MEDICAL MONOPOLY MUSINGS

Break Free from the Dominant but Fraudulent System for Greater Health and Well-Being

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Medical Monopoly Musings #1-#100

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Censorship Proof Updates & More

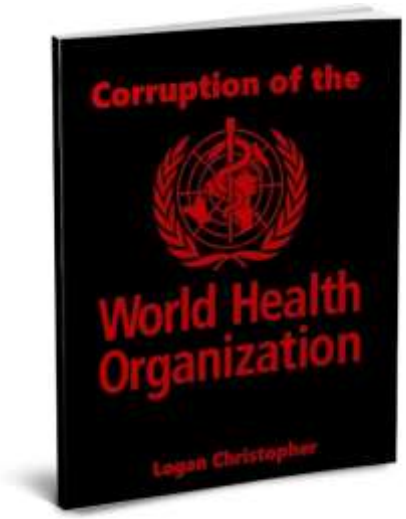
It's only a matter of time before I'm banned from the major social media sites like Facebook and Instagram where I post this stuff. While I'm looking into using the alternatives there is a tried-and-true place that isn't censoring…Email!

So please, if you haven't already, make sure you sign up for my weekly new issues of Medical Monopoly Musings here. (You'll also receive updates to this book as they're put out from time to time with the latest issues.)

http://healthsovereign.com/ebook

In addition, you'll find a special webinar that gives the bigger picture of everything included here in about an hour and a half titled *The Systemic Corruption of Modern Medicine*.

And a deep dive on the WHO, *Corruption of the World Health Organization*.



#1 Medical Monopoly Musings

I'm angry!

You know, I would have been fine to pave my own path while helping out those that were on a similar path. In other words, I would have been fine to go about my business.

But seeing the stuff pulled by the Big Tech companies in censoring "alternative health" information I feel like I can't stand idly by anymore.

There is some shady stuff going on. Has been for a long time. Now I feel compelled to stand up against it.

Dare I say that there is a conspiracy to keep you less healthy in the name of billions in profits.

Lest you immediately cast me out as a nut-case tin-foil hat-wearing conspiracy theorist let me explain…

Conspiracy is not necessarily 12 guys in a room smoking cigars and plotting how to take over the world. (And it certainly does not require them to have reptilian alien overlords!)

Conspiracy is simply defined as, "a secret plan by a group to do something unlawful or harmful." So conspiracy can be as simple as:

- A business lunch between a lobbyist and a government official which doesn't have the people's best interests at heart.
- The promise of a future high paying position if you vote one way on a law or regulation to be passed.
- The higher-ups in media killing a story because of how their advertising will be pulled.

- The funding of industry for an “astroturf” grassroots organization to sway public opinion.
- The designing of how a scientific study is done in order to get the result you desire.
- And countless other examples.

In other words, it doesn’t take some grand conspiracy for YOUR health to be manipulated and suffer.

All it takes is greed (a very common desire), a sprinkling of sociopaths (which we all know exist!), all wrapped up in systemic effects and you will arrive in the place we find ourselves today.

So I’m starting a new series…

I’m calling it the Medical Monopoly Musings. (What can I say, I like alliteration.)

In it, I’m going to clearly outline some of the stuff going on, backed up with proof just like I do in my other writings.

I do this in the hopes to shake to open your eyes and your heart.

This is not to say it’s all bad, nor all conspiracy…but there is a reason I have chosen to not touch pharmaceuticals at all personally.

I’ll be covering history and how we got here.

I’ll be covering conspiracy FACTS, as in proven illegal behavior engaged in by certain companies and organizations.

I’ll be covering the “Big Tobacco Playbook” and how this is used over and over again in industry after industry.

I’ll be covering how systemic effects, even with “good” people involved, can lead to “bad” behavior.

In other words, I’ll be covering some alternative viewpoints that “they” (certain groups) don’t want you to know.

And ultimately, my aim is to figure out how a new holistic system can be created moving forward. But it all starts with self-responsibility, so I’ll be talking about that too.

In other words, I’m going to be ranting and raving…and I hope you’ll not only enjoy it but learn from it.

#2 Most Drugs are Worthless (says New Study…)

Pharmaceuticals have their place. But that place is FAR LESS than how the standard worldview looks at them. My estimate is less than 10% of current use...and growing.

Just the other week I came across this study:

"Between 2011 and 2017, researchers examined 216 drugs that passed regulatory approval and entered the German market. Most of these assessed drugs were also approved by the European Medicines Agency for widespread use throughout greater Europe.

"Alarmingly, only a quarter of those drugs showed any significant medical added benefit based on the available evidence. What's more, 16% showed even a minor added benefit, and a whopping 58% of studied drugs did not show any added benefit over standard patient care."

That was Germany. My guess is that the USA is even worse.

This is part of the reason I've chosen to opt-out of today's "standard of care" and forge a different path, one that is more scientific…even if less technological (there is a critical difference).

Make no mistake, Western medicine does shine in some places. In the case of infectious disease, antibiotics were one of the greatest medical breakthroughs ever.

But then what did we do? If something works, do more of it! Because they were so good, we overused them. Not just in medicine, but to fatten up livestock (increasing feed efficiency). And now some are saying with bacteria evolving antibiotic resistance that we may be entering the post-antibiotic era.

In the case of acute trauma, like your arm being torn off, surgery can be lifesaving. I mean WOW, it can be truly inspiring seeing how people can be brought back from death.

But other areas of health…Western medicine is failing. Chronic health issues are on the rise and the treatment of them is poor.

Some drugs are being put out for the purpose of profit FIRST, health second, if at all. This is clear based on the evidence.

Of course, many doctors are great and really do care about their patients. Others are, to mince no words, straight up drug-pushers. Recognize the difference and do not blindly listen to the drug-pushers.

It's your health. You must make the best informed choice.

#3 Self-Responsibility vs. Blind Following of Authority

Specialization has benefits and drawbacks.

The most obvious benefit is that it allows someone to go deep into a subject. Possibly deeper than has ever been done before. And that can then benefit everyone else.

The obvious drawback is that when such a thing is done, such an area becomes a subject that a lay person sometimes cannot make sense of. And so, let's look at doctors.

There's four years for a bachelor's degree. Then four more years of medical school. This is followed by three to seven years in residency and fellowship to further specialize. (Have you heard the joke about the left kidney doctor who won't operate or discuss the right kidney?)

That's a lot of time. That's a lot of knowledge and experience. That is far removed from the layman.

So, doctors are held up as this almost-holy bastion of authority within the culture.

Rightfully so to some degree…but we must look at the dark side of this pattern.

All that education (which is ultimately funded and therefore created by guess-who, pharmaceutical and medical device companies) means a doctor is in-doctor-inated into a specific way of viewing the world. One that generally doesn't allow for outside viewpoints (aka anything in alternative medicine).

Some doctor's become ego-driven by such authority and how dare anyone question them.

That's on the doctor's side. But what about the patient?

You and I understand the doctor did all that schooling. We understand doctors are smart people (probably smarter than you or I). They have authority. Our culture holds them up in that way. So, you should listen to them, right?

After all, who has the time to actually look into the health subject deeply themselves?

This combination of factors, and more, is why the responsibility of health has been largely given blindly to doctors.

But there is the agency problem here.

The average doctor sees 20 patients per day. Even if that doctor cares, really cares about you…they can't possibly care as much as you do! They do not have the same skin in the game as you do for yourself and your family.

So, ultimately, where should responsibility lie?

Self.

If the interest is in health, it MUST start there.

That doesn't mean not to listen to your doctor. You can do so…just not blindly.

I know there's this idea that you shouldn't confuse your Google search with a medical degree. Sure, if you spend fifteen minutes, or blindly believe the first thing you read, that is good advice.

But also, a doctor's proper place is as an advisor. They should not be the only one (after all, that is what second and third opinions are about). But you also might want to look at not just talking to doctors, but functional medicine specialists, acupuncturists, health coaches, energy medicine practitioners, shamans, etc. (I know that many doctors would laugh at this idea…but many of them have just as much schooling.)

Different worldviews. Different advice. And ultimately your health choices are yours.

Self-responsibility in health. That MUST be the starting point of our new health paradigm. Will you claim yours back today?

#4 The AMA Conspires and Gets Caught...

When does a conspiracy theory become a conspiracy fact?

I guess it is when the proof becomes public knowledge.

But what if, in our age of information, the information that would be good to know is simply hidden in plain sight. That's why part of my plan here is to prove specific illegal, conspiracy cases so that you can see that it's a PATTERN, one that continues to this day.

One part of the bigger picture pattern is that the Medical Monopoly wants to be the only game in town. That's what makes it a monopoly after all!

What that means is to make sure that competitors are kept in check so that they have limited power.

The American Medical Association has been around a long time, since 1847. And while they have committed several crimes against humanity, this is one case that first came to my attention.

It was covered in a New York Times article. And here's an excerpt:

"The American Medical Association led an effort to destroy the chiropractic profession by depriving its practitioners of association with medical doctors and by calling them "unscientific

cultists" or worse, a Federal district judge has ruled. Judge Susan Getzendanner described the conspiracy as "systematic, long-term wrongdoing and the long-term intent to destroy a licensed profession" in a ruling late Thursday in an antitrust lawsuit filed in 1976. The decision said the nation's largest physicians' group led a boycott by doctors intended "to contain and eliminate the chiropractic profession."

And here is an excerpt from the summary of the ruling in the court case itself:

"The AMA and its officials, including Dr. Sammons, instituted a boycott of chiropractors in the mid-1960s by informing AMA members that chiropractors were unscientific practitioners and that it was unethical for a medical physician to associate with chiropractors. The purpose of the boycott was to contain and eliminate the chiropractic profession. This conduct constituted a conspiracy among the AMA and its members and an unreasonable restraint of trade in violation of Section 1 of the Sherman Act. The AMA sought to spread the boycott to other medical societies. Other groups agreed to participate in the boycott by agreeing to induce their members to forego any form of professional, research, or educational association with chiropractors."

Conspiracy to destroy a profession.

Violation of the Sherman Act (which is the anti-trust, aka anti-monopoly act).

The AMA even had a Committee on Quackery!

Sure, that was over forty years ago. But..

Can you see anything today that looks similar to these actions?

Is anyone else being called unscientific or a quack if their ideas don’t fit the medical dogma?

Are there any groups that work together (aka conspire) to push certain profitable-to-them agendas?

Are doctors pushed in one way or another to only recommend certain practices?

More examples will be revealed.

#5 Opting Out

Have you been through the TSA at the airport lately?

After taking your shoes off you have to assume the position for the millimeter wave scanner to search you.

I find it funny that this machine is often called the Rapiscan. I think they're going for "rapid," but I can't but help think of "rape" when I see it.

Of course, they'll tell you it's safe.

But then they said the same thing about X-rays, DDT, cigarettes, lead in gasoline, thalidomide, BPA… shall I keep going?

Maybe it is safe. I honestly haven't looked too deep into it.

…and that is exactly why I opt-out. I haven't properly informed myself just yet. Tell the TSA agents you want to "opt out" and you'll get a pat down instead. (Or fortunately, with TSA precheck, only have to go through a metal detector instead, at least most of the time.)

What does this have to do with health?

It's an analogy. The standard of healthcare is broken in many different ways. And so I say it is time to opt-out.

I choose to "opt out" of blindly listening to authority figures in medicine, the government and the media. I'll do my own research instead.

I choose to "opt out" of pharmaceutical medicine. I'll use herbs, homeopathics, energy medicine, etc. instead.

I choose to “opt out” of normal health insurance because it pays for things I’ll never use because they go against my core values. I’ve just signed up for Knew Health instead and will continue to look for even better models.

I choose to “opt out” as much as possible of the drugs and chemicals that are put into the standard food and water supply. I’ll eat organic, fresh and local instead.

I choose to “opt out” of the standard belief that things get worse as you age (hormones, joint pain, etc.). Instead, I’ll just seek to continue to improve and find that I can.

Once again, emergency medicine is great. But it is just that…for emergencies. Emergency medicine, which is what most of our healthcare is built around, should not be used for non-emergencies. But the standard method is to use it for everything, which is why there is so much needless and harmful intervention.

But you can’t just opt-out. You need to opt-in to something in its place. I mentioned a bit above but more on that in my next message…

#6 Lessons from Poison Oak

I've had poison oak pretty bad a few times in my life. But this was the worst. To keep a long story short I thought I was being careful enough…but ended up with the oil on my hands which I then touched to sensitive areas.

If you think the eye looks bad almost completely swelled shut…just know that it was quite a bit worse in the genital area (which I'm not posting a picture of). Yep…that happened.

What to do about it?

I became aware of the "Medical Monopoly" options. This could be treated with anti-histamines or corticosteroids. Several people told me these were available, wanting to help, even without my asking. (A good example of the social pressure enforced culturally from said Medical Monopoly).

Sure, those were on the table as possibilities if it got worse than it did. But I was playing a wait and see approach. I still had one good eye after all!

I used some clay topically, took some anti-inflammatory herbs, etc, the typical things I do.

And despite my disfigurement, I flew out to Camp Maverick on the east coast as I wasn't going to let a little (okay a LOT) of poison oak keep me from that amazing event! Once there, some interesting things happened.

A number of the attendees were energy healers of different sorts and they offered to help. Yes, please! Turns out this was tied into more than just getting contact with poison oak. Without going into all the personal details it had to do with certain issues of masculinity and seeing certain things that I didn't want to see.

These emotional, even spiritual, lessons I would not have learned if I just took a drug, if I simply operated on the physical level of health. And I wouldn't be sharing this story with you here either.

In the end, I'm very thankful to this plant which I've heard referred to as "Guardian Oak" for sharing these with me. And thankful to those humans that helped me as well (you know who you are).

Another plus, with the energy healing this has cleared up faster than any poison oak I've had previously.

Back when I was younger, I would have laughed at this "woo-woo crap," but I'm pragmatic. If it works, it works. Anyway, a magical world is a lot more fun.

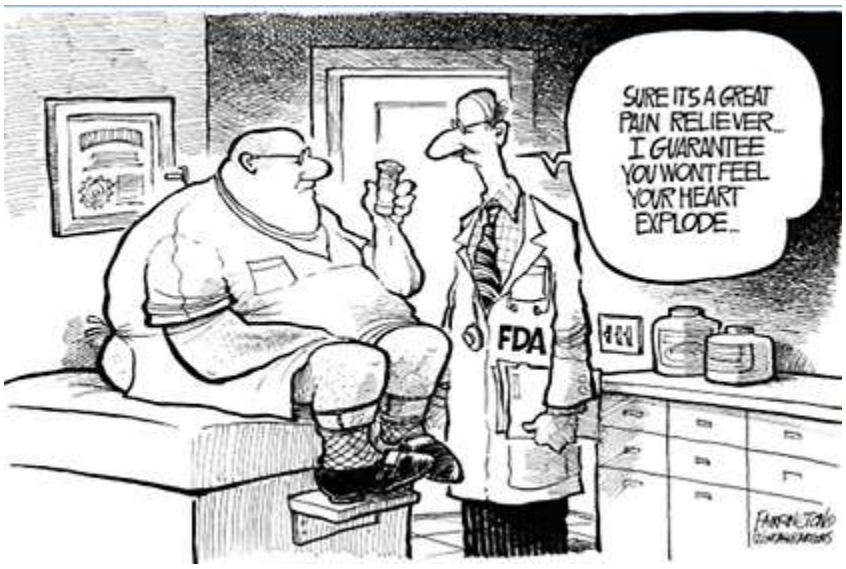
#7 The Criminal Case of Vioxx

Are you familiar with the story of what happened with Vioxx, an arthritis drug put out by Merck, one of the largest pharmaceutical companies in the world?

It's an instructive case…

In 1999 the FDA approved Vioxx for arthritis, and it became one of the most prescribed drugs in history, as it appeared to have less side effects than a previous drug, naproxen, that cause intestinal bleeding.

Yet in 2004, Merck "voluntarily" pulled Vioxx from the market after finding it raised risk of heart attacks significantly.



That doesn't sound too bad right? They mistakenly put out a drug and then pulled it when it became clear that it was causing more damage than good.

…except that isn't the full story.

It turns out that Merck used flawed methodologies on their initial safety testing trial design in order to get it approved by the FDA. This included illegitimate use of placebos, ghostwriting the studies, and even falsifying datasets.

Essentially, they knew their drug was deadly and yet continued to sell it.

"Dr. David Graham, the Associate Director for Science and Medicine in FDA's Office of Drug Safety, testified in 2004 before the Senate Finance Committee that the FDA's failure to recall Vioxx earlier had resulted in as many as 55,000 premature deaths from heart attacks and

stroke, calling it the equivalent of allowing "two to four jumbo jetliners" to crash every week for five years."

