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## RESEARCH ARTICLE

### The Impact of Censorship on Covid-19 Policy Formation in the United States

**Victor Wallis, PhD**

Department of Liberal Arts & Sciences  
Berklee College of Music  
Boston, MA, USA  
[vwallis@berklee.edu](mailto:vwallis@berklee.edu)

## ABSTRACT

The dominant US response to Covid-19 has been shaped by the pharmaceutical industry. Doctors who proposed early treatments using vitamins and non-patented drugs were sanctioned, and their views were censored by corporate-liberal media. The new mRNA technology for vaccines was deployed with inconclusive testing results. Reports of vaccine-adverse events were marginalized. Underlying the population's vulnerability to Covid-19 was a continuing increase in chronic illnesses, due to poor public health conditions, aggravated by the absence of universal healthcare. Dissident doctors whose response to Covid was censored found a platform with right-wing politicians and media. This gave enhanced political legitimacy, ironically, to the very forces that were most opposed to the kind of regulatory policies and system of universal healthcare that would have made the population less vulnerable.

## Introduction

A striking paradox characterizes the politics of Covid-19. On one hand, with the ubiquitous masking, tracking, and testing, the issue is glaringly visible in the life of every person. This should make it an unbeatable topic for massive democratic deliberation. On the other hand, even scientific debate on the issue has been throttled from the outset by a blanket of censorship, both governmental and corporate.<sup>1</sup> This has occasioned consequences at multiple levels. Most immediately, by outlawing anti-viral treatments that could have been used early in the pandemic, it led to uncounted numbers of preventable deaths.<sup>2</sup> Subsequently, after the vaccines were released (roughly nine months into the pandemic), it cast a continuing pall over discussion of their merits and risks. Perhaps even more important in the long term, however, has been the impact of censorship on the political alignments that shape the range of future policies – a topic we explore below.

To fully understand the problem, we must view it in relation to the larger context of public health, including in particular the evolution of chronic illnesses,<sup>3</sup> the deterioration of the natural environment, the political impact of the pharmaceutical industry, and the chaos and suffering triggered by heightened social polarization under neoliberal capitalism. In the background, in the case of the United States, is an extraordinary tradition of tolerance for conflicts of interest. Each of these themes could warrant an extended narrative in its own right, but they come together in any attempt to grasp the Covid-19 experience and the dimensions of an effective response to it.

One feature of the current debate has been the claim of policymakers to speak in the name of “science,” endowing their pronouncements with a pretense of infallibility. Such a proclamation, by tying science to specific affirmations rather than to a method of inquiry, is inseparable from the censorship impulse. It clashes with the whole evolution of scientific understanding, which thrives on challenging hitherto unquestioned assumptions. It is astonishing to hear it invoked by credentialed scientists in positions of authority – even as they sometimes articulate stances that they had previously rejected.

How does one arrive at the truth in such matters? I view this not as a matter of absolutes but rather as a process of successive approximations, in which at each step one encompasses a greater and greater portion of the entire picture. The various positions represented in the debate around Covid correspond to identifiable locations within the social

fabric. The most fundamental obstacle to effective policy is the intrusion of proprietary interests into shaping the steps that are taken. The pattern of political attack and counterattack that has emerged serves to obscure the defining role of those interests.

## Public Health in the United States

It has been clear from the onset of Covid-19 that the severity of its impact on a given individual is closely related to that person’s general state of health. Early on, the CDC (Centers for Disease Control and Prevention) recognized that 94% of the deaths attributed to Covid involved other morbidities as well.<sup>4</sup> Under US legislation, however, there was a financial incentive for hospitals, in their reports of death, to single out Covid as the decisive if not exclusive factor.<sup>5</sup>

The singular fixation on Covid and the consequent drive to develop a one-size-fits-all response to it – in the form of inoculations that would be mandated for almost the entire population – reflect in part the extraordinary influence of the pharmaceutical industry. To an even greater extent, though, they embody a broader consensus of capitalist interests which is routinely manifested in the ever-expanding search for secure markets and in a disdain for natural limits (whether in the biosphere or in the individual human body).<sup>6</sup>

In terms of impact on public health, the capitalist approach had already led to agricultural practices that deplete soil-quality; to a food industry that, with its over-processed products, brought an explosive rise in obesity, diabetes, and other chronic illnesses;<sup>7</sup> and, more generally, to extractive and manufacturing processes – as well as consumption patterns – that treat both the environment and the workforce as expendable. The same approach, through its political agents, persistently blocked the popular demand to establish a system of universal healthcare that would be free at the point of service. Now, faced with a potentially deadly virus, this approach dictated the suppression of existing anti-viral drugs and of immunity-enhancing treatments using vitamins,<sup>8</sup> and the promotion, instead, of a new type of vaccine (mRNA) that would be deployed “at warp speed,” generating vast revenues for the producer, before its side-effects could be identified via clinical trials.

