

A Noble Profession—If You Can Keep It

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As the last three years have vividly illustrated, the social, political, and psychological impact of measures to contain a virus have had a devastating impact on us all—as humans, as physicians, as family members, as American citizens, and as friends. We physicians saw our profession usurped by mainstream media, politicians, and bureaucrats of all stripes to weaponize and politicize medicine and public health to perpetrate biomedical tyranny.

Heretofore, untested extreme measures had not been instituted for entire populations for viral pandemics. Tragically, these measures not only failed to stop the viral infection, but they caused incalculable harm, especially to our children. Furthermore, safe and effective early treatments were vigorously denigrated, and physicians were blocked from prescribing FDA-approved safe medications for off-label COVID-19 use, another unprecedented action against physicians.

Historians may look back at the time of COVID as The Great Awakening, with the caveat that we are willing to examine and accurately diagnose what indeed did happen. In his book, *The New Abnormal*, Aaron Kheriaty¹ begins with where we found ourselves deep into the COVID pandemic, and where the biomedical security state will lead us if we do not quickly change course. Our world, as we knew it, was essentially stopped. Dr. Naomi Wolf writes of her sadness at the "...cruel moral judgments, the two-tier society, the mandates, the coercions, the desperate masked children with their laboring breath, the loneliness..." and her rage at those who wanted it all "memory holed."

To change course, I believe there needs to be a national vigorous exploration of how this happened, who is responsible, and what can be done to prevent a future reprise. These questions are even more pressing because it appears we may be standing on a precipice of another fearmongering campaign and potential public health debacle as we head into our yearly influenza season. One brave medical voice amidst this onslaught is Florida Surgeon General Joseph A. Ladapo, M.D., Ph.D., whose message is to resist masks and the failed COVID mandates.

Notably, at the beginning of the pandemic, prominent epidemiologists and public health physicians from the private sector were conspicuously absent from the government's pandemic response. Furthermore, many of our colleagues who dared to challenge the orthodoxy of containment measures and later vaccines lost hospital privileges, were fired in some cases, and were ridiculed, marginalized, and smeared. Why were our nation's top practicing physicians not assembled to coordinate accurate public health information and containment strategies for an infectious viral disease? Why wasn't the public made aware of the lethality statistics, which revealed the extremely low risk for people under age 60 and an age stratification with an 1,800 percent risk differential based on age?

To unravel these complex events, it's helpful to review that

the COVID-19-causing virus apparently came from Wuhan, China, home of the Wuhan Institute of Virology, part of the Chinese Academy of Sciences. The laboratory reports to the communists' State Council of the People's Republic of China. The lab was doing gain-of-function and bioweapons research, supported in part by grant funds approved by Dr. Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases (NIAID). Dr. Fauci became chief medical adviser to President Donald Trump. When direct funding to the communists was banned, grant funds were funneled through EcoHealth Alliance.

It was reasonable during the first several weeks to be alarmed and cautious. However, emails recently obtained through Freedom of Information Act (FOIA) requests among other information have revealed that Dr. Fauci met with the CIA and other government entities to craft censorship strategies against the lab-leak theories and to promote the naturally occurring wet-market origin of the virus. Evidently, Dr. Fauci felt he had something to hide, and he had a panoply of government agencies ready, willing, and extremely able to help.

Keeping all of this in mind, an interesting and well-researched article by Debbie Lerman,² a science writer and Brownstone Fellow, posed a provocative explanation regarding the measures that government agencies took and billed as public health measures in the name of keeping us safe. Initially, rather than the Department of Health and Human Services (HHS), the Federal Emergency Management Agency (FEMA) was made the lead federal agency for the pandemic response. The pandemic was treated as a national security issue, using the national security pandemic response plans. These were devised under the rubric of biodefense, and are aimed at countering bioterrorism attacks.

A true public health document, the Great Barrington Declaration,³ was written in October 2020 and signed by thousands of physicians and citizens, in an attempt to influence policy. It states: "As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of prevailing COVID-19 policies and recommend an approach we call focused protection." The recommended measures balanced effectiveness, practicality, and the human and societal costs of containment measures, which define "public health."