I wonder how much the revolving door had a play in this too? One thing that we can see is that scientists at the FDA who raised concerns were ostracized, threatened and intimidated by supervisors. (You must understand that the FDA is at least in part a "captured agency," meaning there IS collusion going on. More on that in future posts.)

In 2007, Merck settled and agreed to pay $4.85 billion for those who suffered from heart attacks and strokes.

It's sales of Vioxx in 2003 alone were $2.5 billion. It is estimated in the five years the drug was out they made $11 billion. That means, although the settlements and lawyer fees were expensive, they came out ahead on this one.

Sure, you can read and believe Merck's spin about this (after all they pay good money to PR firms for that). But when you realize this is one case of many, you see there is a pattern among pharmaceutical companies that put profit over health.

This is one case where they were caught. How many drugs are out there now that cause similar issues but have not been found out?

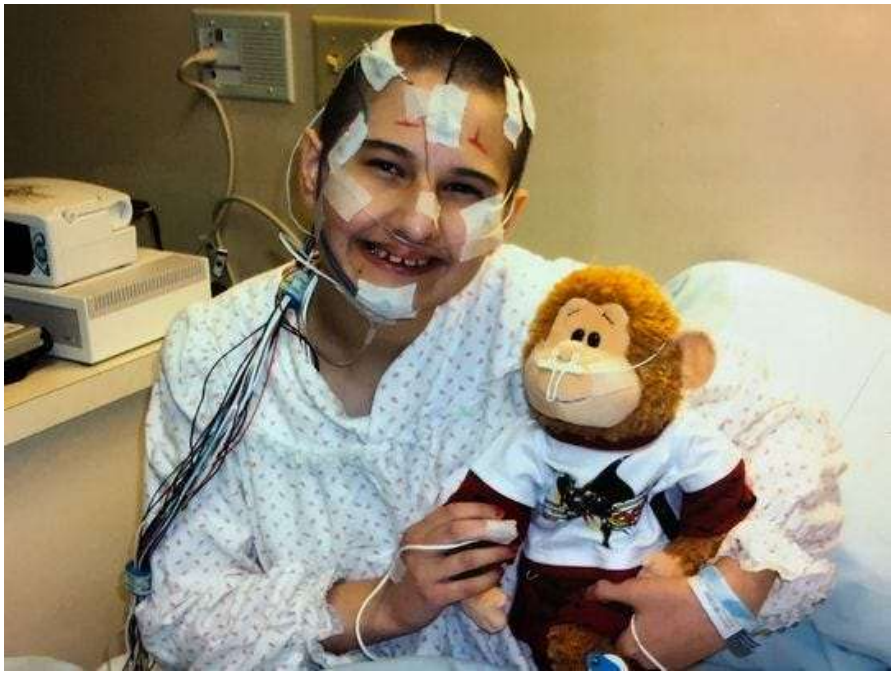
If it is profitable to falsify science, even if it kills people, why not just keep doing so? If the worst that happens is a slap on the wrist, isn't it worth it financially speaking?

#8 Munchausen Syndrome By Proxy

The other day my wife put on the documentary, Mommy Dead and Dearest. I had never heard of this nor the case, but just hearing a little bit in the background, I quickly got pulled in.

Let me tell you. It is a messed-up story!

Spoiler alert, though this stuff is revealed in the first part of the film. Gypsy Rose Blanchard was abused by her mother, pumping her full of drugs, making her stay in a wheelchair despite her being able to walk, and controlling her life, in order to fraudulently make money off other people. Gypsy ends up talking her boyfriend into murdering her mother to escape.



It didn't leave me with clear answers at the end. Was justice served or not?
Anyway, I'm not really hear to talk about this case, so much as about Munchausen syndrome by proxy, which I hadn't really heard of until then.

Medline defines it as such: "Munchausen syndrome by proxy is a mental illness and a form of child abuse. The caretaker of a child, most often a mother, either makes up fake symptoms or causes real symptoms to make it look like the child is sick."

As I was walking through the forest it occurred to me.

The Western medical worldview is, at least partly, one of Munchausen syndrome by proxy!

Let's look at the parallels.

As I've covered before we have abdicated self-responsibility for our health. Because this is self-responsibility, you and I are to blame, but also the culture reinforces it, so not completely. The good news is that responsibility can be taken back at any time with a simple choice.

Thus, the caretakers become the doctors and the organizations behind them. This means the educators, the pharmaceutical companies, the government (CDC, FDA, NIH, Congress etc. in the USA).

Making up fake symptoms would be as simple as coming up with new diseases and disorders. For example, just look at how the DSM (Diagnostic and Statistical Manual of Mental Disorders) swelled from version to version.

Causing real symptoms is seen in the side effects from those medications. Taking medications to combat side effects of a medication is so common it's a joke.

There is also the causing of real symptoms through the pervasive but subtle poisoning of our environments. Take a look at all the endocrine disrupting chemicals everywhere around us. Look at pesticides. Monsanto is just beginning to lose court cases for Roundup causing cancer. (Monsanto recently being bought by Bayer, a giant pharmaceutical company.)

I'm not saying that this is all purposefully done. Systemic effects can explain a lot of it.

But who does benefit in the end? The people that make money off the treatment of the symptoms that are created.

Gypsy's mother, Dee Dee Blanchard, fraudulently made money off her daughter's symptoms.

Here the top players of the "system" make money off of the citizens' symptoms. (Fraud is a small part of it…mostly because laws have been changed in favor of the system perpetuating itself.)

That is why I think our medical worldview being Munchausen syndrome by proxy is a great analogy.

#9 Proudly Pharma-Free

I am proud of the fact I don't use any pharmaceutical medicines.

I have literally not popped so much as an ibuprofen in seven years. (The last time was when I got Lasik eye surgery and the pain was bad right after. I caved and took one pain pill. Before that had been a few years since I took anything else.)

Again, some pharma drugs have their place, but they are so massively overused it is insanity.

You'll find different numbers at different places but a study from 2013 found that nearly 70% of Americans were on at least one pharmaceutical. Almost 50% of people were taking two or more. 20% of people were taking five or more. (And you can bet some of those were to combat the side effects of the others.)

This is NOT health! This is simply the management of symptoms.

This is the Western medicine worldview having a virtual stranglehold on how health and medicine are looked at.

Pharmaceutical companies are largely distrusted (only 44% of people trust them says a poll this year).

And yet people still place their trust in what they provide.

This is largely from a lack of knowledge of any alternatives.

That doesn't mean there are not plenty of other methods for treating what ails you…even though nothing else is legally allowed to treat you, of course. Had I known more about them back then I could have avoided that ibuprofen with some analgesic herbs.

I would argue if you avoid pharma, instead of taking a holistic look at health, health itself is far easier to attain and maintain. There are exceptions of course, but that doesn't mean what I'm saying isn't generally right.

I am proudly pharma-free. What about you?

#10 **Insane** Pharma Side Effects

Everyone has heard about the crazy behaviors of people taking sleeping pills such as Lunesta. The following is one of the side effects (rare, but not so rare that they don't need to mention it)

Complex Sleep Behaviors Like Eating Or Driving While Asleep

Amazingly, somehow people seem to operate well enough in such a state, though it still can be dangerous.

But what other insane side effects exist with other drugs?

How about homicidal behavior?

Unfortunately, this is real. People have been saying that medications are one of the implications in the mass of mass shootings that exist today. (It's a complex issue so there are multiple factors, but this one is largely not reported on.)

A recent news article showed that the pharmaceutical company Eli Lilly knew about this side effect of Prozac for decades but kept it hushed up.

Here are a few quotes:

"The drugmaker that produces Prozac, the antidepressant that Joseph Wesbecker's victims blamed for his deadly shooting rampage 30 years ago at Standard Gravure, secretly paid the victims $20 million to help ensure a verdict exonerating the drug company."

"Indianapolis-based Eli Lilly vigorously shielded the payment for more than two decades, defying a Louisville judge who fought to reveal it because he said it swayed the jury's verdict."

“On the eve of the jury's verdict, which absolved Lilly of liability, the company made the secret payment without telling the judge overseeing the case.”

“Lilly used the verdict to tout that Prozac had been proved a safe and effective antidepressant. In 1995, the company reaped a quarter of its $6.5 billion in revenue from Prozac – and faced 160 other suits nationwide over the drug.”

“[Judge] Potter appealed, and the state Supreme Court unanimously ruled in his favor in 1996, allowing him to press Lilly for details of the deal. "In this case, there was a serious lack of candor with the trial court, and there may have been deception, bad-faith conduct, abuse of the judicial process or perhaps even fraud," the court said.”

All this even though SSRI’s have been shown to be no better than placebo, not as good as exercise, etc. They’re still widely used and recommended. I’m sure they have helped certain individuals. But we also know they’ve hurt many in a variety of ways.

Those words “safe and effective” are often used around drugs that are not.
We have the opioid crisis court cases in the public eye right now. (I’ll cover that soon.)
Unfortunately, this kind of stuff has been going on a long, long time.

How many times do you need to see deceptive and harmful behavior from such companies before you realize it is a pattern that will not stop?

#11 Harnessing the Placebo

Let's just say that homeopathy is nothing more than placebo. There is plenty of research that says this.

(There is also plenty of research that says it's better than placebo too! All depends on who you want to listen to. Both sides say the other sides science is flawed so it's pretty easy to justifiably have evidence for whatever you want to believe. Not saying this is how science should work, just that it is the case when the scientific waters are muddied.)

But for the sake of argument, let's say it is just placebo and nothing more.

What this means is that you can take a homeopathic medicine and sometimes get a very real result.

Its inexpensive. It sometimes works. And it doesn't really come with side effects (because it is "nothing").

But still, the so-called science based medicine people will tell us we should always reach for "proven" pharmaceutical medicine instead. Ones that cost more and have very real side effects (such as sleep-driving and homicidal rage as covered last post).

If I can get relief from "nothing," with an extremely low risk intervention, shouldn't I try that first?

Shouldn't we aim to harness the placebo effect instead of dispelling it?

As I was traveling through Europe this summer, I had some bad allergies. From the very first dose of a homeopathic I had 90% relief. A night and day difference in runny nose and itchy eyes which made me exclaim, why didn't I think to try this sooner? By the next day it was 100% gone.

When my wife was pregnant, we were closing in on the window of time we could give birth at the birthing center instead of a hospital (you're legally not allowed if you're over 42 weeks). Our midwife gave us homeopathics to use as the first attempt to move things along. She took them throughout the day and that night labor started.

Sure, it could have happened anyway. There is no way to know for sure. But it did "work" in the sense that it delivered the desired result. And isn't that the most important thing?

I get sea-sick on small boats. I refused the drug Dramamine. Unfortunately, ginger didn’t cut it. But the last time I was on a boat I was offered a homeopathic and it worked. No nausea.

This covers the extent of my experience with homeopathy. I'm certainly no expert in it. But these results have me wanting to explore the field more.

Understand that the greater the intervention, the greater the risk, and hopefully, the greater the reward. (That last part is not always true.)

The smaller the intervention, the smaller the risk, and sometimes small reward, but one that can often be enough.

In emergencies you likely need to go for big interventions right away. But health is 99.9% not about emergencies! So where should you start? Small, then escalate as needed. In my mind, this is the proper route to being healthy.

#12 Captured Agencies

A captured agency refers to a government agency unduly influenced by economic interest groups directly affected by its decisions. In other words they are controlled at least in part by the industry they're supposed to be regulating.

This is great for the business and the government agents as both get their pockets get lined. But it sucks for the people, you and me, when such a regulatory agency is supposed to be protecting us from harm.

The fact is that there could not be a true medical monopoly without captured agencies. And unfortunately, this is the way the world is working. Here is just one such case involving Pfizer and the FDA…

Arsenic is a carcinogen. And yet some drugs are created based on it, including roxarsone. This drug was added to chicken feed to enhance growth and control parasites.

The FDA began testing its safety in 2009 and found high arsenic levels. Because the FDA is a captured agency to some degree, Pfizer was then able to make edits to the press release to downplay their findings. They were able to edit the Q&A page regarding the decision, including shifting a low health risk to "no imminent health risk."

In 2014, roxarsone was finally removed from the market, despite FDA knowing of its harmful effects three years before. Yet during this time, a 2013 study found roxarsone in amounts two to three times the FDA's suggested safe level in 45 percent of chicken meat. How much did Pfizer make in the meantime?

And you know what? This isn't even the worst example that can be found.

This is not to say that everyone at the FDA is a bad actor. Far from it. This type of thing only takes as little as a single person to sway a decision, especially at higher up more important roles. Which is why we see these kinds of quotes coming out of those that work inside the FDA.

“When things don’t ‘go their way,’ a company or its representatives will call and harass office directors to approve their product.” - FDA scientist (UCS 2012)

“They just take you off the product review entirely if they don’t like your opinion.” - FDA drug reviewer (UCS 2006)

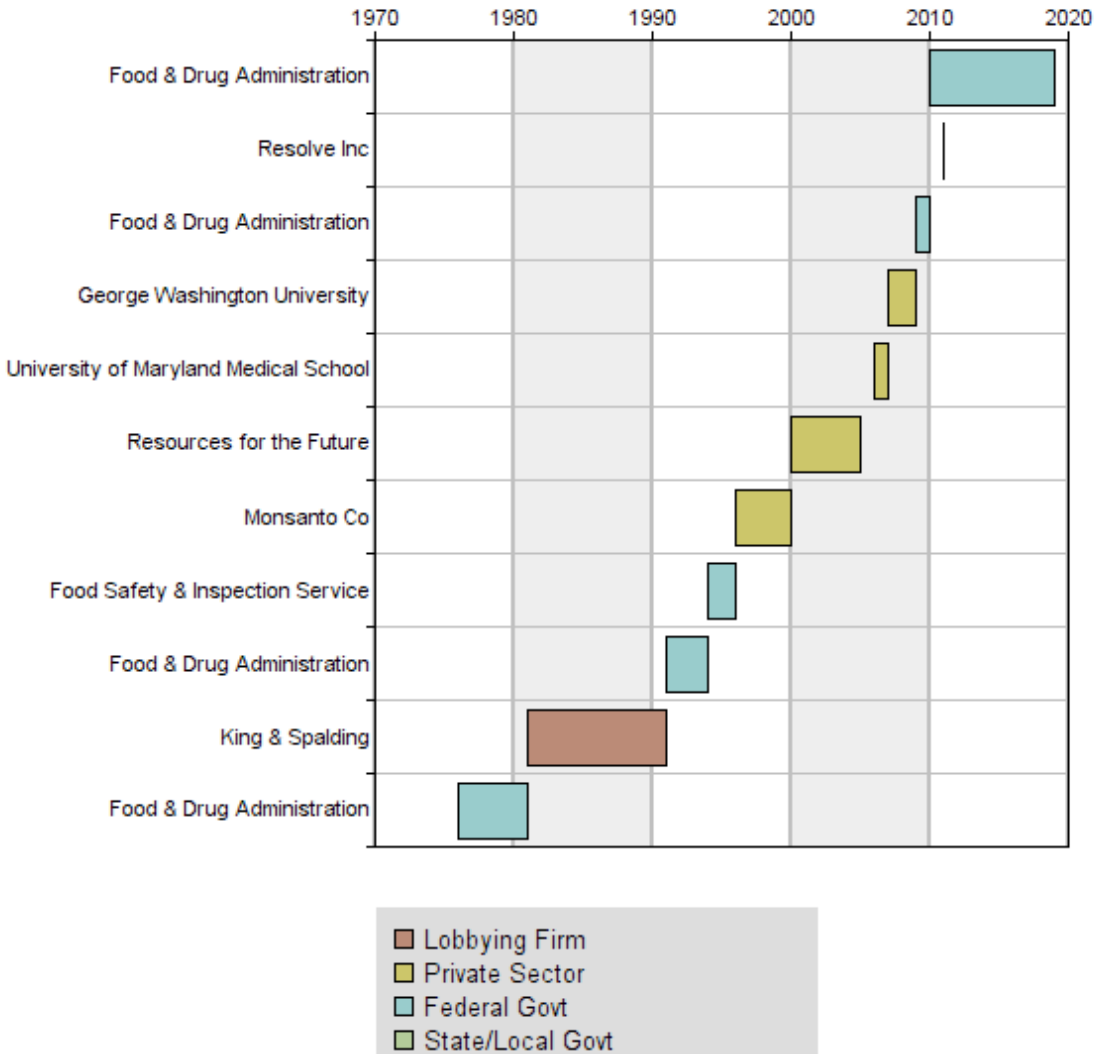
It is key to understand that if you can sway just some decisions in your favor (not even all of them) over time this can lead to big advantages.

