

DEAR ADVOCATE ARMY

We are continuously seeing members of the Chronic Illness community online trying to figure out why their private medical care and previously stable medication regimes were disrupted in the past decade.

The usual conclusion among patients include but are not limited to:

- The organization PROP infiltrated the CDC and got the national guidelines on opioid prescribing issued.
- The CDC is acting on its own and has gone "rogue" in its issuance of the national guidelines on opioid prescribing.
- Our policymakers "don't realize what they are doing."
- We need to get the DEA reigned in.
- The CDC has gone "rogue" in arresting physicians for prescribing opioid medications.
- We need to get the CDC Opioid Guidelines revoked and there would no longer be any issues with patients receiving their prescriptions.

CIAAG developed research in 2019 outlining the strategic plan behind the reduced opioid prescribing efforts and published them in our report: [Violation of a Nation. Our executive team went to Washington, DC to present our findings and requested a federal announcement warning providers against the practice of forced tapering and abrupt discontinuation of opioid-based medications. In response, the FDA issued a safety warning on April 9, 2019 "FDA identifies harm reported from sudden discontinuation of opioid pain medicines and requires label changes to guide prescribers on gradual, individualized tapering"](#)

Through our executive team's continuous research efforts we have been able to track the historical activities taken to reshape the healthcare system and the treatment of patients across the entire continuum.

As such, we wanted to provide our members with an update to date summary of events to provide you the insight to advocate for your patient rights along with us at CIAAG.



A Brief Timeline...

In 2016, the National Pain Strategy was issued alongside the 2016 CDC Opioid Prescribing Guidelines. Once it was issued there was very little, if any, public conversation in regards to its implementation. A common "talking point" from the research community and academia was that the National Pain Strategy "died" and was never funded nor implemented.

However, as usual, this was a game of semantics. Or rather, this was intentional misinformation. The 2016 National Pain Strategy's goals were accomplished through a number of mechanisms, including but not limited to,

- House Appropriations Bills - Allocations to the agencies and states
- Legislative policy
- Regulation policy changes
- Research initiatives are being conducted through the Healthy People Program, particularly [Healthy People 2020](#) and [Healthy People 2030](#).

Healthy People 2020 has already accomplished many of the goals regarding changing the healthcare system itself. These changes were necessary to implement the Healthy People 2030 work, which is focused on influencing patient care towards the use of complementary and self-management mechanisms, which they widely acknowledge there is a lack the research to support their safety and efficiency. Instead of properly studying these modalities in private trials they opted to use the "real world" setting, using real-world patients to conduct the work (without their knowledge or informed consent).

To allow for this work to be conducted many laws and regulations have been changed, revised, or removed in their entirety. Many of the necessary changes were made during the 2010 - 2020 time frame.

Data points within the Electronic Medical Record have been expanded to permit the collection of the patient's bio-psycho-social information, which is not to benefit the patient, but rather is meant to facilitate clinical research. This data is then used to create new "best practices" to be disseminated and implemented within the private clinical setting..

National guidance mandates that no research before 2015 is permitted to be used in the creation of these "new evidence-based, best practices." Meanwhile, no research is being funded to explore the benefits of medicinal opioids which has created an extremely biased collection of data. This biased data is then used to create public-health policy.

This is very much an "agenda dressed up as research." The desired outcomes have already been set and only the organizations and stakeholders that agree to help the federal government accomplish these goals have been permitted to participate in this work. By doing so, they have effectively locked out the very community they claimed to come together to "help."

The nonprofit stakeholders have not been transparent with their members about their participation in this work. Oftentimes outright lying or denying this work is taking place at all or by claiming those raising questions are merely "conspiracy theorists." Meanwhile, these same individuals and/or entities are working alongside the federal committees to implement the national strategy itself. In doing so, they have betrayed their duty to their members and defrauded the public.

Our team has identified dozens of stakeholders involved in this work, including but not limited to, state/federal agencies, attorney generals, governors, insurance/medical/pharmacy boards, private NGOs, and nonprofits (pain advocacy organizations, recovery groups, integrative/complementary medicine), RAND Institute, Abt Associates, PCORI, inter-agency coordinated effort via the National Health Promotion and Prevention Council.

This is an incredibly large undertaking that has been decades in the making with hundreds of stakeholders and an incredible amount of planning and coordination.

Why do we tell you all this?

We feel this information must become public knowledge. This is a national effort that will end up impacting every citizen in the nation at some point in their lifetime. This information impacts the health and well-being of millions of people and will become the basis of all patient care in the foreseeable future. We cannot allow a small group of elite individuals to hold private control of something of such national importance. The public must be permitted to participate in the debate surrounding the pros-and-cons of this undertaking, its process and its annual progress so we may develop a policy that truly works for the people it was designed to assist. Until we can have an open and honest discussion about the facts surrounding the work being conducted we will not be able to make progress for the patient and we will continue to see healthcare disparities and costs rise for these vulnerable populations.

Remember, Together We Are #CIAAGStrong!!!

Thank you,

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