Both the genesis and the implementation of this strategy display, in a number of ways, systemic indifference to conflicts of interest and other corrupt practices. First, the drug companies themselves are trusted to conduct definitive trials of their own products. Second, the governmental agencies tasked with assessing the products are not only

funded by these same companies, but also have revolving-door links with the companies' top personnel. Thus, 9 out of 10 of the Food & Drug Administration (FDA)'s past commissioners between 2006 and 2019 moved into high-level management in the pharmaceutical industry.<sup>9</sup> Third, the politicians who spearhead drug-related legislation are themselves heavily funded by drug companies. A landmark law reflecting this influence was the 1986 National Childhood Vaccine Injury Act, which, in response to massive public outcry and litigation over cases of brain damage from the DPT (diphtheria pertussis tetanus) vaccine, protects drug companies against lawsuits by establishing a division within the CDC for filing reports of "vaccine adverse events."<sup>10</sup>

The distinctive vulnerability of the US population – or at least of a sufficient portion of it to make the country's global health indicators among the least favorable in the industrialized world – is the outcome of a whole complex of policies and practices, of which the quasi-religious embrace of unlimited vaccination is only the most extreme expression. Ever since vaccine producers were shielded from liability, new pretexts for vaccination have constantly been found, often involving hypothetical disorders that might appear later in life, while immediately entailing a multiplicity of shots (sometimes even simultaneous) whose potential negative effects researchers are firmly discouraged from exploring.<sup>11</sup>

In the 1970s, vaccine injuries were taken seriously, attracting coverage in the corporate media.<sup>12</sup> "Vaccine hesitancy" was subsequently stigmatized, but remained marginal as long as vaccination was not ubiquitous and its recognized adverse effects remained rare. The Covid-19 vaccines, in being administered to a wider segment of the population – often by coercive mandates – and in eliciting far more reports of "adverse events,"<sup>13</sup> have drawn a new level of attention to general questions about the determinants of public health.

The negative practices we have noted in agriculture, food production, and environmental pollution contribute to a general condition of stress on the human organism. Adding to the stress are a number of easily observable conditioning factors and outcomes that are distinctive to the United States, or at least more pronounced in the US than in other industrialized countries. Among the conditioning factors are low wages, imposed overwork, the absence of any universal requirement for vacation time, inadequate access to healthcare, extreme indebtedness, a vast and growing degree of social inequality, the exceptional proliferation of firearms (including automatic weapons), and an

inordinate proclivity to violence on the part of the police.<sup>14</sup> Among the outcomes are destitution, homelessness, drug addiction (to prescribed opioids as well as to outlawed substances), mental as well as physical illness, and a high incidence of mass killings. With regard to Covid-19, it is noteworthy that the severity of its impact – its death count – correlates closely with poverty and social isolation.<sup>15</sup>

### The Institutional Response to Covid-19

As Covid's disproportionate impact on the poor suggests, the institutional response to it follows the contours of already prevalent practice. The absence of a system of universal healthcare – extraordinary for an advanced country – reflects the exceptional weight of the pharmaceutical industry and the insurance industry in defining the limits of public policy. In relation to Covid, beyond limiting access to treatment, the capitalist-based healthcare system signals the absence of any restraint on Big Pharma's controlling influence over pertinent public information. The most striking expression of this is the Pfizer Corporation's conspicuous role in sponsoring the most widely diffused talk shows on US television networks.<sup>16</sup> Not surprisingly, news coverage by these networks is uncritical in its reporting on vaccination campaigns.