It’s clear that this kind of thing goes on regularly when you look at the revolving door of government employees to corporate positions and vice versa. The key to understanding how an agency is captured is by looking at the revolving door. The next medical monopoly post starts there…

#13 Revolving Door

Captured agencies exists because of the revolving door. This is when a person goes from a regulatory agency to corporations or lobbying firms and vice versa.

Michael Taylor is a great example. From staff lawyer at the FDA to partner in lobbying firm, King & Spalding. Back to the FDA as Deputy for Commissioner for Policy then Administrator. Then off to Monsanto as VP for Public Policy. After a few more stints in the private sector and as a professor of medical school, back to the FDA, landing as Senior Advisor to the FDA Commissioner.



It would be laughable if it weren't so serious.

The FDA regulates GMO foods. Monsanto was the biggest company in the GMO field (now owned by Bayer). If you don't think there is a likely conflict of interest here, I would say you're being willfully ignorant.

We can take a look at Scott Gottlieb. He worked as a senior advisor, then director at the FDA from 2002 to 2003 and 2005 to 2007. In 2007 he became partner at a venture capital firm, serving on the board of director of several medical companies. He was an independent director at Tolero Pharmaceuticals, Daiichi Sankyo Inc. and a member of GlaxoSmithKline's investment board. Then in 2017-2019 he was appointed as FDA commissioner. Since then, he has joined Pfizer's board of directors.

Around and around the revolving door we go…

Just two examples of many available.

Let's just add up the criminal behavior found true against pharmaceutical giants, to these revolving door politics. Add them together and there is clear evidence of conspiracy to pull profits from people, without having health as the main concern.

(And please don't think I'm talking political parties. These stuff goes on under every single administration and in every field beyond health too.)

Congress investigated such things back in 1999. "The Committee [on Government Reform]'s investigation has determined that conflict of interest rules employed by the FDA and the CDC have been weak, enforcement has been lax, and committee members with substantial ties to pharmaceutical companies have been given waivers to participate in committee proceedings."

Obviously, since Taylor and Gottlieb were active since then, not much changed. After all, Congress members play at this game too. The system is incentivized to keep the system in place, ethical reasoning bedamned.

#14 Criminal Track Record of Pharmaceutical Companies

Years back this list on Wikipedia came to my attention. It details out the 20 largest settlements between pharmaceutical companies and the US Department of Justice from 1991 to 2012.

Year	Company	Settlement	Violation(s)	Product(s)	Laws allegedly violated (if applicable)
2012	GlaxoSmithKline[19]	$3 billion ($1B criminal, $2B civil)	Criminal: Off-label promotion, failure to disclose safety data Civil: paying kickbacks to physicians, making false and misleading statements concerning the safety of Avandia, reporting false best prices and underpaying rebates owed under the Medicaid Drug Rebate Program	Avandia (not providing safety data), Wellbutrin, Paxil (promotion of paediatric use), Advair, Lamictal, Zofran, Imitrex, Lotronex, Flovent, Valtrex,	False Claims Act/FDCA
2009	Pfizer[2]	$2.3 billion	Off-label promotion/kickbacks	Bextra/Geodon/ Zyvox/Lyrica	False Claims Act/FDCA
2013	Johnson & Johnson[7]	$2.2 billion	Off-label promotion/kickbacks	Risperdal/Invega/ Natrilbi	False Claims Act/FDCA
2012	Abbott Laboratories[8]	$1.5 billion	Off-label promotion	Depakote	False Claims Act/FDCA
2009	Eli Lilly[9]	$1.4 billion	Off-label promotion	Zyprexa	False Claims Act/FDCA
2001	TAP Pharmaceutical Products[10]	$875 million	Medicare fraud/Kickbacks	Lupron	False Claims Act/ Prescription Drug Marketing Act
2012	Amgen[11]	$762 million	Off-label promotion/kickbacks	Aranesp	False Claims Act/FDCA
2010	GlaxoSmithKline[12]	$750 million	Poor manufacturing practices	Kytril/Bactroban/ Paxil CR/Avandamet	False Claims Act/FDCA
2005	Serono[13]	$704 million	Off-label promotion/ kickbacks/monopoly practices	Serostim	False Claims Act
2008	Merck[14]	$650 million	Medicare fraud/Kickbacks	Zocor/Mevacor/Pepcid	False Claims Act/ Medicaid Rebate Statute
2007	Purdue Pharma[15]	$601 million	Off-label promotion	Oxycontin	False Claims Act
2010	Allergan[16]	$600 million	Off-label promotion	Botox	False Claims Act/FDCA
2010	AstraZeneca[17]	$520 million	Off-label promotion/kickbacks	Seroquel	False Claims Act
2007	Bristol-Myers Squibb[18]	$515 million	Off-label promotion/ kickbacks/Medicare fraud	Abilify/Serzone	False Claims Act/FDCA
2002	Schering-Plough[19]	$500 million	Poor manufacturing practices	Claritin	FDA Current Good Manufacturing Practices
2006	Mylan[20]	$465 million	Misclassification under the Medicaid Drug Rebate Program	EpiPen (epinephrine)	False Claims Act
2006	Schering-Plough[21]	$435 million	Off-label promotion/ kickbacks/Medicare fraud	Temodar/ Intron A/K-Dur/ Claritin Rediabs	False Claims Act/FDCA
2004[22]	Pfizer	$430 million	Off-label promotion	Neurontin	False Claims Act/FDCA
2008	Cephalon[23]	$425 million	Off-label promotion[23]	Actiq/Gabitril/Provigil	False Claims Act/FDCA
2010	Novartis[24]	$423 million	Off-label promotion/kickbacks	Trileptal	False Claims Act/FDCA
2003	AstraZeneca[25]	$355 million	Medicare fraud	Zoladex	Prescription Drug Marketing Act
2004	Schering-Plough[26]	$345 million	Medicare fraud/Kickbacks	Claritin	False Claims Act/ Anti-Kickback Statute

$19.75 Billion

Totaled up is $19.75 billion dollars. And this is just the largest settlements. Who knows how high the number goes with all the smaller settlements added?

The crimes here include Medicare fraud, off-label promotion, poor manufacturing practices, non-disclosure of safety information, paying kickbacks to doctors, misleading statements, and more.

All the big companies are here as well as many you've never heard of. Many companies make the list more than once such as Pfizer and GlaxoSmithKline. Schering-Plough makes the list three times.

As this list only goes to 2012 it's missing recent examples, such as Purdue Pharmaceutical and the opioid settlements. But oh wait, we see they had a case for off-label promotion of Oxycontin back in 2007.

My point is that this shows criminal track records.

Recall that the regulatory agencies are captured. So these are the cases that still arrived in court and got settled. Some people want to look at this list and say the wheels of justice work. But there are a few things wrong with that viewpoint…

These billion and hundred million dollar settlements are often paltry sums compared to the profit made by the promotion of the drugs involved. This means they're not damaging enough to actually stop or slow such behavior.

Secondly, even when criminal charges are brought, no one goes to jail! The companies continue on just as before. There might be resignations but then the revolving door just continues. The people responsible for criminal decisions are not held responsible.

The other aspect to consider is this. What has been successfully hidden from public view? These are the cases where they got caught. That means there are likely just as many if not more where they have NOT been caught, or at least have not yet been caught.

This begs the question…why do we trust criminals with our health? Why do we place faith in their products?

#15 Tobacco Playbook – Muddying the Scientific Waters

To understand science, at least when it comes to health sciences, you must understand The Tobacco Playbook.

Everyone now knows that tobacco causes cancer. But many decades back it was quite a bit more confusing. Why? Largely because Big Tobacco paid people to “muddy the scientific waters” and then spread this message around.

The following quotes come from the article “Inventing Conflicts of Interest: A History of Tobacco Industry Tactics.”

“The tobacco industry's program to engineer the science relating to the harms caused by cigarettes marked a watershed in the history of the industry. It moved aggressively into a new domain, the production of scientific knowledge, not for purposes of research and development but, rather, to undo what was now known: that cigarette smoking caused lethal disease. If science had historically been dedicated to the making of new facts, the industry campaign now sought to develop specific strategies to “unmake” a scientific fact.”

“If public relations could engineer consent among consumers, so too could it manage the science…Although medicine and science had never been sacrosanct from a range of social and commercial interests, the tobacco industry campaign crossed into new terrain to build a powerful network of interests and influence.”

“[Public relations man] Hill understood that simply denying emerging scientific facts would be a losing game. This would not only smack of self-interest but also ally the companies with ignorance in an age of technological and scientific hegemony. So he proposed seizing and controlling science rather than avoiding it…Hill advised that the companies should now associate themselves as great supporters of science. The companies, in his view, should embrace a sophisticated scientific discourse; they should demand more science, not less.”

“Hill's proposal offered the potential of a research program that would be controlled by the industry yet promoted as independent. This was a public relations masterstroke. Hill understood that simply giving money to scientists—through the National Institutes of Health or some other entity, for example—offered little opportunity to shape the public relations environment. However, offering funds directly to university-based scientists would enlist their support and dependence. Moreover, it would have the added benefit of making academic institutions “partners” with the tobacco industry in its moment of crisis.”

“The Tobacco Industry Research Committee (TIRC), a group that would be carefully shaped by [PR Firm] Hill & Knowlton to serve the industry's collective interests, would be central to the explicit goal of controlling the scientific discourse about smoking and health.”

“The firm systematically documented the courtship of newspapers and magazines wherein it could urge balance and fairness to the industry…they offered members of the media a long list of “independent” skeptics to consult to ensure balance in their presentations…The problem in this formulation was that science was treated as the analog of common political debate and social controversy. At that time, few journalists had any sophisticated scientific education or training. By fashioning a controversy, Hill & Knowlton successfully secured media coverage that maintained, by its very nature, that tobacco science was “unresolved.””

“After its founding in 1958, the Tobacco Institute quickly emerged as one of Washington's most powerful, well-heeled, and effective political lobbies. Just as the industry had made critical innovations in advertising and public relations, it now pioneered new and aggressive approaches to managing its regulatory and political environment.”

“Trust in science, confidence in the media, and the social responsibility of the corporate enterprise were all substantially harmed by Hill & Knowlton's efforts on behalf of the tobacco industry. By making science fair game in the battle of public relations, the tobacco industry set a destructive precedent that would affect future debates on subjects ranging from global warming to food and pharmaceuticals.”

Were you aware of this behavior before or has this deepened your understanding of how understanding itself is manipulated?

Here's my main point and something I’ll show in future posts. This was back in the 50’s. The same tactics are used by big industry after big industry because they work!

What’s worse is the playbook has evolved. They’ve gotten even better at manipulating science, media, public consent and politics, having learned from the eventual fall of Big Tobacco.

#16 Science is Real!

I heard this statement the other day. Besides being so generalized as to be meaningless, I have to ask: is it, really?

To make such a statement as this is to clearly show you don't understand the history of science, where pretty much everything we learn is overturned at some point. For almost a hundred years we "knew" that adult brains didn't grow new neurons. But the science was wrong. Adult neurogenesis is real!

But that's not even my main point. The point is that the "scientific waters are muddied" …and quite easily it seems. Last week I shared the facts surrounding how this process was pioneered by Big Tobacco. Today I give small glimpses showing you it is done in the industry after industry.

"It is simply no longer possible to believe much of the clinical research that is published or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor." - Dr. Marcia Angell, former editor in chief of New England Journal of Medicine, 2009

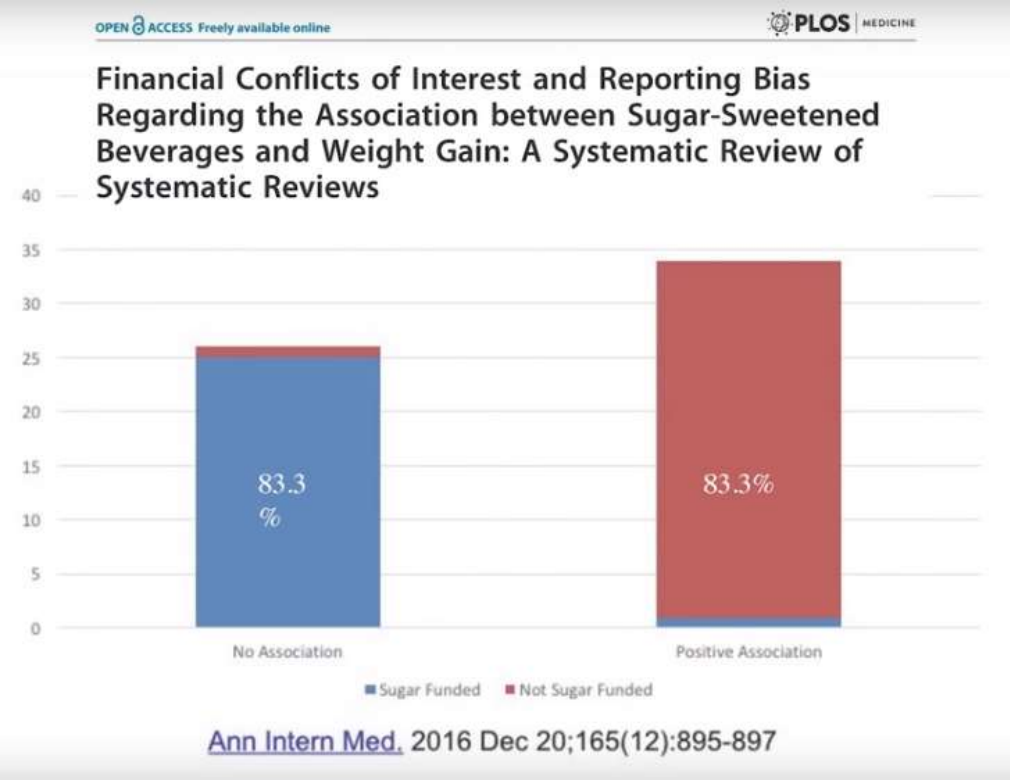
That's the person in charge of one of the most prestigious medical journals out there saying so about medicine in general.

In particular, we see this with drugs, of course. "Clinical research sponsored by the pharmaceutical industry affects how doctors practice medicine…A recent systematic review of the impact of financial conflicts on biomedical research found that studies financed by industry, although as rigorous as other studies, always found outcomes favorable to the sponsoring company."

Next, let's look at the sugar industry. "[Systematic Reviews] with financial conflicts of interest were five times more likely to present a conclusion of no positive association between [sugar sweetened beverages] consumption and obesity than those without them."

If you look at the studies, it seems evenly split between those that show evidence of harm and those that don't. But when you factor in industry funding or connection the picture is dramatically different!

What about cell phones and EMFs? "While there has been evidence indicating that excessive exposure to magnetic fields from 50 to 60 Hz electricity increases the risk of cancer, many argue that the evidence is inconsistent and inconclusive." (That should sound familiar if you read last's week details about Big Tobacco.)



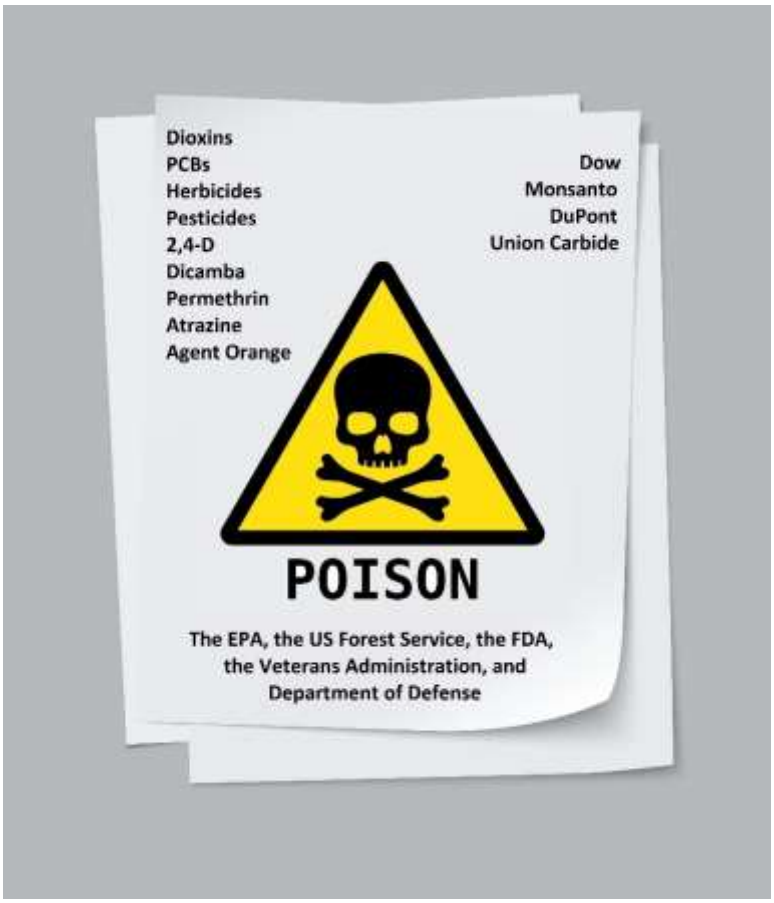
Yet the conclusion of this report looking at industry funding: “When one allows for bias reflected in source of funding, the evidence that magnetic fields increase risk of cancer is neither inconsistent nor inconclusive.”

