

From the President

The Intellectual, Moral, and Ethical Rot in Once Esteemed Institutions and Experts

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The decay of intellectual inquiry and the censorship of dissenting voices that we are now experiencing did not happen overnight or as a direct result of COVID. However, the disastrous management of a serious infectious disease by institutional bureaucrats, mainstream media, and politicians has cracked the armor of the “expert.” Mandates, coercion, censorship, and outright delusional thinking were tolerated with very little resistance. That may be changing. The simple act of asking questions is an important step.

Diversity, Equity, and Inclusion (DEI) is a dogma derived initially from Critical Race Theory, a Marxist, revolutionary, anti-white belief set.¹ As Andy Kessler states in his *Wall Street Journal* opinion piece, “Pop Goes the DEI Bubble,” DEI and Environmental, Social, and Governance (ESG) are new societal designs with centralized powers over action and thought as the primary means of societal reorganization.² As in George Orwell’s *Newspeak*, diversity in DEI is lack of diversity in ideology and disregard for the true diversity evident in people generally. Instead, there are two groups, whites and marginalized people, i.e., non-whites. This quite clearly is a victimhood and resentment-based dogma. Equity has nothing to do with equal opportunity, but rather means draconian measures that discriminate against merit to achieve equal outcomes, which, ironically, are impossible with true diversity. Inclusion is a rubric for accepting fringe and sometimes demonstrably false belief sets held by a group as normal, while excluding those who object or who insist on protecting the rights of those who disagree. An egregious example is men self-identifying as women competing in women’s sports and using female dressing rooms and bathrooms.

Why did K-12 schools, universities, medical schools, corporations, and institutions adopt DEI dogma and spend literally billions of dollars setting up DEI departments? Who provided the resources? What kind of hubris does it take to accuse others of “implicit bias” and racism based solely on the color of their skin, or to force them into attitude-readjustment training? How is the public better served if meritocracy is replaced by identity selection, such as the hiring practices the United Airlines CEO has implemented for pilot recruitment? What forces are in play that cause reasonably intelligent people to reject objectivity, reason, and truth in order to enforce ideologic conformity?

We watched Harvard fall from its pedestal as the ultimate elite university as President Claudine Gay, after the slaughter of Jewish children, women, and civilian men, could not state unequivocally that students shouting “Death to Jews” violated Harvard’s code of conduct. Yet, failure to use someone’s preferred pronoun or wearing a sombrero for Halloween is a reportable code-of-conduct offense. Harvard ranks at the bottom of 400-plus universities in free speech.³

Gay’s downfall was sealed by the discovery of heavy

plagiarism in her published papers. The astounding part of this moral, ethical, and intellectual failure is that the Harvard Board continued to support her. In her resignation statements, Gay blamed racial animus, not her own actions or inactions, for being forced to resign as president. What does race have to do with plagiarism or failure to identify support for beheading people as a violation of Harvard’s code of conduct? What is the Harvard Code of Conduct? “Honesty, civility, respect and academic integrity,” are the core expectations. Also included is “transparent acknowledgement of the contribution of others to their work.”⁴

These violations and failures of President Gay are evidently acceptable for a professor at Harvard, as Gay has now become. What does her continued employment mean for student infractions in the future? Appallingly, Harvard is not alone. Ben Sasse, president of the University of Florida, states in a recent interview that “higher education is having an ‘emperor-has-no-clothes’ moment. Illiberalism, anti-intellectualism, and identity politics were spreading on campus for decades before they congealed recently into open and pervasive antisemitism.”⁵

There seems to be no area in the Western world untouched by scandal and deceit, and science is no exception. Recall that the climate agenda began as a “global warming” alarm, but later was changed to “climate change” as the predicted catastrophes were not occurring. Scientific data was fabricated, fudged, and cherry picked to support the dogma and frighten people and countries into compliance. This agenda to purportedly control the climate has already cost billions of dollars.

The absurdity of the control measures is highlighted in a 2015 exchange between U.S. Representative Dana Rohrabacher (R-Calif.) and Gina McCarthy, head of the EPA, at a House Transportation Committee hearing on infrastructure and investment. The EPA panel uniformly did not know the percentage of carbon dioxide in our atmosphere, guessing five or six percent, yet they proposed regulations costing billions of dollars to try to control the atmospheric carbon-dioxide level. Actually, the carbon dioxide concentration is 0.04%, and at a concentration of 0.02% plant life starts to die off.⁶

Bureaucrats with this level of ignorance have the power to craft regulations that can cripple an industry and empower politicians to ban such items as gas stoves, gasoline-powered vehicles, cattle, and pizza ovens, along with imposing an endless list of nonsensical, unworkable, and intrusive mandates.

Lack of integrity in medicine and public health exploded into the limelight with the concerto of deceit, fraud, propaganda, and persecution of dissidents that characterized the COVID pandemic management. No segment was blame free, including physicians, medical publications, academic institutions, hospitals, pharmacists, and big Pharma. Were it not for the release of the e-mails between Dr. Fauci and various agency bureaucrats, the extent of collusion, omission, and control of

information by our own government might not have become known.