The corporate media not only fail to report adverse effects of the vaccines (which are more extensive than those of many drugs that have been withdrawn from the market);<sup>17</sup> they also give abundant free air-time to promoters of the vaccines, while failing to note even officially admitted uncertainties about the vaccines' safety and effectiveness, as expressed in the FDA's definition of the Emergency Use Authorization (EUA) category under which the vaccines against Covid were rolled out:

Under an EUA, FDA may allow the use of unapproved medical products, or unapproved uses of approved medical products in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions when certain statutory criteria have been met, including that there are no adequate, approved, and available alternatives.<sup>18</sup>

The first half of this statement acknowledges the possible disadvantages of the products in question (in this case, the vaccines); the second half points to the legal requirement that in order for these favored yet unapproved products to receive emergency authorization, any realistically available alternatives must be disqualified. There is nothing to prevent such disqualification from being

decreed before the uncertainties surrounding the favored products have been resolved. This is exactly what was done in the case of Covid when the CDC, some nine months before the mRNA vaccines were rolled out under EUA, imposed its ban on out-patient prescription of the widely used antiviral drugs Hydroxychloroquine and Ivermectin for the treatment of Covid.<sup>19</sup>

The official predisposition to favor the vaccines grew out of several overlapping forces. At the most general level is an approach to health based less on assuring the proper conditions for human development – taking into account all the dimensions of life, including diet, personal security, community support, and natural immunities – than on targeting particular pathogens for frontal attack.<sup>20</sup> The latter, highly focused approach has long been the one favored by capitalism, partly because of its apparent rationality and efficiency, but more fundamentally because it implies almost unlimited markets for a whole range of commodities, such as drugs, vaccines, and certain remedial or elective services for which a need – real or imagined – arises only because the more basic requirements for healthy living have not been met.

The pharmaceutical industry, as it has evolved in the United States, is the quintessential embodiment of this approach. Its modus operandi is well described in the 2005 bestseller by Marcia Angell, M.D. (former editor-in-chief of the *New England Journal of Medicine*), *The Truth About the Drug Companies*.<sup>21</sup> Big Pharma enjoys a special advantage compared to other businesses, in that its products can be imposed upon their consumers – in the case of certain vaccines, by law and as a precondition for school, jobs, and travel. Its marketing depends on a singular blend of (a) direct advertising to potential buyers with (b) an agenda-setting role in the domain of medical education and research. The advertising has the dual function of promoting particular products while at the same time setting parameters for the content of sponsored media-programs and, by extension, for the range of acceptable public discourse on matters of concern to the drug companies. At the same time, Big Pharma guides medical education not only through research grants to medical schools and advertising in medical journals, but also through a steady stream of special seminars for doctors at all stages of their careers, often in recreational settings.<sup>22</sup>

Although Dr. Angell's exposé pre-dates Covid-19, it offers a revealing look at the methods used by Big Pharma to maximize profits. Relatively little of its budget goes toward discovery of new treatments. A large portion, both of its advertising and of its tutorials for doctors, goes toward

encouraging the use of drugs such as statins or antidepressants that can potentially become part of a patient's permanent regimen. Closely related to this is Big Pharma's practice of promoting as though they were innovations "me-too" drugs that differ hardly at all from the ones they are touted to supersede. The "new" drugs in turn are tested not against their earlier equivalents, but rather against placebos, thereby avoiding the possible finding that they brought no improvement over their predecessors.<sup>23</sup>

Similar methods would be deployed later when the goal was to justify the Covid vaccines. The most important investigative practices have involved decisions about what to report, what to count, and how to classify. We have already noted the practice of blaming Covid for deaths involving other morbidities. Another practice is categorizing persons who died less than 14 days after receiving a shot as being "unvaccinated." Yet another is failing to conduct autopsies in cases where vaccine-injury is suspected.<sup>24</sup> On a broader canvas is the non-mention of vaccination status in registering Covid-related deaths. Comparisons of the general health of vaccinated vs. unvaccinated individuals have been rare. One such comparison was done in an early Pfizer trial of their mRNA vaccine, in which it was found that although the vaccinated group fared better than the placebo group in terms of deaths from Covid, it fared less well in terms of all-cause mortality.<sup>25</sup> Finally, we should keep in mind factors limiting the percentage of vaccine-injuries that are made known to the CDC, notably, the fact that doctors are not required to report them and are discouraged from doing so both by the uncompensated time and effort it requires and by fear that their questioning of the vaccines might be held against them.<sup>26</sup>