These examples describe the state of science. Financial conflicts of interest matter a lot…and they’re not always divulged!

The idea of science is that it is incorruptible and always altering itself to reflect the truth. The reality is far from that and shows science can clearly be bought. Anywhere where there is a financial incentive to do so, you’ll likely find it happening. (It's even true in the herbal world so we have to be careful there too.)

#17 The Poison Papers

In the past posts I discussed the revolving door and how that leads to captured agencies. I literally just came across this website that proves industry and regulatory agency collusion and conspiracy. It's not directly with pharmaceutical companies that we've been focused on, but chemical industries that make products that effect our health.



"The "Poison Papers" represent a vast trove of rediscovered chemical industry and regulatory agency documents and correspondence stretching back to the 1920s. Taken as a whole, the papers show that both industry and regulators understood the extraordinary toxicity of many chemical products and worked together to conceal this information from the public and the press…The Poison Papers are a compilation of over 20,000 documents…They include internal scientific studies and summaries of studies, internal memos and reports, meeting minutes, strategic discussions, and sworn testimonies…The chemicals most often discussed in the documents include herbicides and pesticides (such as 2,4-D, Dicamba, Permethrin, Atrazine, and Agent Orange), dioxins, and PCBs. Some of these chemicals are among the most toxic and persistent ever manufactured. Except for PCBs, almost every chemical discussed in the Poison Papers is still manufactured and sold today."

Here are some of the highlights found inside:

“Secrecy— They disclose EPA meeting minutes of a secret high level dioxins working group that admitted dioxins are extraordinarily poisonous chemicals. The internal minutes contradict the Agency’s longstanding refusal to regulate dioxins or set legal limits.”

“Collusion— They demonstrate EPA collusion with the pulp and paper industry to “suppress, modify, or delay” the results of the congressionally-mandated National Dioxin Study, which found high levels of dioxins in everyday products, such as baby diapers and coffee filters, as well as pulp and paper mill effluents.”

“Cover-up— The papers also show that EPA staff had evidence that this IBT scandal involved more independent testing companies and more products than ever officially acknowledged.”

“Concealment— The papers show that EPA concealed and falsely discredited its own studies finding high levels of dioxin — 2,3,7,8-TCDD — in environmental samples and human breast milk following routine use of 2,4-D and 2,4,5-T (Agent Orange) by the federal Forest Service and Bureau of Land Management.”

“Intent— They show Monsanto chief medical officer George Roush admitted under oath to knowing that Monsanto studies into the health effects of dioxins on workers were written up untruthfully for the scientific literature such as to obscure health effects. These fraudulent studies were heavily relied upon by EPA to avoid regulating dioxin. They also were relied upon to defend manufacturers in lawsuits brought by veterans claiming damages from exposure to Agent Orange.”

You can keep thinking these are isolated incidents…or you can wake up to the fact that this is how the world works and these people care nothing about your health.

Why would you uncritically trust anything a government regulatory agency says?

#18 Monsanto's Intelligence Fusion Center!

Last week I shared The Poison Papers, which showed among other things Monsanto's Chief Medical Officer George Rouch saying they committed fraudulent safety studies surrounding dioxin.

Just a random glance in the papers themselves and I came across a document where Monsanto bribed Indonesian officials, breaking the Foreign Corrupt Practices Act.

But we're only getting started…

The U.S. Right to Know website is a treasure trove of documents. Lots of new information has come to light in recent court battles of Roundup (aka Glyphosate) causing cancer. Juries are finding Monsanto guilty by unanimous decision.

Over 1,900 lawsuits are pending, which doesn't bode well for pharmaceutical giant Bayer which recently bought Monsanto. (Hint: they're all just chemical companies…and with dark backgrounds I'll cover later.)

Evidence shows that they've continued this long list of falsifying research, ghostwriting scientific papers, operating a revolving door with regulatory officials, and paying off universities and journalists too.

If you've been following along that may not surprise you…but maybe this one will. From a Guardian article:

"Monsanto adopted a multi-pronged strategy to target Carey Gillam, a Reuters journalist who investigated the company's weedkiller and its links to cancer. Monsanto…also monitored a not-for-profit food research organization through its "intelligence fusion center", a term that the FBI and other law enforcement agencies use for operations focused on surveillance and terrorism."

Yep, they're operating an "intelligence fusion center" in order to target their enemies, which are people revealing the truth about the crimes they engage in. This included the singer Neil Young as well!

Some of their intelligence moves: "Monsanto had a "Carey Gillam Book" spreadsheet, with more than 20 actions dedicated to opposing her book before its publication, including working to "Engage Pro-Science Third Parties" in criticisms, and partnering with "SEO experts" (search engine optimization), to spread its attacks. The company's marketing strategy involved labeling Gillam and other critics as "anti-glyphosate activists and pro-organic capitalist organizations"."

Is it really pro-science if you're falsifying science?

What lengths won't they go to protect their profits?

Do you see the patterns yet?

#19 What if Psychopaths Choose Your Health?

Could you be CEO or Vice President in a tobacco company? Worldwide tobacco is said to cause 7 million deaths per year through cancer, heart disease, and other respiratory illnesses.

Or what about in Monsanto?

You'd have to not believe the science or the stats at all. Or if you did, you'd need to be capable of massive cognitive dissonance about it.

What is more likely is that you're sociopathic…without a conscience.

Perhaps you're even a psychopath, and you not only don't care, but "get off" of the fact that your product kills.

We know there are serial killers out there. There are human traffickers and sadistic pedophiles. Just look at the news. There is no denying these facts…even if you want to stick your head in the sand about them.

Do you doubt that some similarly minded people could get into high positions of power for more leverage, not to mention greater safety, and do even more evil or destructive things?

This is not a fun thing to look at. But that doesn't mean it is not reality.

What if it is even more likely that those with such traits get into powerful positions because those traits help lie, cheat, steal and blackmail their way to the top? If you make money and/or power your "god" then you'd be willing to do certain things for it. Things that other people with morals will not do.

What if this then becomes "institutionalized" so that it happens more and more?

Most people are good, reasonable human beings. But that doesn't mean they all are.

The estimates vary but there are a significant number of sociopaths and psychopaths among us. Some say 3 to 5% of humans are sociopaths and 1% are psychopaths.

Look, I'm not saying I'm perfect. But I do my very best in my businesses to help people. Profiting and helping people do not have to be mutually exclusive.

Unfortunately, it seems that many involved in larger industries do not think this way. The saying is that "Power corrupts and absolute power corrupts absolutely."

Is it possible, or likely, to not be corrupted when billions are at stake?

Again, this is not most people. But 1 to 5% is still a whole lot! This understanding of sociopathy and psychopathy is instrumental to understanding why some of the issues I've been airing regarding medicine are how they are.

Face the truth. Just because you can't fathom that level of evil decision making doesn't mean it doesn't exist.

#20 The Evidence is Less Than You'd Think

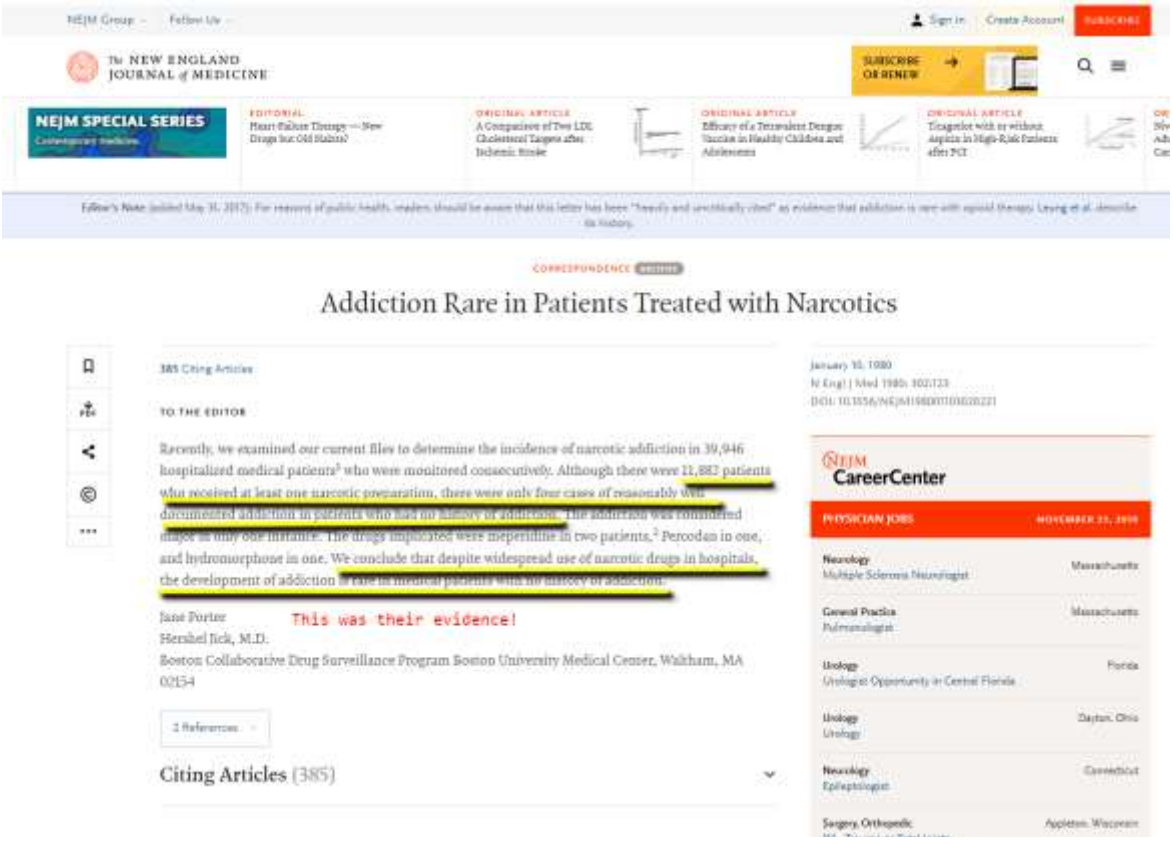
The Medical Monopoly exists because they've been able to wrap "science" around their fingers. I put that in quotes as just because it is labeled science, doesn't make it real science.

Falsities can then become easily spread.

What was the evidence that opioids were safe and non-addictive?

Was it long term double-blind placebo-controlled trials…like you would expect? NOPE!

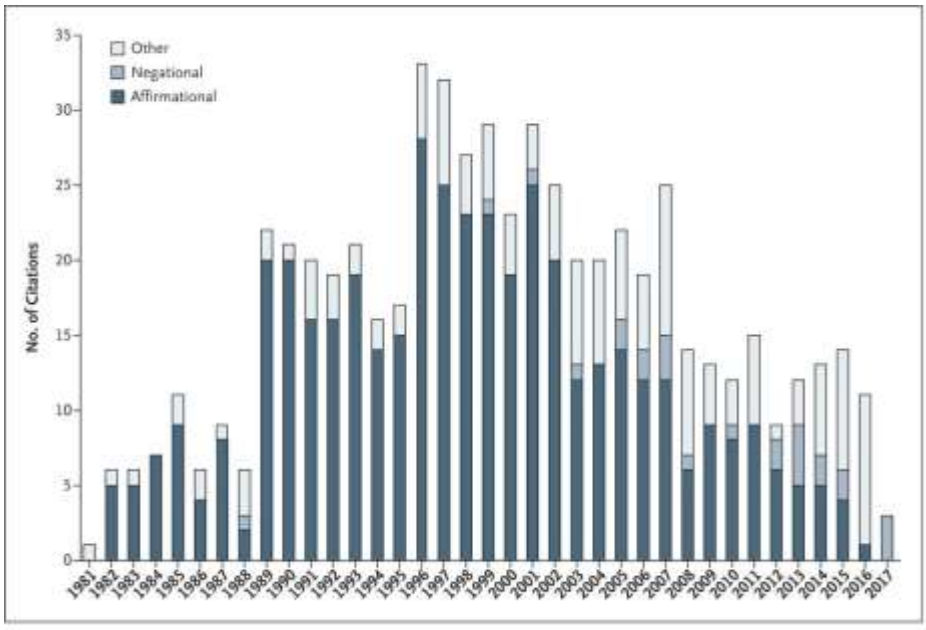
Instead what we had was this: "A one-paragraph letter that was published in the Journal in 1980 was widely invoked in support of this claim, even though no evidence was provided by the correspondents."



This then became cited 608 times over the following years, the majority of which using it as evidence of their low addiction!

"In conclusion, we found that a five-sentence letter published in the Journal in 1980 was heavily and uncritically cited as evidence that addiction was rare with long-term opioid therapy. We believe that this citation pattern contributed to the North American opioid crisis by helping to

shape a narrative that allayed prescribers' concerns about the risk of addiction associated with long-term opioid therapy. In 2007, the manufacturer of OxyContin and three senior executives pleaded guilty to federal criminal charges that they misled regulators, doctors, and patients about the risk of addiction associated with the drug."



Do you believe this was an honest mistake?

Sure, science can be tough to get to the bottom of, reading through all those papers. Who has the time? So I'm sure many doctors frankly did get wrapped up in the "narrative".

But others knew. This was stated in a Purdue Pharma's OxyContin advertisement: "In fact, the rate of addiction amongst pain patients who are treated by doctors is much less than one percent. These drugs should be used much more than they are for patients in pain."

This was what their salespeople were spouting to doctors left and right.

But the bigger question…was the science purposefully distorted by some to build a body of evidence that milked in the profits while people suffered and died?

They lied about it and they knew the truth…

Now, let me ask this. Where else do people believe there is a huge body of science stating things are safe…when in actuality the scientific data is far less than you'd imagine?

#21 The Pharmaceutical Cartel…Racketeering

Oklahoma State's Attorney Brad Beckworth said to a judge; "What we do have in Cleveland County (Oklahoma) is 135 prescription opioids for every adult. Those didn't get here from drug cartels. They got here from one cartel: the pharmaceutical industry cartel. And the kingpin of it all is Johnson & Johnson."

Understand that the recent opioid lawsuits are RICO cases. That stands for Racketeer Influenced and Corrupt Organizations, an act designed to prosecute organized crime.

Those that dismiss "conspiracy theories" outright should take note. Those of us who have said Big Pharma is conspiring against us have been laughed at over and over again. Still are in certain areas that the public light hasn't yet shined on.

So please understand this. RICO means this was a conspiracy. They knew the drugs were more dangerous then they said and yet worked to push them. Again, I ask where else is this true that is not yet common public knowledge?

Oklahoma state Attorney General Mike Hunter said, "What is truly unprecedented here is the conduct of these defendants on embarking on a cunning, cynical, and deceitful scheme to create the need for opioids."

Judge Thad Balkman listens during opening arguments for the state of Oklahoma, May 28, 2019. Sue Ogrocki / AP

Is it though? Or has this case just been brought to public light…when this is BUSINESS AS USUAL for the pharmaceutical cartel.

They make mention of Johnson & Johnson selling talc in baby powder which caused ovarian cancer. They knew of its effects and still sold it.

And back in 2013 Johnson & Johnson paid out $2.2 billion for off-label promotion/kickbacks of the drugs Risperdal, Invega, and Nesiritide.

These are not isolated events. These are, as RICO states, “Corrupt Organizations.”

Think Tobacco playbook. Here we see that Purdue Pharmaceutical:

* Launched a massive public relations campaign to rebrand opioids
* Partnered with hospitals and universities to push their narrative (For example, the Massachusetts General Hospital Purdue Pain Program was started because “it would help Purdue sell more opioids in Massachusetts,” and give them some political protection.)
* Bribing doctors via paying for meals, speaking fees, consulting fees, honoraria. (In some cases these were six-figure sums! Many others got five figures.)
* Funded medical research

They knew what they were doing. An internal email from a salesman said, ““Keep ‘em comin’! Flyin’ out of there. It’s like people are addicted to these things or something. Oh, wait, people are. . .”

Real funny, right?

I’ve been saying medical monopoly but perhaps cartel is the better word.

#22 The DEA Handcuffed

In my last post about RICO cases (racketeering) among Pharma companies Callen posed the question: “Politically, do you have an idea of who would make the most with this kind of information?”

Well, the reason this stuff is allowed is because many (most?) within the political realm are either bribed, compromised, or just shut out of the picture. Even though it’s only hidden in plain sight for anyone who wants to scratch below the surface.