The COVID debacle has been covered extensively elsewhere, but Dr. Deborah Birx deserves special mention. Jeffrey Tucker, founder of the Brownstone Institute, noted in 2022 that “it was Birx who was the main influence in the White House behind the nationwide lockdowns.”⁷ Dr. Birx served as President Trump’s coronavirus response coordinator from 2020-2021. In a *Frontline News* article, Caryn Lipson underscores Dr. Birx’s own description of her actions in her book *Silent Invasion: The Untold Story of the Trump Administration, Covid-19, and Preventing the Next Pandemic Before It’s Too Late*, as well as during congressional testimony in June 2022.⁷

Dr. Birx admitted to Congress that government agencies gave incomplete and contradictory information to the American people. Astoundingly, in assuring the public that the COVID vaccine would prevent getting or transmitting the disease, she admitted they didn’t know and “hoped it would work in that way.” The hypocrisy of her own actions compared to the restrictions she imposed on fellow Americans is unforgivable, but the lockdowns were a crime against humanity: She revealed that they were not based on any scientific data, and she had no intention of keeping with “15 days to stop the spread.” She freely admits she changed weekly reports sent to the states to reflect her wishes in contradistinction to the President’s. She characterized her team’s report writing in this passage:

Write, submit, hide, resubmit. Fortunately, this strategic sleight-of-hand worked.... [T]hey never seemed to catch this subterfuge.... In slipping these changes past the gatekeepers and continuing to inform the governors of the need for the big three mitigations—masks, sentinel testing, and limits on social gatherings—I felt confident I was giving the states permission to escalate public health mitigation.⁷

She also admits to subverting Dr. Scott Atlas and his recommendations with the help of Dr. Robert Redfield, the former head of the CDC.⁷

How deep and pervasive is the moral and ethical rot infecting once respected government agencies? Dr. Birx’s blithe admission of subterfuge and treachery that resulted in incalculable harm, especially to our children, is damning. As for accountability, Dr. Birx has been hired at Texas Tech University Health Sciences Center in Lubbock as the center’s presidential advisor and adjunct professor at the Julia Jones Matthews School of Population and Public Health.⁸

There is growing concern and demand for a return to moral and ethical order and a prohibition of censorship. The following montage of noteworthy events suggests this:

The *Missouri v. Biden* case concerns censorship and free speech. An appellate court concluded on Sep 8, 2023, that multiple officials in the White House, the Surgeon General, the FBI, and the CDC crossed the line to illicit coercion when lobbying social media to remove disfavored content and accounts from their sites. One can only hope the Supreme Court will agree.

Recall that *The Lancet* and the *New England Journal of Medicine* both retracted articles that included data provided by an obscure company called Surgisphere, which was used to discredit repurposed drug treatments for COVID. When the data

was challenged, Surgisphere’s refusal to provide access to the hospital data that it purportedly had used to evaluate the drugs resulted in the study’s retraction.⁹

More recently, as noted in the *Wall Street Journal*, “The Dana-Farber Cancer Institute, a Harvard Medical School affiliate, is seeking to retract six studies and correct 31 other papers as part of a probe involving four of its senior cancer researchers and administrators.”¹⁰

These actions serve to put “science” on notice that bias corrupts honest scientific inquiry. Several states have passed laws banning transgender pharmaceutical or surgical interventions in minors because they are unable to give informed consent and the long-term effects are unknown. Further, many legislatures are attempting to pass legislation to limit athletic competitions to persons of the same biologic sex to preserve fairness, the bedrock of sports competitions. Many corporations, school districts, and governments are defunding and eliminating DEI administrators and programs, emphasizing instead mutual respect, equal opportunity, and celebration of merit. Sweden’s decision to scrap the UN Climate Agenda 2030 resulted in fuel prices dropping by double digits, rescuing farmers from financial ruin. Javier Milei, the new President of Argentina, gave a rousing pro-freedom speech at the World Economic Forum just as the WEF was laying out its plans for more centralized control.

In summary, power and money can corrupt, and egregious abuses of both have come to light. Corrective measures include an open and free press, decentralized governance, civic demand for accountability, and ethical leadership across our institutions. Utilization of Emergency Powers Acts by leaders both here and in other countries has afforded citizens a glimpse of just how quickly even Westernized democratic forms of governments can devolve into tyrannical control of their citizens.

In the United States, legislation on limiting the Emergency Powers Acts at state and Federal levels to 10 days with strict definitions of what constitutes an emergency could prevent the debacle we witnessed in COVID’s centralized command-and-control management. This would allow localized, transparent, accountable, and individualized emergency responses in the future.

Regardless of the venue, vigilance, honest inquiry, persistence in pursuing the truth, substantive debate, and bravery in taking action should be our standard if we hope to restore a flourishing civil society.