The debate over the Covid vaccines became increasingly complex as the protective effect of the initial shots waned, as the virus mutated, and as mandates then extended to a succession of boosters, which in some cases brought severe side-effects of their own, leading some proponents of the earlier campaign, such as the prominent British cardiologist Dr. Aseem Malhotra, to reverse course, arguing that the vaccines, with their threat of myocarditis (acknowledged even by Pfizer as a possible side-effect), had become more dangerous to many than the virus itself.<sup>27</sup> Dr. Malhotra's epiphany climaxed a long-running undercurrent of informed opinion on the part of dissident doctors (Ryan Cole, Pierre Kory, Robert V. Malone, Paul Marik, Peter McCullough, Meryl Nass, Harvey Risch, and Paul Thomas, among others), buttressed by occasional news reports about unexplained sudden deaths among athletes and

other young people<sup>28</sup> and also by widespread popular exchanges – typically over social media – about individual instances of vaccine-injury,<sup>29</sup> often unacknowledged by doctors fearful of being sanctioned.

The institutional threat to those who challenge vaccine-orthodoxy was already a powerful force for years before Covid-19. A landmark case was that of the British gastroenterologist Dr. Andrew Wakefield, who in 1998 reported on cases of autism observed in children shortly after they received the MMR (measles mumps rubella) vaccine. He did not posit or even hypothesize a causal link but merely wrote that the possibility of such a link merited investigation. As he subsequently wrote in his memoir, “the practice of claiming coincidence without first excluding possible causes has no place in clinical medicine.”<sup>30</sup> But he was accused of claiming more than he did, and on that basis his refereed account of the cases was repudiated by its publisher, and he was stripped of his license to practice medicine. The stigma he bore in England followed him when he moved to the US. Ironically, his specific findings were replicated in later studies.<sup>31</sup>

The taboo against dissent has an immediate impact on individual patients who face vaccine-mandates at their workplaces. Dr. Aaron Kheriaty, who was a professor in the University of California Irvine School of Medicine for fifteen years until being fired for refusing to accept a Covid jab and filing suit against the university’s vaccine-mandate, tells of a rheumatologist who in 2021 advised a young and otherwise healthy patient with an auto-immune condition not to be vaccinated. The patient needed a medical exemption in order to keep his job, but the rheumatologist would not endorse his request for the exemption, for fear of being stripped of his medical license.<sup>32</sup>

### Covid-19 in the Public Sphere

The blanket of censorship appears on multiple fronts. At its center has been the National Institute of Allergy and Infectious Disease (NIAID), headed from 1984 through 2022 by Dr. Anthony Fauci. Dr. Fauci gained attention and a degree of credibility during the presidency of Donald Trump by taking on the role of Trump’s public adversary. But he can hardly be viewed as a disinterested representative of the public interest. His whole tenure at NIAID was marked by a close partnership with Big Pharma, and in particular by the relentless suppression of any research that challenged Big Pharma’s priorities. Immediately prior to the eruption of Covid-19, he collaborated with the

Defense Department in sponsoring gain-of-function research aimed at enhancing the lethality and transmissibility of pathogens.<sup>33</sup> His career is documented in exhaustive detail in Robert F. Kennedy Jr.’s 2021 book *The Real Anthony Fauci* – a research work that sold over a million copies in the US but was barred from most bookstores and was not reviewed in any major news or scientific publications.<sup>34</sup>

Decrees, legislation, and court-challenges have emerged not only over vaccine mandates and mask mandates, but also over the right of healthcare providers to exercise their professional judgment regarding appropriate treatment of their patients. Doctors challenging the dominant protocols have been fired from hospitals and have had their licenses revoked.<sup>35</sup> In California, a law was passed (though overturned after a court-challenge) establishing *criminal* penalties for doctors purveying “misinformation,” defined as opinion “contradicted by contemporary scientific consensus.” The “consensus” with regard to Covid meant in practice whatever was proclaimed at a given moment by the CDC, even though this was subject to reversals,<sup>36</sup> which could potentially confirm opinions that would previously have been criminalized under this type of law – such as the assertion that the vaccines would not necessarily prevent transmission.