In the opioid epidemic we see examples of that:

“The Washington Post and Charleston Gazette filed suit last year to unseal company documents along with a DEA database that tracked opioid sales. Despite fierce opposition by the companies and the DEA, the U.S. Court of Appeals agreed to their release. The unsealed documents include damning emails and data.”

“DEA tracking data shows some 76 billion opioid pills flooded the country between 2006-2012. Six large companies distributed 75% of those pills, including Walmart, CVS, and Walgreens, and just three companies manufacture 88% of opioids.”

Did you catch that? We see that the DEA was aware of all this happening…yet did nothing.

Illinois Senator Richard Durbin stated, “Between 1993 and 2015, the DEA allowed the production of oxycodone to increase 39-fold, hydrocodone to increase 12-fold, hydromorphone to increase 23-fold, and fentanyl to increase 25-fold.”

They tracked it. So they knew exactly what was going on. Why would the Drug Enforcement Agency allow this to happen?

Drugs are what they're about! They let harmful, addictive opioids flood the street. Meanwhile, they worked to stop any competition, during this time they worked to make the much-less-harmful-or-addictive herb, kratom, a schedule 1 drug.

Of course, I'm not saying everyone in the DEA is in on it. Far from it. I'm saying that those in the very top positions were either bribed, threatened or otherwise compromised to let all this to go on. Or someone in even higher positions told them not to pursue it, just like they'd tell their agents.

Notice also that the DEA fought in the courts to have its dirty laundry go public. Why? They knew they were in the wrong on this to have done nothing.

If pharma is willing to bribe doctors to prescribe the medication, like CEO of Insys Therapeutics Inc. John Kapoor (found guilty of racketeering conspiracy for exactly that), do you think they'd stop from bribing politicians and regulatory agents?

Is that not exactly the best way to cover their tracks and ensure that they continue to get away with these kinds of crimes?

Some people got caught here. But sadly, this is not aberrant behavior. Inside this cartel, it is the norm. Where else have they not yet been caught?

#23 Is Justice Ever Done? (Opioids)

In criminal cases against Big Pharma, is justice ever really served?

Typically they get a slap on the wrist. Multi-million or even billion dollar fines are often less then they take in profits from fraudulently selling a drug.

What about in the recent case of the Opioid Crisis? Is it any different?

Purdue Pharma (makers of OxyContin) filed Chapter 11 bankruptcy and is expected to pay over $10 billion “to address the opioid crisis”.

The Sackler family, which owned Purdue Pharma, is personally paying out $3 billion for this. You’ve probably never heard of the Sackler’s before this. I sure hadn’t. Yet they’re one of the richest families in the USA.

Wow, someone is actually being held personally liable for this? That’s amazing right? Well, let’s look at what the finer details of what they did…

Back in 2007, Purdue admitted in a plea deal that they had misrepresented the addictive qualities of its product, OxyContin. They paid $600 million for this.

Three executives even pleaded guilty as individuals. They paid a total of $34.5 million in fines, but no jail time. (Justice Department officials refused to indict them.)

A slap on the wrist. The drug was introduced in 1996, and after a few years was bringing in $1 billion annually.

If you get slapped on the wrist for criminal activity, will it change what you do? No. And it did not. In fact, they doubled down.

More recent court cases showed that the Sackler family behind Purdue, started up Project Tango. They saw that opioid addiction treatment was an opportunity. As they continued to aggressively market opioids, they also sought to make money off the other end. They wanted to be an “end-to-end pain provider”.

Not surprising as this family was born of marketing. “Considered the father of modern pharmaceutical marketing, Arthur Sackler created the first medical-journal advertising insert to promote a drug and pushed for hiring sales reps long before they became as common in physicians’ waiting rooms as out-of-date magazines.”

When presented with 59 opioid-related deaths in one state, he wrote, “This is not too bad. It could have been far worse.”

The Sacklers have an estimated net worth of $14 billion primarily made off the back of opioids. With personally paying out $3 billion, that leaves only $11 billion in assets.

What do you think? A slap on the wrist? Should they be behind bars? Welcome to our justice system.

It’s not over. Mundipharma, the international affiliate of Purdue Pharma, is continuing the same tactics outside of the United States.

#24 Fentanyl (The Most Powerful Drug…Available Online)

Fentanyl is 100 times as powerful as morphine. It's about 50 times as powerful as heroin. Meanwhile it is far cheaper than any of these others.

As such, street drugs are being cut by drug cartels and street-level pushers. A friend of mine was in San Francisco recently and commented on how much he was offered Fentanyl just walking through the streets.

"The Center for Disease Control's preliminary data estimates that nearly 72 thousand people died of accidental drug overdose in 2017…Most of those deaths involved opioids."

So why am I talking about what is largely a problem of street drugs as related to the medical monopoly? You must understand the bigger picture. Check out this quote from an article at ForeignAffairs.com:

"This public health story is now common knowledge. Less well known is the growing risk that the epidemic will spread across the globe. Facing a backlash in the United States and Canada, drug companies are turning their attention to Asia and Europe and repeating the tactics that created the crisis in the first place. At the same time, the rise of fentanyl, a highly potent synthetic opioid, has made the outbreak even deadlier and begun to reshape the global drug market, a development with significant foreign policy implications. As a result, the world is on the cusp of a global opioid epidemic, driven by the overuse of legal painkillers and worsened by the spread of fentanyl, that could mark a public health disaster of historic proportions."

Did you catch that? Drug companies are repeating the same tactics they used in the US in other countries. Not drug dealers, but companies (is there much difference?).

Recall from the previous post how Purdue Pharma and their international affiliate, Mundipharma, sought to fraudulently push opioid sales AND the treatment for their addiction. It's working…

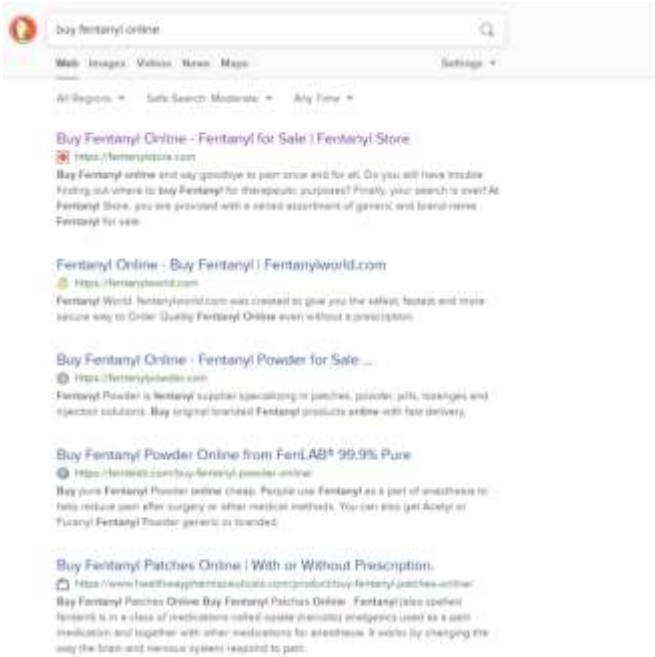
A Rolling Stone article states, "[A heroin user] carries naloxone — the overdose reversal drug, also commonly known by the brand name Narcan — and he's had to use it on a number of fellow users. The responsibility falls on him because often he's the only one who carries it. And he's usually the most experienced in the room."

Same tactics…because those tactics are profitable. In addition, the Fentanyl is all coming from China. And China is where most of all pharmaceutical drugs are produced period.

The problem stems from larger systemic issues of pharmaceutical supply and lack of regulation. It seems that some of the companies that are producing fentanyl for legitimate medical use are selling it out the back door to whoever wants to buy it.

This is far from the only lack of oversight issue. Future posts to cover more areas where international regulation is alarmingly lax especially when you consider that drugs are considered pretty much the end-all, be-all of medicine.

Despite its potency and deadliness, it can be purchased online with a credit card! (I had to check that out myself and yep it appears disturbingly easy to do. I found many shady sites such as FentanylStore.com, FentanylWorld.com, etc. I wonder who owns these?)



I'm not saying this epidemic would be easy to stop…but it doesn't look like our agencies are really trying that hard to me.

#25 Curing Loneliness with a Pill

Did you know that researchers are hard at work in finding a drug that can help your loneliness and isolation?

The Guardian wrote that, “we simply haven’t been measuring it consistently, but recent estimates suggest that anywhere from 22% to 75% of American adults are persistently lonely.”

Big Pharma doesn’t see a problem…they see an opportunity!

We’ve seen this play out before. Locate some feeling many people are having. Turn this into a diagnosis. Find a drug that helps the symptoms of said diagnosis without doing anything for the cause. Get people on such a drug for long periods of time. Make money.

Right now this research is looking primarily at pregnenolone, as well as oxytocin, two human hormones. Of course, they can’t patent those. So they’ll tweak the molecule. Then we’ll find there are side effects of such tweaks that further deteriorate health. Or we’ll find out later it’s not as safe as their limited trials led us to believe. There will be some longer term side effects that we didn’t notice.

It is coming. Trials take some time, but I fully expect this to be marketed sometime around 2030.

The National Post article covers how I feel about this: “For some, the idea of a pharmacological buffer against loneliness is just another sign of the creeping medicalization of everyday human woes: Wouldn’t a pill for loneliness only make us more indifferent, more disconnected? Is it really the best we can do to fix the modern world’s so-called epidemic of loneliness?”

If you have a feeling of loneliness, it is not merely a chemical imbalance in your brain or body. It is an emotion that should be driving you to change your life in some way. I don’t doubt that giving you a drug could make you feel better. (I mean you could drink alcohol or snort cocaine and feel better if you’re lonely too!) But that doesn’t fix the root issue of why.

How about the thousand things in our culture that drive disconnection?

Let’s break down religion, which for its many flaws, kept people connected together. Let’s break down the family unit so everyone is independent and doing their own thing. Let’s break down community so we don’t even know our neighbors. Let’s make social media all-pervasive so we’re constantly digitally connected but often at the cost of actual connection. Let’s completely forget about the connection to nature and all the benefits it brings from physical to mental and emotional health.

That’s hard work. Maybe we should just pop a pill instead.

Creeping medicalization. Recognize the absurdity of this. And then realize it has happened over and over and over again. Like with anxiety which will be covered in the next post…

#26 Creeping Medicalization

The previous post shared how scientists are hard at work to find a drug that combats loneliness. In other words, “Generalized Loneliness Disorder” coming soon to a psychiatrist near you.

I think most people, even the biggest fans of Western medicine, would say this is a bit over-the-top, even for Big Pharma.

But what I want you to recognize is that we say that from the present. Twenty years from now when this is the status quo, people won’t give two thoughts about it being unusual.

So I ask you to think back in time. What about fifty or a hundred years ago? Couldn’t we find examples of diagnoses today that would have similarly been laughed at back then?

In other words, hasn’t medicalization been creeping forward all along? Let’s take a look at anxiety…

Bioethicist Carl Elliott said, “The way to sell drugs is to sell psychiatric illness. If you are Paxil and you are the only manufacturer who has the drug for social anxiety disorder, it’s in your interest to broaden the category as far as possible and make the borders as fuzzy as possible.”

Tell me, what is the level of loneliness that is required in order to get a prescription? How is it measured?

What is the line for anxiety? For depression? Realize that none of these are measured by biomarkers in the body. Doesn't that seem odd for an industry that prides itself on being so scientific…for practicing, as they like to call it, evidence based medicine?

Marcia Angell, former editor of the medical journal NEJM, says, "The fact that few psychiatric disorders have objective criteria for diagnosis makes these disorders easier to expand than most physical illnesses."

Paxil is an SSRI. This stands for selective serotonin reuptake inhibitor. In other words, SSRI's manipulate this neurotransmitter. As a chemical in the body it can be measured, but how often is this done before an SSRI is prescribed?

WebMD says, "There have not been any studies proving that brain levels of this or any neurotransmitter are in short supply when depression or any develops. Levels of serotonin are measurable -- and have been shown to be lower in people who suffer from depression - but researchers don't know if blood levels reflect the brain's level of serotonin."

In other words there is a theory on how such things work, but we really don't know at all. The evidence for it is extremely weak at best. And to those selling these drugs, this is a good thing.

Just ask the drug company themselves. Barry Brand, Paxil's product director from GlaxoSmithKline said, "Every marketer's dream is to find an unidentified or unknown market and develop it. That's what we were able to do with social anxiety disorder."

Unknown market, as in it didn't exist until they created it.

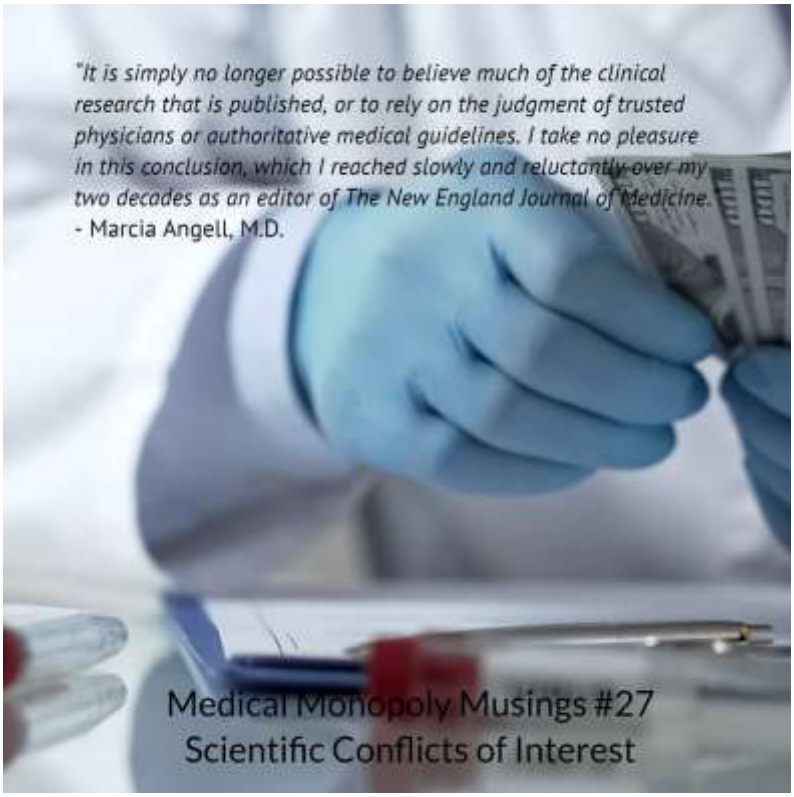
Again, this is not to say that these drugs don't sometimes help people. Surely, they do…even if just by the placebo effect. But they also don't help a lot of people, even making them worse. When a side effect for depression and anxiety treatment is suicide, I think we have a problem!

I would argue the whole approach is coming from a flawed foundation. This whole approach is far less scientific then we're led to believe. Recognize that many of these disorders are more for marketing than science. That allows for medicalization to creep slowly along year after year.

#27 Scientific Conflicts of Interest

Marcia Angell, former editor of the New England Journal of Medicine, had this to say about her role in the "science" of medicine:

"It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of The New England Journal of Medicine."



Understand that she worked in this field which makes her opinion valuable for understanding the medical monopoly. For understanding how the science is fraudulent and medicines are marketed. She has a great book called The Truth About the Drug Companies that I'm sharing a few stories and quotes from.

In the last post I detailed how psychiatric illness, since it is not physically measured, can be expanded in range for marketing purposes. That this area is far less scientific than most would be led to believe. How did it get so? Follow the money…

The head of Brown University's Department of Psychiatry was paid over $500,000 in a single year for consulting with drug companies that made antidepressants. Angell writes about this:

“When The New England Journal of Medicine, under my editorship, published a study by him and his colleagues of an antidepressant agent, there wasn’t enough room to print all the authors’ conflict-of-interest disclosures. The full list had to be put on the website. In a footnote, I wrote, ‘Our policy requires authors of Original Articles to disclose all financial ties with companies that make the products under study or competing products. In this case, the large number of authors and their varied and extensive financial associations with relevant companies makes a detailed listing here impractical. Readers should know, however, that all but one (B.A.) of the twelve principal authors have had financial associations with Bristol-Myers Squibb—which also sponsored the study—and, in most cases, with many other companies producing psychoactive pharmaceutical agents. The associations include consultancies, receipt of research grands and honorariums, and participation on advisory boards.’ I also wrote an accompanying editorial, titled ‘Is Academic Medicine for Sale?’ in which I expressed my concern about the merging of commercial and academic interests. In response a reader sent a letter to the editor asking rhetorically, ‘Is academic medicine for sale? No. The current owner is very happy with it.’”

At least in this case they disclosed their financial conflicts of interest. In some cases, such conflicts are kept hidden.