The Declaration was viciously attacked, as were its authors, doctors Jay Bhattacharya, Sunetra Gupta, and Martin Kulldorff, in a coordinated, government-directed onslaught. Scott Atlas, M.D., Robert Wesson Senior Fellow in Health Policy at the Hoover Institute, who was appointed to the White House coronavirus task force, provided an insider view of what transpired within the task force. In his book, *A Plague Upon Our House*.⁴

Lerman contends² that Dr. Atlas inadvertently reveals in his book why one can only understand what happened by realizing

the response was not about public health:

It was baffling to me, an incomprehensible error of whoever assembled The Task Force, that there were zero public health policy experts and no experts with medical knowledge who also analyzed the economic, social and other broad health impacts other than the infection itself. Shockingly, the broad public health perspective was never part of the discussion amongst The Task Force health advisors other than when I brought it up.

Lerman stated that in searching for exactly who was responsible for the COVID responses, she hit a brick wall because the National Security Council had classified the pandemic response meetings beginning in January 2020. Why would the government security-related agencies closely guard the pandemic management? Recall that during these times conservatives, parents, and Trump supporters were regarded as potential domestic terrorists. Likewise, mandated compliance versus resistance took on the same political dynamic that filtered down to the citizenry.

Lerman states that the beneficiaries of the national security response included military and national security agencies such as FEMA and Homeland Security, private corporations, and global non-governmental organizations (NGOs). Those familiar with the proposed World Health Organization international pandemic treaty will recognize the use of the pandemic to drive a massive increase in global central command and control by nonelected officials. The result of the treaty would be a loss of national sovereignty in the event of anything WHO deems an "emergency." These entities were eager to amass more funding and power, perpetuating this type of non-public health response. Lerman states, "Epidemiologic knowledge, public health principles, medical ethics, and the well-being of the general population have nothing to do with what these entities have in mind."

Measures imposed by government included: quarantining the healthy along with the infected, closing businesses unless the governments deemed them "essential," and instituting centralized federal or state command and control of indefinite duration. These set the stage for ready acceptance of a novel, experimental, emergency-use-authorized vaccine that had no product liability or long-term studies. In comparison, the bioterrorism response policy is essentially to shelter in place and wait for a vaccine or antidote.

It remains to be seen whether the biomedical security state and attendant biomedical tyranny was imposed because the COVID-19 virus was truly believed to be the purposeful release of a bio-terroristic agent. Or, was it a nasty virus that became useful as "a crisis not to be wasted" for political ends, such as altering how national elections are conducted? Or, was the pandemic a dry run for mass psychological manipulation and subsequent statist control of entire populations?

Media censorship played a huge role in fomenting mass COVID hysteria, which resulted in an almost unquestioning acceptance of tyrannical measures. One must look to the time well before the pandemic to understand how the single most important pillar of preserving a Constitutionally based republic, an honest and vigilant media, became instead an echo chamber of orthodoxy.

A 2020 article⁵ found that just 7 percent of journalists identify

as Republican. The authors also looked at the Twitter activity of journalists in all media and found that on an ideology curve, the average journalist fell between Vermont's Sen. Bernie Sanders and New York's Rep. Alexandria Ocasio-Cortez (AOC). Sanders is an independent, and AOC a Democrat, but both are members of Democratic Socialists of America (DSA), which has 92,000 members nationwide and says it is not a party but a "political and activist organization." No wonder the sound bites regarding the virus, vaccines, and lockdowns all sounded eerily familiar, leading to the question: Who was dictating the narratives? New York, Los Angeles, and Washington, D.C., are the epicenters of news gathering, and their bubble is increasingly soundproof, shutting out differing narratives.

In the lawsuit *Missouri v. Biden*, the curtain is drawn back to reveal a list of the players accused of actively coercing Facebook, Twitter, Instagram, and many other media sources to censor as "misinformation" any posts or commentary that challenged the official government narrative. Defendants include the White House, the surgeon general, the CDC, FBI, and CIA. The CIA was heavily involved in the COVID media response, even hiring author Michael Lewis to pen soundbites.