In fact, legislation in various jurisdictions has gone in both directions – sometimes in synch with the California law and sometimes, on the contrary, aimed at protecting the autonomy of healthcare workers. The pattern in the US corresponds at present to the clash between Republicans and Democrats, with Democrats seeking to enforce the CDC’s guidelines and Republicans more likely seeking to neutralize them. Considering the role of Big Pharma in shaping the CDC’s guidelines, and considering the Democrats’ New Deal legacy of challenging concentrated economic power, this alignment is paradoxical. But it has had a significant impact in weakening the majoritarian drive toward universal healthcare, because it has forfeited to Republicans the role of criticizing Big Pharma on the public stage, even when such critique targets Big Pharma’s quintessentially capitalist practice of prioritizing profit over people. Many of the leading dissident doctors have appeared on the Tucker Carlson show (on the right-wing Fox News channel). These have come to include even Aseem Malhotra,<sup>37</sup> whose views on healthcare issues, as expressed in a November 2022 London speech,<sup>38</sup> have nothing in common with Fox’s hyper-capitalist credo.

Indeed, the cooptation of solid critique onto reactionary platforms has become a distinctive feature of present-day US politics. It reflects the dissolution of an older political landscape in which

there was greater mutual acceptance between Democrats and Republicans, such that there could be smooth alternation between the two parties going into and out of office. Underlying that alternation was the experience of the post-World War II years of US global economic supremacy, during which time Republicans abstained from mounting a frontal challenge to the progressive social legislation of the 1930s. As the US lost its economic supremacy in the 1970s, however, a right-wing counterattack began to gather force.<sup>39</sup> Its neoliberal economic agenda was so attractive to the country's ruling class that it drew top Democrats as well as Republicans into its orbit. The regressive economic measures of Ronald Reagan's Republican administration (1981-1989) were carried even further under the Democrats led by Bill Clinton (1993-2001). This set into motion a downward spiral in the conditions of the working class, culminating in the economic slump of 2008. The resulting discontent – dramatized in 2011 by the widely supported Occupy Wall Street movement – and the Democrats' failure (under Barack Obama, 2009-2017) to adequately address it set the stage for the breakdown of constitutionalism signaled by the rise of Donald Trump.

In relation to conflicts over Covid, the key aspect of this development was that the language of politics increasingly shifted from debate to repression, as shown most brazenly in the steps taken by Republicans at every level to curb the electoral participation of the poor and transient population-sectors – predominantly communities of color – that would be most inclined to favor progressive policies. The Democrat leadership, for its part, failed to mount a full-scale defense of voting rights – a failure that makes sense in light of its own rejection of the policies that a broader popular electorate would demand. Republicans and Democrats alike were trying to navigate a crisis deeper than what either party was disposed to seriously address. The Republican strategy in Congress became one of sheer obstructionism, culminating in their almost unanimous acquiescence in Trump's attempt to overturn the 2020 presidential election. When the Covid crisis erupted, the Republicans found an ideal opportunity to articulate grievances against a corporate establishment in which they and the Democrats were equally complicit but whose mass media and social media branches (network TV, *New York Times*, *Washington Post*, CNN, MSNBC, Facebook, YouTube) tended, for strategic reasons, to favor the Democrats.

With Democrats and corporate-liberal media in the arms of Big Pharma, Republican politicians and right-wing media became the most

convenient platforms for doctors, researchers, and ordinary citizens to reach a mass audience with their critique of the dominant approach to public health policy. This has given rise to some rather remarkable anomalies, such as sober medical scientists like Dr. Robert V. Malone applauding Donald Trump or, in the case of Dr. Meryl Nass, denying the severity of the climate crisis, or politicians like Senator Ron Johnson, who supports draconian anti-abortion legislation, providing the only congressional venue for challenging the state's power to decree what must be injected into everyone's bodies.<sup>40</sup> More generally, the basic assumptions of scientific investigation have been turned upside down, as research that shows limits to the effectiveness of vaccines is either withheld from public view or else self-negated with declarations that the findings should not be allowed to encourage "vaccine hesitancy." As Dr. Aaron Kheriaty remarks, citing a February 2022 *New York Times* report on the CDC, "Instead of altering vaccine policies when new data contradicted them, public health agencies buried the data to save the policies."<sup>41</sup>

## Conclusions

The practical issue underlying the Covid debates is that of how best to promote public health. The political alignments that have arisen over Covid, in the US context, reflect the inherent difficulty of serving the general interest within the parameters of capitalism. The United States presents the most unrestrained expression of capitalism among the advanced or wealthy countries. With its politics suffused by financial interests, its ruling elites have resisted the popular demand for universal healthcare while routinely promoting unhealthy consumption patterns and production activities, leading to an increase in chronic illnesses and hastening the breakdown of a healthy natural environment.