When drug companies conduct the science and then educate the doctors and other scientists on such science, isn’t this a case of inmates running the asylum?

Many people have a fanciful notion that scientists are independent and can’t be bought. That science, being objective, is focused solely on the truth. If only that were the case!

And that’s what we have government regulatory agencies for…or so you are led to believe. More on that next time…

#28 The NIH is Compromised

In previous posts we've covered how the revolving door exists between Big Pharma, lobbyists and the regulatory agencies that are supposed to watch over them. We've also discussed how "Tobacco Playbook" tactics are used to muddy the scientific waters.

Understand that Big Tobacco ultimately failed. Failure carries lessons which such people would take to make sure they could control the narrative even better next time.

As such, Big Pharma has effectively BOUGHT a large portion of the research community. This started with Big Tobacco but has gone so much further by this point in time.

The National Institutes of Health (NIH) is the main agency of the United States government responsible for public health and medical research. Our taxpayer dollars make up the majority of funding for research done at NIH.

In addition to its own research, grants from the NIH then go out to medical institutions and schools supposedly based on scientific merit.

As a publicly funded institution the science is supposed to be in the public interest. Sometimes it is. Other times…well, you be the judge. Marcia Angell, introduced in my previous post, wrote this:

“A 2003 piece of investigative reporting by David Willman in the Los Angeles Times called that picture into serious question. Willman found that senior NIH scientists (who are among the highest paid employees in the government) routinely supplement their income by accepting large consulting fees and stock options from drug companies that have dealings with the institutes. At one time, most of these kinds of connections would have been prohibited, but in 1995, the then director of the institutes, Harold Varmus, with a stroke of the pen, lifted the restrictions. After that, the NIH placed no limits on the amount of money its scientists could earn from outside work or the time they could devote to it…Some NIH scientists made hundreds of thousands of dollars in consulting fees. The deputy director of the Laboratory of Immunology, for instance, whose salary was $179,000 in 2003, was reported to have collected more than $1.4 million in consulting fees over eleven years and received stock options valued at $865,000.”

In the next post I’ll dive deeper into Harold Varmus, the man responsible for this and a prime example of the revolving door in action, specifically within the scientific realm.

To boil it down, a guy with massive conflicts of interests makes it so that conflicts of interest are no longer restricted.

Does anyone else see a problem here?

Willman wrote, “Dual roles -- federal research leader and drug company consultant -- are increasingly common at the NIH, an agency once known for independent scientific inquiry on behalf of a single client: the public.”

Furthermore, “Increasingly, outside payments to NIH scientists are being hidden from public view. Relying in part on a 1998 legal opinion, NIH officials now allow more than 94% of the agency’s top-paid employees to keep their consulting income confidential. As a result, the NIH is one of the most secretive agencies in the federal government when it comes to financial disclosures…Many of them also routinely sign confidentiality agreements with their corporate employers, putting their outside work under tight wraps.”

Not only do they have conflicts of interest, but they keep them hidden. Nothing to see here folks! Keep on believing that science is objective.

You know what? Yes, I am anti-science…when that science is conducted in this way.

#29 Varmus the Varmint (Scientific Revolving Door!)

Last post shared how the NIH, our biggest scientific body, was effectively bought by Big Pharma. This was exposed by investigative report David Willman of the LA Times in 2003.

Willman wrote, "In November 1995, then-NIH Director Harold E. Varmus wrote to all institute and center directors, rescinding "immediately" a policy that had barred them from accepting consulting fees and payments of stock from companies….Varmus' memo -- which until now has not been made public -- scuttled other restraints affecting all employees, including a $25,000 annual limit on outside income, a prohibition on accepting company stock as payment and a limit of 500 hours a year on outside activities."

Eight years between the memo and the exposure of it. The industry made some significant strides during that time according to these rules.

As you might imagine, Willman's exposé caused a stir. A follow-up piece came out March 13th, 2004. "Appearing before the NIH's blue-ribbon panel on conflict of interest, Varmus also said the agency should discourage its scientists from accepting large amounts of money from companies or spending too much time on nongovernment work." Yet the panel didn't press Varmus very hard on why he changed the rules.

Did he really change his mind, or was he simply covering up his mis-deeds? Let's dig a bit deeper into Varmus to get a better picture…

1989 - Varmus shared a Nobel Prize for genetic cancer research.
1993 to 1999 – Director of the National Institutes of Health
2000 to 2010 – President and CEO of Memorial Sloan-Kettering Cancer Center
2008 to 2010 – Co-Chair of the President's Council of Advisors on Science and Technology
2010 to 2015 – Director of the National Cancer Institute
2015 to Current – Professor of Medicine at Lewis Thomas University and Senior Associate at New York Genome Center
Current – Member of the Secretary of Energy's Advisory Board, Global Health Advisory Board at the Bill and Melinda Gates Foundation, and several other boards.

Just looking at that the average person may see a distinguished and successful scientist…but if you understand that game, instead you might be worried.

Of course, in addition, Varmus has been an advisor to pharmaceutical companies Merck, Chiron Corporation, Gilead, and Onyx Pharmaceuticals.

The Cancer Prevention Coalition (CPC) had a big problem with Varmus being appointed to director of the National Cancer Institute. This was because of his clear conflicts of interest, as well as his statement "You can't do experiments to see what causes cancer - it's not an accessible problem, and not the sort of thing scientists can afford to do."

You can't do experiments to see what causes cancer? Is this a statement that our top scientist in charge of cancer should be making?

Here's his opinion on what cancer is all about. "Tobacco, UV rays, viruses, heredity, and age are the main causes of cancer."

That's a great opinion…if you want to keep the status quo of many, many people getting cancer! Notice how environmental pollutants have nothing to do with it.

Samuel Epstein, Chairman of CPC, wrote, "The ignorance of Varmus to cancer prevention is reinforced by his unrecognized personal conflicts of interest…Varmus also gave senior NCI staff free license to consult with the cancer drug industry, a flagrant institutional conflict of interest. In this connection, the 2008 edition of Charity Rating Guide & Watchdog Report listed Varmus with a compensation package of about $2.7 million. According to The Chronicle of Philanthropy, this is the highest compensation of directors in over 500 major non-profit organizations ever monitored."

Cancer drugs are a big industry…an industry that wants to keep it that way. God forbid we help people without lining the pockets of Big Pharma even more. Varmus the Varmint has done very well for himself and those he works for…which is not the public.

THIS is how the scientific research game is played in the real world. Next up, Sloan-Kettering…

#30 Undisclosed Conflicts of Interest at Sloan-Kettering

In the previous post, I covered that from head of the NIH, Varmus moved on to be president and chief executive officer of the Memorial Sloan-Kettering Cancer Center in New York. This is one of the biggest cancer centers out there.

The cancer industry fighting for people strongly…or is it fighting for industry? No surprise (if you're paying attention), this non-profit has recently come under fire for industry-ties. We'll get back to Varmus in the next post but for now I turn your attention to another man.

Dr. José Baselga is one of the world's top breast cancer doctors. He's published dozens of articles in The Lancet and The New England Journal of Medicine. (Remember this journal? The place that former editor Marcia Angell said was untrustworthy because of industry ties two decades ago.)

Publishing in prestigious journals would be expected. But what was not, was that he FAILED to disclose financial ties to the tune of MILLIONS of dollars in said publications.

Baselga was Chief Medical Office of the Memorial Sloan-Kettering Cancer Center where he was paid more than $1.5 million in 2016 just from this charity organization.

Meanwhile, he's held roles at pharmaceutical companies Roche (paying him over $3 million since 2014) and Bristol-Myers Squibb. He was a director of Varian Medical Systems…which sells radiation equipment to Sloan and elsewhere. (Earning $260K in cash and stock in 2017 alone.)

He was also president of the American Association for Cancer Research in 2015 and 2016. And in this role, he was one of the two editors for their journal Cancer Discovery as well.

“Baselga’s extensive corporate relationships — and his frequent failure to disclose them — illustrate how permeable the boundaries remain between academic research and industry, and how weakly reporting requirements are enforced by the medical journals and professional societies charged with policing them,” write Katie Thomas from the New York Times and Charles Ornstein from ProPublica.

It may come as no surprise that the penalties for failing to disclose industry ties are extremely weak. One journal says a three year ban exists for such lapses…but NO ONE has ever been banned! Many journals do not check on conflicts of interest at all.

“ProPublica and The Times analyzed Baselga’s publications in medical journals since 2013, the year he joined Memorial Sloan Kettering. He failed to disclose any industry relationships in more than 100, or about 60 percent of the time, a figure that has increased with each passing year. Last year, he did not list any potential conflicts in 87 percent of the articles that he wrote or co-wrote.”

This guy should be painted up with corporate sponsorship like in Nascar!

Baselga is one example of many. He has since resigned at Sloan-Kettering but the revolving door spins on. We can see him working as of Feb. 2020 as Chief of Oncology R&D at pharma giant AstraZeneca.

In his resignation letter, he wrote, “It is my hope that this situation will inspire a doubling down on transparency in our field.” Sounds like hollow words from a liar to me as lies of omission are still lies.
And very similar to what Varmus said after he was found out.

Sloan Kettering’s spin is that this is okay because they’re searching for life-saving, cancer stopping drugs. Do you believe them? Do they really want to cure cancer when this much money is on the line? (Recall that Varmus said science couldn’t even look into causes of cancer!) Or do they want to continue to treat it keeping business as usual?

Understand how the game is played and you can begin to see beyond the illusion.

#31 Sloan-Kettering's Heavy Duty Industry Ties

Last post covered Dr. Baselga, the chief medical officer Memorial Sloan-Kettering Cancer Center and his MASSIVE conflicts of interest that went undisclosed until journalists dug them up.

"The corporatization of this institution is clear to many of us who have been here a long time," said Dr. Carol L. Brown, a gynecologic cancer surgeon.

How did things get this way?

"The predicament of Memorial Sloan Kettering also reflects a shift in its own culture. Its prior chief executive, Dr. Harold E. Varmus, a Nobel Prize-winning scientist, personally kept companies at arm's length, while Thompson, also a respected cancer researcher, has more fully embraced such relationships," write Katie Thomas from the New York Times and Charles Ornstein, from ProPublica.

Memorial Sloan Kettering
Cancer Center™

Well, we just found out why. Varmus was called into question regarding his time at NIH, so he had to be a bit more careful here. Lay low for a while. Yet we know from the record of his rampant enforcement of conflicts of interest at both the NIH and NCI (where he went AFTER Sloan. Again, see the previous posts.)

Varmus was replaced with Dr. Craig B. Thompson. We detailed Baselga's conflicts. But he was far from unique. At the same time, twelve other doctors and researchers at Sloan-Kettering were serving on boards of publicly traded companies. This is more than any other major cancer center. (Though other places have them too, for instance Dr. Laurie Glimcher CEO of Dana-Farber Cancer Institute who serves on the board of GlaxoSmithKline.)

Thompson himself resigned from the boards of Merck and Charles River Laboratories after this public scrutiny. These companies had paid him $585,050 in compensation in 2017.

Why shouldn't these people be rewarded for developing life-saving cancer therapies? Perhaps…if that is what they were actually doing. But if they had nothing to hide, why would they be spouting hollow words?

"Even as Memorial Sloan Kettering leaders have promised greater transparency, they have engaged a public affairs firm, SKDKnickerbocker, to manage their message and have aggressively pushed back against the idea that the hospital's leaders are too close to industry."

SKDKnickerbocker has worked for politicians such as Obama, Andrew Cuomo, Michael Bloomberg and others. They've worked for companies such as AT&T, Facebook, and the Rockefeller Foundation.

Public relations baby! Let's spin this so it doesn't look too bad and we can continue to play the game the same way. At most minor cosmetic changes will occur but the game will continue.

I'm not saying everyone involved is a sociopath. But some surely are! These perverse incentives cloud the whole of the research done. I ask, why trust people that lie, cheat and steal?

#32 Serial Criminal – Pfizer

Would you trust a serial rapist? A serial murderer?

How about someone that has been convicted of bribing officials' multiple times? Or of misleading advertising and false claims over and over again?

No? It's great to give people a second chance, but at some point, you have to say no more!

Now, what if the criminal is not a person but a corporation? Since these have "personhood" according to our laws, shouldn't we hold them to similar moral standards?

I found an amazing website that lists all lawsuits and penalties that pharmaceutical companies have been a part of. The total comes to a staggering $46 BILLION in fees paid since 2000.

Their crimes are many. Here's just a few:

- kickbacks and bribery
- off-label or unapproved promotion of medical products
- False Claims Act and related
- drug or medical equipment safety violation
- fraud
- Foreign Corrupt Practices Act
- price-fixing or anti-competitive practices

Violation Tracker Parent Company Summary

Parent Company Name: Pfizer
Ownership Structure: publicly traded (ticker symbol PFE)
Headquartered in: New York
Major Industry: pharmaceuticals
Specific Industry: pharmaceuticals
Penalty total since 2000: $4,707,962,947
Number of records: 77

Top 10 Primary Offense Types	Penalty Total	Number of Records
off-label or unapproved promotion of medical products	$3,373,675,000	10
False Claims Act and related	$1,161,001,892	23
drug or medical equipment safety violation	$64,340,000	3
Foreign Corrupt Practices Act	$60,216,568	3
kickbacks and bribery	$34,700,000	3
environmental violation	$5,134,642	22
price-fixing or anti-competitive practices	$3,250,000	2
benefit plan administrator violation	$2,000,000	1
employment discrimination	$1,765,003	2
consumer protection violation	$1,675,000	2

Pfizer, the largest pharmaceutical company in the world, is the winner with 77 records here, paying out $4.7 Billion. Pfizer's rap sheet includes:

- 10 x off-label or unapproved promotion of medical products for $3,373,675,000
- 23 x False Claims Act and related for $1,161,001,892
- 3 x Foreign Corrupt Practices Act for $60,216,568
- 3 x kickbacks and bribery for $34,700,000
- 2 x price-fixing or anti-competitive practices for $3,250,000

Pfizer has been caught and paid for bribing foreign officials for the purpose of expanding business three times. They've been caught and paid for bribing doctors three times.

They've lied about what their drugs do and been caught 23 times.

They've price fixed in order to rake in more money and profits often from people who have trouble affording drugs. For this they've been caught twice.

They've lost criminal cases. Former Pfizer sales representative John Kopchinski stated, "The whole culture of Pfizer is driven by sales, and if you didn't sell drugs illegally, you were not seen as a team player."

I get it. We live in a litigious society. Any big company is going to have lawsuits brought against them and pay fines…But at what point do we say, no that's too much? The fees are clearly not correcting their ways. Extremely rarely in any pharma case does anyone go to jail. They continue as before.

And this is where they've been caught. Keep in mind that they'd be committing far more crimes but having the biggest lobby in Washington, they're able to change laws in their favor, to make what was once illegal, legal. (That doesn't make it less harmful.)

Lie, cheat and steal. All these crimes are business as usual. How many bribed scientists, doctors, foreign governments, etc. have they gotten away with? The Federal government alone has been paying Pfizer around $1 billion per year for the years 2009 to 2015. (That alone more than covers the fees Pfizer's paid out.)