Contrast the "public service announcements" on compliance and the vaccines with the usual medical intervention ads with fast-talking warnings of possible risks. There were no warnings of the risks or the lack of information on long-term effects because there is no product liability with emergency use authorization (EUA). Furthermore, issuing an EUA requires that there are no alternative effective treatments. This explains why there was an all-out attack on ivermectin and hydroxychloroquine and physicians who advocated them. The coordinated censorship and manipulation of public attitudes resulted in strained and sometimes destroyed relationships between friends, neighbors, and even family members over masking, vaccination, and compliance issues. We witnessed psychological warfare.

As more and more information began to surface, largely through alternative media sources and people believing their own eyes, the narrative began to crack and people started to lose faith in previously trusted governmental agencies such as HHS, NIH, FDA, CDC, DOJ, and FBI, among others. At the same time, physicians began to lose faith that academia and previously revered journals were any longer unbiased sources of medical and pertinent public health information. How could intelligent physicians in academic centers buy into measures that had obvious catastrophic impacts on society, especially our children, and made little sense from data long established regarding the natural course of viral diseases and their effective management? The politicization of this pandemic in an increasingly leftist academia coupled with the medical industrial complex yields the answer.

Grants from drug companies, medical manufacturing, and government entities have infused money throughout everything medical. Massive testing of healthy people was required for many activities, despite reports that the PCR test kits gave up to 90 percent false positives. Hospitals received bonus payments for COVID admissions and extra for ICU admissions. Families were paid for funeral expenses if COVID was on the death certificate. There were rigid hospital protocols that included expensive but ineffective drugs. We will never know the total dollar cost of medical supplies, equipment,

drugs, transfer payments, and unemployment benefits related to COVID-19. Likewise, we will never know how inflated the number of cases, hospitalizations, and deaths from primary COVID-19 were during that period, or how many were false positives in already physically compromised individuals.

As physicians we largely stood by as patients hospitalized for any reason were not allowed visitors. Patients died alone in hospitals and nursing facilities of terminal cancers and other non-COVID causes, while nurses, doctors, and ancillary personnel entered and left the hospital with each shift change. Many physicians complied with masking mandates despite massive data showing that they do not prevent transmission of a virus and in fact have negative consequences, not the least of which is dehumanizing people. We stood by as schools were closed, when as early as fall of 2020 we had the Swedish, German, and Cherokee County, Georgia, studies that showed no uptick in student, teacher, or community cases when sick children and teachers stayed home and common hygiene measures were followed.

Finally, a word about vaccines. Dr. Peter McCullough is a priceless national resource in educating physicians and the public regarding the morbidity and mortality of these experimental injections, as well as providing early COVID treatment guidelines and spike protein detoxification protocols. It is criminal that some institutions continue to coerce individuals to take the vaccine for an essentially non-lethal disease in a population most at risk for adverse events and in a general population with 90 percent natural immunity from having had COVID.

Understanding and embracing the enormity of what transpired can provide the impetus for demanding legislative guardrails and an inquisitive and honest media, and for extolling physician autonomy and the ethos of Hippocratic medicine, the bedrock of which is individual informed consent. We just might be able to transform a Great Awakening into a

Great Turning Point.

Physicians and medicine have always been central in the age-old struggle between The Self versus The Collective. We cannot sit on the sidelines. AAPS has been in the forefront of providing accurate data and learned opinions, and of promoting discourse in controversial medical and sociopolitical issues. Each of us must become activists for our profession, patients, families, and our country as it was envisioned. When issues arise, write letters to the editor, speak at school board meetings, contact legislators and news outlets, and volunteer to render trustworthy medical information. Be brave. As Dr. Kheriaty concluded in *The New Abnormal*:

History is not set in stone....The future depends on what we do now.... I think all of us want to wake up in ten, twenty, thirty years and be able to tell the next generation that we stood up and did everything in our power to make sure that we were handing on a world to them that was humane, that was livable, that was just, and that was free. Now it's time for us to go to work.

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