What is ironic is that, as we have seen, many of those who stand in opposition to this dynamic have been giving political support to the very sectors that most vehemently perpetuate it. Dissident doctors who appear on Tucker Carlson's program thus give credibility to a network which is otherwise contemptuous of the public health priorities to which they are committed. This raises a particular challenge for the medical and public health communities. Traditionally, these communities, in their public pronouncements, have sought to stay clear of political engagement. This stance corresponds to a view of science as being "apolitical." But any pursuit involving or affecting large numbers of people has an inherent political

dimension, if only in terms of whether, to what extent, from what sources, and on what terms the pursuit will receive the material support it needs. This dimension remains inconspicuous under “normal” conditions, but is thrown into sharp relief under conditions of emergency.

In the Covid-19 emergency, an unprecedented level of overt pressure has been placed on doctors to obey the official dictates. This has provoked a determined resistance. But because of the surrounding political and institutional framework, the resistance has been amplified in a manner that clashes with what its protagonists – the affected healthcare providers – would have to seek in order for their concerns to be advanced over the long term. Specifically, the major amplifying venues in the US for challenging the Covid-19 protocols are at the same time the most intransigent opponents of efforts to bring not only healthcare but the underlying conditions for public health as far as possible under social control.

The logical direction that would need to be taken by those resisting the dominant agenda would be one that addresses the underlying problems that we have noted, including the agro-chemical complex, the processed food industry, environmental toxins, widespread poverty, and the stresses associated with overwork, social antagonisms, and endemic violence. It would also include challenging the habitual capitalist-driven orientation toward medical care, whereby, instead of respecting and when possible enhancing natural immunities, doctors treat the human body as “dumb matter to be entirely externally manipulated.”<sup>42</sup>

Under a policy free of capitalist priorities and pressures, greater numbers of healthcare workers would be trained; clinics would be established in every neighborhood; patients would be better known to their healthcare providers; health education (especially about nutrition) would be improved; and pharmaceutical production and distribution – as well as hospitals – would be brought under social control, or, at the very least: the mass-marketing of drugs would be outlawed, corporate sponsorship of research would be prohibited, treatment would be made free at the point of service, and the over-reliance on medication and vaccination would be restrained.

Movements favoring this approach are already present in US society, but they are regrettably dispersed across antagonistic political camps, given that many of the most persistent critics of Big Pharma – those who are independent of Big Pharma in their approach to healing – remain unalterably opposed to socialized healthcare. The great challenge for the health of future generations is to recognize that the clash between these two perspectives is unnecessary. The hostility between them has no *raison d'être* for the vast majority of people. It is at this level that a massive advance in understanding needs to take place.

Contrary to the view advanced by right-wing ideologues, what threatens people’s wellbeing is not public authority as such, but rather public authority shaped by private interests. There is no way the needed improvements in public health can be attained without government playing a role. The Right plays upon people’s fear of government by invoking Orwellian images of totalitarian intrusion into everyone’s private life. But such intrusion is carried out by private as well as governmental entities;<sup>43</sup> furthermore, when we consider governments – or public authority in general – we need to keep in mind that an alternative scenario is possible: one that could indeed appeal to majorities on both sides of the current divide. In this scenario, public authority would be exercised not on behalf of any privileged stratum, but rather on the basis of a deliberative process that would include the entire citizenry. In such a setting, any necessary public knowledge about individuals could be obtained by directly asking them, because the justifications for deception would have been dissolved.

Although this scenario may well be viewed as remote, it offers a reference-point for assessing practical alternatives. The deterioration in public health now joins environmental breakdown and the threat of super-power military confrontation as constituting a crisis that demands a sweeping response.