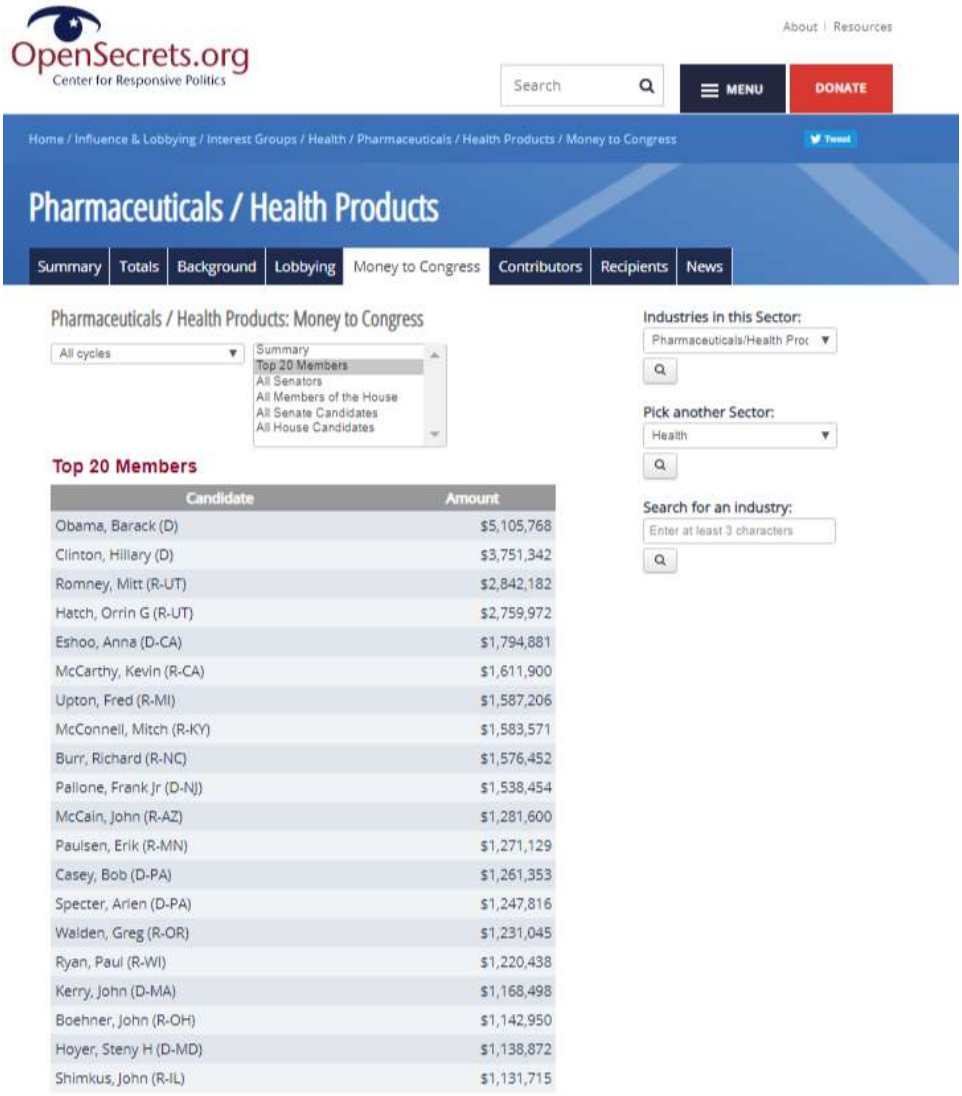
Why oh why would you trust a single damn thing such a company says or does? Why does anyone believe that pharmaceutical companies are helping humanity out?

#33 US Government in Big Pharma Pocket

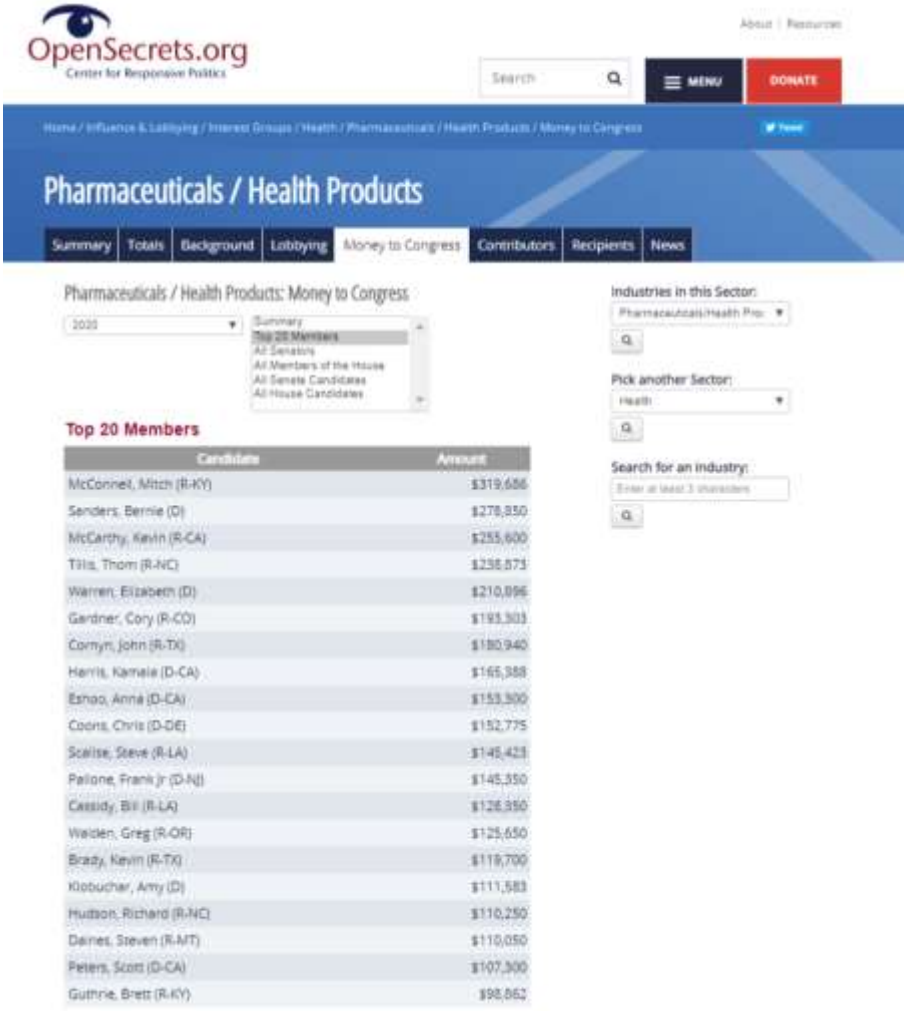
Dr. Raeford Brown, a pediatric anesthesia specialist and chair of the FDA Committee on Analgesics and Anesthetics doubts there will be any big changes in the opioid epidemic “because Congress is owned by pharma.”

“I’m really much more concerned because Congress is supposed to have oversight for the FDA,” Brown said. “If the FDA isn’t going to hold pharma accountable, and Congress is getting paid to not hold pharma accountable, then it really doesn’t matter who the president is because it’s really about Congress.”

Democrat and Republicans. Nor is it just Congress either. Presidential candidates get plenty as well.



Going through all tracked time we see that Barack Obama leads the pack with over $5 million raised. This is followed by Hillary Clinton, Mitt Romney and Orrin Hatch.



And we can look at the current election cycle.

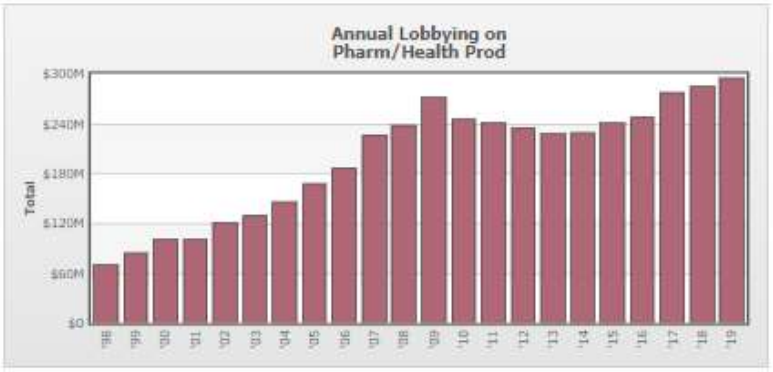
Bernie Sanders wrote, “THE AMERICAN PEOPLE ARE sick and tired of getting ripped off by the pharmaceutical industry which, next to Wall Street, is one of the most powerful and greedy forces in our country… Since 1998, the pharmaceutical industry has spent more than $3 billion on lobbying, and they have spent hundreds of millions of dollars on campaign contributions to buy politicians. In 2016, they hired 1,380 lobbyists – nearly 14 for each member of the Senate – to get Congress to do their bidding.”

So that I do find interesting when you can see that Bernie Sanders for 2020 raised almost $300,000 from Big Pharma. He is the person with the second most contributions from that group, only behind Republican Mitch McConnell.

A Yahoo News article by Adriana Belmonte, wrote that, “During the ‘17-’18 election cycle, Kevin McCarthy, now the House minority leader after midterms, received the second-highest amount of funds in Congress. The California-based politician received a total of $380,350 in campaign contributions.” These came from Pfizer, Johnson & Johnson, Eli Lilly, Merck and others.

Look at any of these lists. Go to the website yourself and click around. Understand that it is not about left or right. It is about controlling both sides.

Pharmaceuticals / Health Products: Lobbying, 2019



Industries in this Sector:
Pharmaceuticals/Health Proc

Pick another Sector:
Health

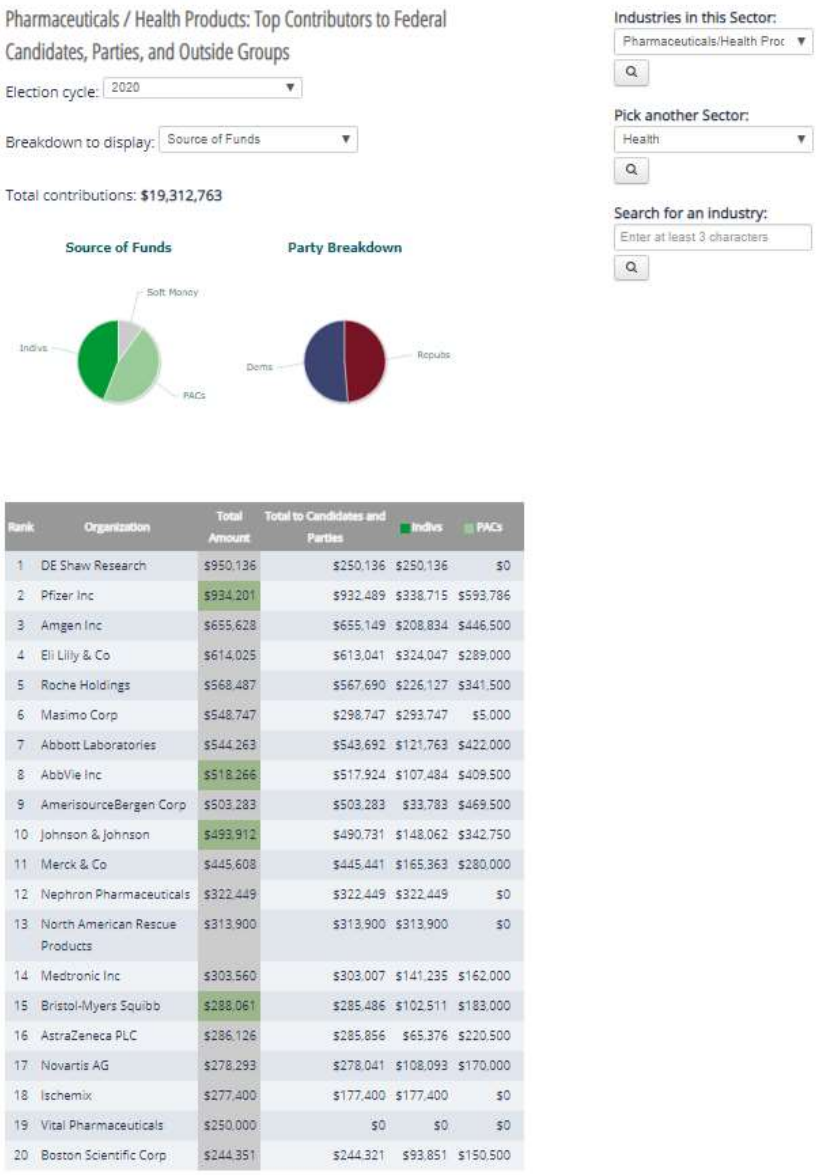
Search for an industry:
Enter at least 3 characters

Only on OS

Total for Pharmaceuticals/Health Products: $295,165,093
Total Number of Clients Reported: 417
Total Number of Lobbyists Reported: 1,465
Total Number of Revolvers: 961 (65.6%)

Client/Parent	Total
Pharmaceutical Research & Manufacturers of America	$29,291,000
Biotechnology Innovation Organization	$12,210,000
Pfizer Inc	$10,990,000
Amgen Inc	$10,940,000
Roche Holdings	$10,235,000
Bayer AG	$9,140,000
Bristol-Myers Squibb	$7,230,000
Eli Lilly & Co	$7,060,000
Merck & Co	$6,955,000
AbbVie Inc	$6,340,000
Novartis AG	$6,130,000
Johnson & Johnson	$5,830,000
Gilead Sciences	$5,720,000
Sanofi	$5,117,000
Medtronic Inc	$4,879,000

Go checkout lobbying in 2019 which shows that Pharmaceuticals and Health Products spent $295 million in 2019 alone with 1465 lobbyists.



Rank	Organization	Total Amount	Total to Candidates and Parties	Indivs	PACs
1	DE Shaw Research	$950,136	$250,136	$250,136	$0
2	Pfizer Inc	$934,201	$932,489	$338,715	$593,786
3	Amgen Inc	$655,628	$655,149	$208,834	$446,500
4	Eli Lilly & Co	$614,025	$613,041	$324,047	$289,000
5	Roche Holdings	$568,487	$567,690	$226,127	$341,500
6	Masimo Corp	$548,747	$298,747	$293,747	$5,000
7	Abbott Laboratories	$544,263	$543,692	$121,763	$422,000
8	AbbVie Inc	$518,266	$517,924	$107,484	$409,500
9	AmerisourceBergen Corp	$503,283	$503,283	$33,783	$469,500
10	Johnson & Johnson	$493,912	$490,731	$148,062	$342,750
11	Merck & Co	$445,608	$445,441	$165,363	$280,000
12	Nephron Pharmaceuticals	$322,449	$322,449	$322,449	$0
13	North American Rescue Products	$313,900	$313,900	$313,900	$0
14	Medtronic Inc	$303,560	$303,007	$141,235	$162,000
15	Bristol-Myers Squibb	$288,061	$285,486	$102,511	$183,000
16	AstraZeneca PLC	$286,126	$285,856	$65,376	$220,500
17	Novartis AG	$278,293	$278,041	$108,093	$170,000
18	Ischemix	$277,400	$177,400	$177,400	$0
19	Vital Pharmaceuticals	$250,000	$0	$0	$0
20	Boston Scientific Corp	$244,351	$244,321	$93,851	$150,500

See that serial criminal Pfizer, as covered in the last post, is the number two donator to politicians in 2020 and was number three spender in lobbying in 2019.

And perhaps the most important number, we see that 961 of these lobbyists move into government positions. A revolving rate of 65.6%. Two thirds!

Not everyone can be bought, and a donation doesn't automatically put you in their pocket…but enough government officials will do the paymasters bidding to make a significant difference.

#34 How Conflicts of Interest Continue to Fly Under the Radar

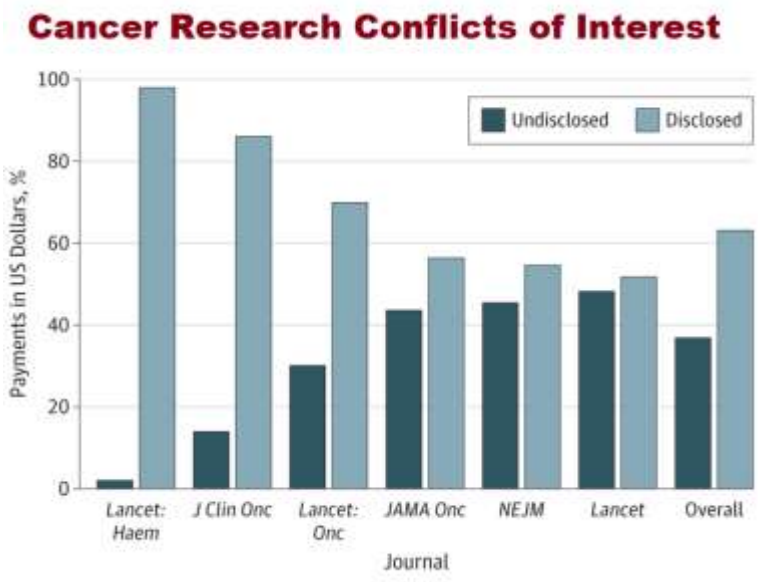
"The guidelines enacted by most major medical journals and professional societies ask authors and presenters to list recent financial relationships that could pose a conflict. But much of this reporting still relies on the honor system. A study in August in the journal JAMA Oncology found that one-third of authors in a sample of cancer trials did not report all payments from the studies' sponsors," writes Charles Ornstein of ProPublica.

The honor system!?!

If someone is willing to falsify or mislead on data, to push an agenda, to accept some form of bribes, or for a variety of other reasons, do you think that their conscience is suddenly going to speak up when they're talking about conflicts of interest?

Nope! If you cheat and steal, then lying is the easiest possible thing to do. After all, you've got to cover your tracks. It would be expected, and we do see that occurring.

In JAMA Oncology research looked at, "Financial Conflicts of Interest Among Oncologist Authors of Reports of Clinical Drug Trials." This is especially important because "these trials may change the trajectory of cancer care."



Their findings? Of the oncologists looked analyzed, 76.5% received at least one industry payment. And a whopping 32% did not fully disclose payments.

What this means is that you cannot really trust the disclosures of conflicts of interest section in cancer research papers. Common sense would tell you if it's the case here it is the same in other areas, some better, some even worse.

These are the MOST prestigious of journals we're talking about, not some rinky-dink journals.

