heart disease in the

U.S., and the leading cause of death for both men and women. For older patients at risk of a heart attack, be sure they are aware of symptoms and when to seek immediate medical attention.

SIGNS OF A HEART ATTACK

- HEART FAILURE is the leading cause of hospitalizations in people over 65.