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- <sup>22</sup> See also Sekerka, Leslie E., and Lauren, Benishek. Thick as thieves? Big Pharma wields its power with the help of government regulation. *Emory Corporate Governance and Accountability Review* 5 (2018), 113-141. Available at: <https://scholarlycommons.law.emory.edu/ecgar/vol5/iss2/4>
- <sup>23</sup> Angell, *The Truth About the Drug Companies*, 74-91.
- <sup>24</sup> Kennedy, Robert F., Jr. *The Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health*. New York: Skyhorse, 2021, 73f, 89.
- <sup>25</sup> Canadian Covid Care Alliance. The Pfizer inoculations for COVID-19 do more harm than good. <https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf>. On patterns of excess deaths (which exceed those from covid), see Campbell, John, podcast of 11 Feb. 2023. <https://www.youtube.com/watch?v=xNT-YNLhprw>
- <sup>26</sup> Anonymous [team of Israeli doctors]. *Turtles All the Way Down: Vaccine Science and Myth*. Children's Health Defense, 2022, 105-111. On the obstacles to patients filing complaints, see Moskowitz, *Vaccines: A Reappraisal*, 130-132.
- <sup>27</sup> Malhotra, Aseem, M.D. Curing the pandemic of misinformation on COVID-19 mRNA vaccines through real evidence-based medicine. *Journal of Insulin Resistance*, 5:1 (2022). <https://insulinresistance.org/index.php/jir/article/view/71/224>



<sup>28</sup> For documentation of hundreds of such cases (most of which go unreported except in local media), see Dowd, “Cause Unknown”: *The Epidemic of Sudden Deaths*.

<sup>29</sup> For an unrehearsed example (19 Feb. 2023), see <https://markcrispinmiller.substack.com/p/ive-been-having-chest-pains-ever>

<sup>30</sup> Wakefield, Andrew J., M.D. *Callous Disregard: Autism and Vaccines—The Truth behind a Tragedy*. New York: Skyhorse, 2010, 13f.

<sup>31</sup> Moskowitz, *Vaccines: A Reappraisal*, 94n29.

<sup>32</sup> Kheriaty, Aaron, M.D. *The New Abnormal: The Rise of the Biomedical Security State*. Washington, DC: Regnery, 2022, 103.

<sup>33</sup> On involvement of the military in the gene-therapy research that underlies Covid vaccine technology, see interview of pharma entrepreneur Sasha Latypova by Mathew Crawford for *Rounding the Earth: Examining DoD Involvement in the Pandemic* (video, 17 Dec. 2022). <https://sensereceptornews.com/?p=16453>

<sup>34</sup> Kennedy’s long May 2019 interview on Fauci was banned by YouTube “for violating [its] Terms of Service.” <https://www.youtube.com/watch?v=QLi6ZrFp6vQ>. YouTube’s far-reaching criteria for vaccine “misinformation” are listed, with examples, at <https://support.google.com/youtube/answer/11161123>

<sup>35</sup> See, e.g., Leake and McCullough, *The Courage to Face COVID-19*, 240.

<sup>36</sup> See Shir-Raz et al., Censorship and suppression (note 1). The changing positions of leading vaccine advocate Dr. Peter Hotez can be seen in a rapid montage at <https://merylnass.substack.com/p/peter-hotez-seeking-faucis-job-flip>

<sup>37</sup> Malhotra, Aseem, M.D., interviewed by Tucker Carlson (Dec. 2022). <https://www.youtube.com/watch?v=w3MPnBpfrRk>

<sup>38</sup> Malhotra, Aseem, M.D. Has Big Pharma hijacked evidence-based medicine? Uncovering COVID vaccine data. Speech at Friends House, Euston, London (14 Nov. 2022). <https://www.youtube.com/watch?v=vw7YXUZ1SL0>

<sup>39</sup> See Mayer, Jane. *Dark Money: The Hidden History of the Billionaires Behind the Rise of the Radical Right*. New York: Anchor Books, 2017.

<sup>40</sup> <https://www.ronjohnson.senate.gov/2022/1/video-release-sen-ron-johnson-covid-19-a-second-opinion-panel-garners-over-800-000-views-in-24-hours>.

<sup>41</sup> Kheriaty, *The New Abnormal*, 72.

<sup>42</sup> Kheriaty, *The New Abnormal*, 176.

<sup>43</sup> See Zuboff, Shoshana. *The Age of Surveillance Capitalism*. New York: Public Affairs, 2019.