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REFERENCES

1. Editors. Critical race theory. Encyclopaedia Britannica; updated Dec 24, 2023. Available at: <https://www.britannica.com/topic/critical-race-theory>. Accessed Feb 22, 2024.
2. Kessler A. Pop goes the DEI bubble. *Wall St J*, Jan 21, 2024. Available at: <https://www.wsj.com/articles/pop-goes-the-dei-bubble-affirmative-action-claudine-gay-harvard-esg-blackrock-39c77d13>. Accessed Feb 22, 2024.
3. Foundation for Individual Rights in Education and Expression (FIRE). 2024 College Free Speech Rankings. Available at: <https://rankings/thefire.org>. Accessed Feb 22, 2024.

4. Harvard College. Student Handbook; 2023-2024. Available at: <https://handbook.college.harvard.edu/>. Accessed Feb 22, 2024.
5. Taranto J. The Harvard of the unwoke. *Wall St J*, Jan 19, 2024. Available at: <https://www.wsj.com/articles/the-harvard-of-the-unwoke-university-of-florida-is-fixing-higher-education-13f22b77>. Accessed Feb 22, 2024.
6. Meyer A. EPA Chief Gina McCarthy doesn't know the percentage of CO2 in the atmosphere. *Washington Free Beacon*, Jul 9, 2015. Available at: <https://freebeacon.com/issues/epa-chief-gina-mccarthy-doesnt-know-percentage-of-co2-in-atmosphere/>. Accessed Feb 24, 2024.
7. Lipson C. Pence and Dr. Birx helped Fauci betray Trump. *Frontline News*, Jan 18, 2024. Available at: <https://www.frontline.news/post/pence-and-dr-birx-helped-fauci-betray-trump>. Accessed Feb 22, 2024.
8. Carver JL. Deborah Birx, former COVID-19 White House adviser, to join Texas Tech's health center. *Texas Tribune*, Sep 13, 2023. Available at: <https://www.texastribune.org/2023/09/13/deborah-birx-texas-tech-university/>. Accessed Feb 23, 2024.
9. Joseph A. Lancet, New England Journal retract Covid-19 studies, including one that raised safety concerns about malaria drugs. *STAT*; Jun 4, 2020. Available at: <https://www.statnews.com/2020/06/04/lancet-retracts-major-covid-19-paper-that-raised-safety-concerns-about-malaria-drugs/>. Accessed Feb 23, 2024.
10. Subbaraman N. Harvard teaching hospital seeks retraction of six papers by top researchers. *Wall St J*, Jan 22, 2024. Available at: <https://www.wsj.com/health/dana-farber-harvard-retractions-corrections-ceo-laurie-glimcher-935636f5>. Accessed Feb 23, 2024.

AAPS PRINCIPLES OF MEDICAL POLICY

Medical care is a professional service, not a right. Rights (as to life, liberty, and property) may be defended by force, if necessary. Professional services are subject to economic laws, such as supply and demand, and are not properly procured by force.

Physicians are professionals. Professionals are agents of their patients or clients, not of corporations, government, insurers, or other entities. Professionals act according to their own best judgment, not government “guidelines,” which soon become mandates. Physicians’ decisions and procedures cannot be dictated by overseers without destroying their professionalism.

Third-party payment introduces conflicts of interest. Physicians are best paid directly by the recipients of their services. The insurer’s contract should be only with subscribers, not with physicians. Patients should pay their physician a mutually agreed-upon fee; the insurer should reimburse the subscriber according to the terms of the contract.

Government regulations reduce access to care. Barriers to market entry, and regulations that impose costs and burdens on the provision of care need to be greatly reduced. Examples include insurance mandates, certificate of need, translation requirements, CLIA regulation of physician office laboratories, HIPAA requirements, FDA restrictions on freedom of speech and physicians’ judgment, etc.

Honest, publicly accessible pricing and accounting (“transparency”) is essential to controlling costs and optimizing access. Government and other third-party payment or price-

fixing obscures the true value of a service, which can only be determined by a buyer’s willingness to pay. The resulting misallocation of resources creates both waste and unavailability of services.

Confidentiality is essential to good medical care. Trust is the foundation of the patient-physician relationship. Patient confidences should be preserved; information should be released only upon patient informed consent, with rare exceptions determined by law and related to credible immediate threats to the safety or health of others.

Physicians should be treated fairly in licensure, peer review, and other proceedings. Physicians should not fear loss of their livelihood or burdensome legal expenses because of baseless accusations, competitors’ malice, hospitals’ attempts to silence dissent, or refusal to violate their consciences. They should be accorded both procedural and substantive due process. They do not lose the basic rights enjoyed by Americans simply because of their vocation.

Medical insurance should be voluntary. While everyone has the responsibility to pay for goods and services he uses, insurance is not the only or best way to finance medical care. It greatly increases costs and expenditures. The right to decline to buy a product is the ultimate and necessary protection against low quality, overpriced offerings by monopolistic providers.

Coverage is not care. Health plans deny payment and ration care. Their promises are often broken. The only reliable protection against serious shortages and deterioration of quality is the right of patients to use their own money to buy the care of their choice.