Occasionally, after something has been abused for years (or decades) legally we put certain measure in place to stop such bad behavior. Those who abused said systems get a slap on the wrist.

For example, we know that kickbacks and other forms of payments to doctors influence their prescribing of drugs. So since 2013 you can look up any doctor or company online to see what they're paying out.

For instance, Purdue Pharma (that we covered regarding opioids) paid out over $39M in general payments and over $41M in research payments from 2014 to 2018. It's good that we can look up people and companies and find conflicts of interest…

But there's ALWAYS a workaround.

Ornstein wrote, "Companies that have not received approval from the Food and Drug Administration for their products — projects still in the testing phases — do not have to report payments they make to doctors."

For example, "Infinity Pharmaceuticals, a start-up with no approved drug, paid [chief medical officer Memorial Sloan-Kettering Cancer Center] Baselga nearly $250,000 in cash and stock options for serving on its board from 2015 to 2017."

Hidden away and undisclosed. Welcome to another layer of how the racket is run.

#35 Fluoride Flip Flop

Recently a controversial study was published in one of the biggest journals, JAMA Pediatrics.

This just in…fluoride may be neurotoxic.

It's a conspiracy theory the doctors, dentists and government officials claim! The health nuts have been wrong since the 50's when fluoride was introduced to our water supplies!

…but now the science is showing they could be right.

Released August 19, 2019, "Association Between Maternal Fluoride Exposure During Pregnancy and IQ Scores in Offspring in Canada"

The CDC considers fluoride one of the ten greatest health inventions ever. 66% of the US water supply is fluoridated. 38% in Canada. Meanwhile only 3% of Europeans water is fluoridated.

It has been touted as completely safe…without actually being tested as so, especially in pregnant women. Tell me, how can you say the science is settled when proper safety trials have never been done? (What other areas are similar unscientific message spouted?)

So that's what this new Canadian study set out to do. 512 pregnant women were measured for fluoride exposure through several methods.

Author of the study Ricky Green said, "We saw an association between prenatal fluoride exposure and lower IQ scores in children."

Specifically, this study that for every 1 mg/L average increase in fluoride intake by a mother, there was a 3.7-point drop in the child's IQ. (There were differences between boys and girls.)

Of course, as you'd expect this study is coming under heavy attack. They knew it ahead of time so Dimitri Christakis, editor in chief of JAMA Pediatrics wrote the following editorial:

"The decision to publish this article was not easy. Given the nature of the findings and their potential implications, we subjected it to additional scrutiny for its methods and the presentation of its findings. The mission of the journal is to ensure that child health is optimized by bringing the best available evidence to the fore. Publishing it serves as testament to the fact that JAMA Pediatrics is committed to disseminating the best science based entirely on the rigor of the methods and the soundness of the hypotheses tested, regardless of how contentious the results may be. That said, scientific inquiry is an iterative process. It is rare that a single study provides definitive evidence. This study is neither the first, nor will it be the last, to test the association between prenatal fluoride exposure and cognitive development. We hope that purveyors and consumers of these findings are mindful of that as the implications of this study are debated in the public arena."

Sure maybe fluoride helps harden teeth (as if that's even what you want since teeth are living tissue), but is lowered IQ worth it? This only shows an association, not cause but still, risk vs. reward.

Harvard Professor David Bellinger said, "the hypothesis that fluoride is a neurodevelopmental toxicant must now be given serious consideration."

I applaud them for having the guts to publish this. But the fact is evidence of lowered IQ has been around for a long time. A meta-analysis in 2012 found evidence of fluoride neurotoxicity from looking at 27 different studies. But this was just published in the smaller journal Environmental Health Perspectives, not JAMA.

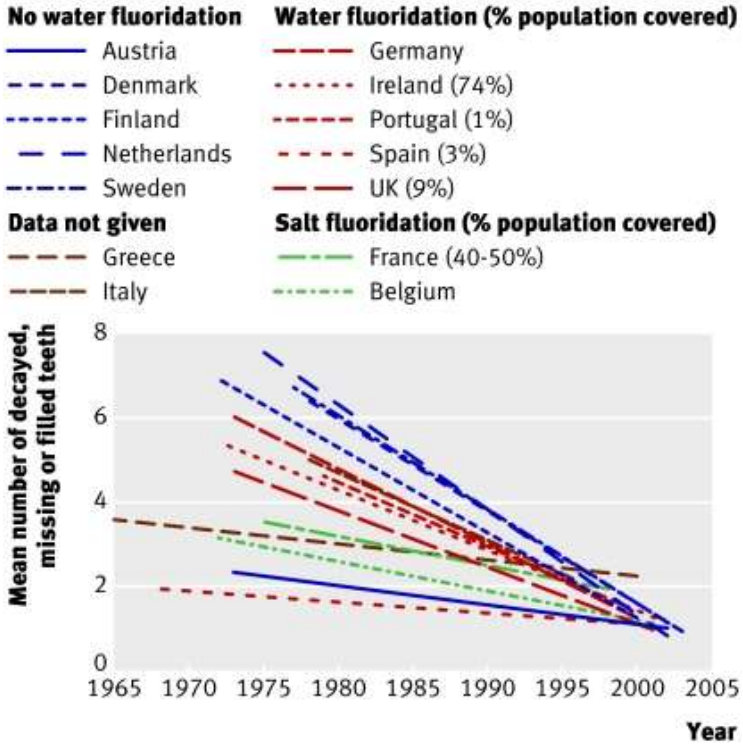
How much similar research gets the file drawer effect, or only makes it into smaller journals because of the controversy?

The fact is there is tons of other research showing associations of fluoride with other negative health impacts. Might the debate be a case of conflict of interest research and revolving door politics?

In the meantime, they're still recommending you drink your fluoride. More details on the ridiculousness of this next time...

#36 Logic and Fluoride

Because the scientific waters can so easily be muddied (see past posts) I try to look at things historically and logically instead. These are easier to follow because you don't have to be scientifically literate and know advanced statistical models to know if the wool is being pulled over your eyes by industry.



So, let's just think through this logically. The fluoride that is added to the water supply comes as an industrial by-product mostly from the aluminum industry. These silicofluorides can also contain elevated levels of arsenic and may increase uptake of lead.

"[T]oday fluorine recovery is increasingly necessary because of stringent environmental restrictions which demand drastic reductions in the quantities of volatile and toxic fluorine compounds emitted into the waste gases. These compounds now have to be recovered and converted into harmless by-products for disposal or, more desirably, into marketable products." (Denzinger 1979)

Did you catch that? Into marketable products! If you can sell your waste and make some money off it, wouldn't that be great?

Before its use against tooth decay, fluoride was used as a drug to treat hyperthyroidism. We can find it listed in Merck's 1968 drug index for that purpose.

What do we see going on in the USA? Massive amounts of hypothyroidism both diagnosed and undiagnosed. (Obviously, fluoride is not the only culprit, but one of many.) Has this been studied? Yes.

A BMJ study stated, “We found that practices located in the West Midlands (a wholly fluoridated area) are nearly twice as likely to report high hypothyroidism prevalence in comparison to Greater Manchester (non-fluoridated area).”

And here’s results from a case-controlled study: “It was found that fluoride has impacts on TSH, T3 hormones even in the standard concentration of less than 0.5 mg/L.”

A review in the BMJ (remember that Europe doesn’t fluoridate nearly as much as the US) states, “If fluoride is a medicine, [which we just saw it is] evidence on its effects should be subject to the standards of proof expected of drugs, including evidence from randomised trials. If used as a mass preventive measure in well people, the evidence of net benefit should be greater than that needed for drugs to treat illness. An important distinction also exists between removing unnatural exposures (such as environmental tobacco smoke) and adding unnatural exposures (such as drugs or preservatives). In the second situation, evidence on benefit and safety must be more stringent. There have been no randomised trials of water fluoridation.”

In other words, why aren’t we putting statins or opioids in the water supply? Because it would cause harm.

So why the hell are we taking an industrial byproduct that acts as a drug and giving it to everybody by adding it to the water supply?

How is this ethical?

All this despite lots of scientific evidence that there is at least some harm from doing so.

And most people assume it’s safe why? Because we’ve been doing it for a long time therefore the science must have been done early on, right?

Meanwhile the EPA concedes that they have no studies looking at chronic health issues with fluoride, despite its widespread use for over 70 years. They wrote, “To answer your first question on whether we have in our possession empirical scientific data on the effects of fluosilicic acid or sodium silicofluoride on health and behavior, our answer is no…with the exception of some acute toxicity data, they were unable to find any information on the effects of silicofluorides on health and behavior.”

Industry is powerful and they’ve wrapped the propaganda of the message “fluoride is safe and effective” around the government, associations, doctors, dentists and the mass of people. I can understand how they pulled the wool over the eyes of people 70 years ago. But you need only dig one inch deep on this topic to realize the ridiculousness of continued policy.

But there is hope. Dr. Peter Mansfield, a UK physician on the board of a government review of fluoridation stated, “No physician in his right senses would prescribe for a person he has never met, whose medical history he does not know, a substance which is intended to create bodily change, with the advice: ‘Take as much as you like, but you will take it for the rest of your life because some children suffer from tooth decay.’ It is a preposterous notion.”

Welcome to the upside-down and inside-out world we live in.

#37 Serial Criminal – Merck

In my opinion, Merck is best thought of as a ruthless Merc(k)enary organization out far more to make money than to help people. As such, since 1995, they've paid a total of $8,820,200,000 in penalties for their crimes including:

- $1.4 billion for off-label or unapproved promotions
- $818 million for fifteen violations making false claims
- $508 million for safety violations
- $345 million for two counts of bribery
- $36 million for price-fixing
- $500000 for breaking the Foreign Corrupt Practices Act
- $750000 for insider trading and securities fraud
- And much more

Every single year since 2011 they've been paying between $1.3 and $1.7 billion in penalties.

But don't feel bad for them. The federal government alone has that mostly covered, paying them back over $13 billion from 2000-2015. Not to mention another $143 million in state and federal subsidies.

In a previous post (#7), we detailed the criminal case of arthritis medication Vioxx, owned by Merck. This was where they falsified safety data leading to 60,000 deaths as estimated by FDA's David Graham. But here's a few more specific cases…

Merck was one producer of diethylstilbestrol (DES) which was prescribed to pregnant women but caused cancer in the women that took it. Even worse it caused lifelong problems in the babies including infertility and miscarriage.

Merck had a popular cholesterol drug, Zetia. Here they were charged with suppressing research showing risks to the liver.

A 2003 whistleblower case from a Louisiana physician accused Merck of defrauding Medicare and Medicaid by charging inflated prices. In 2008 they paid the federal government more than $650 million for this and for bribing healthcare professionals to prescribe their products.

Schering-Plough, which was bought up by Merck, plead guilty to criminal charges over fraudulently pricing Claritin, the allergy medication, which also included paying kickbacks.

They've also cheated on taxes multiple times. This included setting up a subsidiary in Bermuda to avoid $1.5 billion in taxes over ten years. This was one of four disputes that was settled with $2.3 billion paid to the IRS in 2007.

Way back in 1968 the SEC found that Merck had paid “bribes” to government officials and agencies in 36 of 162 countries it did business.

This is just a handful of their many crimes (and of the ones that have come to light).
Why does anyone still trust any science they’ve touched? Why does anyone believe their marketing about their drugs? Crimes are how they do business.

Merck also makes vaccines. Of course, you should trust them there because everyone knows that vaccines are completely safe and effective. Their regular drugs division may commit a bunch of crimes, but there’s no chance that they could possibly do anything wrong with vaccines.

(…oh wait, there’s the ongoing whistleblower case from Merck’s own scientists saying they falsified efficacy data in Mumps. This court case, which is being delayed left and right, a common industry tactic, started literally ten years ago today.)

#38 Serial Criminal – Johnson & Johnson

With Johnson & Johnson (J&J) we see $4.2 billion in penalties paid out since 2000. This includes:

- Off-label or unapproved promotions - 10 records for $3.1B
- False Claims Act violations - 12 records for $558M
- Safety violation - 11 records for $407M
- Foreign Corrupt Practices Act violation - 3 records for $70M
- Price-fixing - 1 record for $60M

Penalty total since 2000: $4,244,089,549

Number of records: 53

Top 10 Primary Offense Types	Penalty Total	Number of Records
off-label or unapproved promotion of medical products	$3,136,000,000	10
False Claims Act and related	$558,705,368	12
drug or medical equipment safety violation	$407,369,888	11
Foreign Corrupt Practices Act	$70,450,000	3
price-fixing or anti-competitive practices	$60,000,000	1
consumer protection violation	$5,769,000	5
wage and hour violation	$5,000,000	1
Controlled Substances Act violation	$511,000	1
environmental violation	$259,750	6
workplace safety or health violation	$19,131	2

Started in the 1880's, J&J made its name in various household products such as shampoo, Band-Aids and baby powder. It went on to acquire many pharmaceutical and medical device companies.

Tylenol was its biggest seller, representing one third of its profit in 1982. When someone replaced capsules inside the bottle with one's laced with cyanide in Chicago, seven people died.

J&J immediately went to the media to tell people to stop taking their product. They issued a nationwide recall to determine the extent of the problem. This is regarded as one of the great cases of a corporation doing the right thing, at tremendous cost to itself. They acted to save the public and they bounced back quickly because of doing so. (And this is where tamper-proof bottles became a thing.)

Yet, as we'll see in the next post, J&J was hiding evidence of harm in other products as early as the 1970's with its popular baby powder.

Still I think it's important to point out with J&J that the criminality has gotten worse with time. This is bound to happen when you realize that corruption expands over time in any large institution.

One of the biggest criminal pharmaceutical company cases occurred in 2013. J&J paid $2.2 billion in fines for marketing the anti-psychotic Risperdal. They marketed that drug for unapproved usages, paid doctor's kickbacks and encouraged off-label usage.

Then Attorney General Eric Holder said they "recklessly put at risk the health of some of the most vulnerable members of our society -- including young children, the elderly and the disabled…it constituted a clear abuse of the public trust, showing a blatant disregard for systems and laws designed to protect public health. As our filings make clear, these are not victimless crimes."

Alex Gorsky was VP of sales and marketing when that false marketing was being perpetrated. Instead of being held liable…he got promoted to his still current position as CEO in 2012.

Under his leadership J&J played a role in the opioid crisis for which they were ordered to pay $572 million to Oklahoma. Judge Balkman said J&J spread "false, misleading, and dangerous marketing campaigns" that had "caused exponentially increasing rates of addiction, overdose deaths." Appeals and other court cases are ongoing in the opioid epidemic.

And let's not forget the $21.4 million criminal penalty for bribes to government officials in Greece, Poland and Romania, as well as kickbacks to Iraq. Included in this were charges of conspiracy…because you know any conspiracy theories about Big Pharma are automatically dismissed by most, yet here is proof of one of them.

There's so much more. In 2008 J&J engaged in a "phantom recall." Their Motrin IB capsules were not dissolving so they hired contractors to buy up product off the store shelves thus not going through the official recall methods.

They paid out almost $2.5 billion to 8000 people with flawed hip implants and $117 million for dangerous pelvic mesh surgeries.

Next time, the big cancer-causing baby powder debacle…

#39 Johnson & Johnson's Asbestos Baby Powder

Some people think "conspiracies" can't exist because someone would talk. Well, this one took only half a century to come to light!

Late in 2019 Johnson & Johnson (J&J) recalled 33,000 bottles of its baby powder. The FDA (finally) found cancer-causing asbestos inside. J&J claimed they had stringent tests, never found asbestos, and that it was safe…except that concerns had been raised back as early as 1971 and many times since.

New York Times reported "An executive at Johnson & Johnson…recommended to senior staff in 1971 that the company "upgrade" its quality control of talc. Two years later, another executive raised a red flag, saying the company should no longer assume that its talc mines were asbestos-free…In hundreds of pages of memos, executives worried about a potential government ban of talc, the safety of the product and a public backlash over Johnson's Baby Powder, a brand built on a reputation for trustworthiness and health."

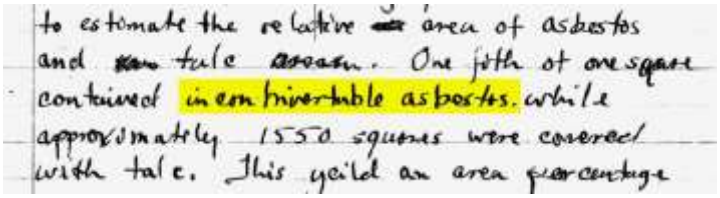
Even the smallest amounts of asbestos are considered carcinogenic, being linked to mesothelioma and ovarian cancer.

Did J&J pull their products like they did with laced Tylenol as covered last time? No…they covered it up every possibly way they could.

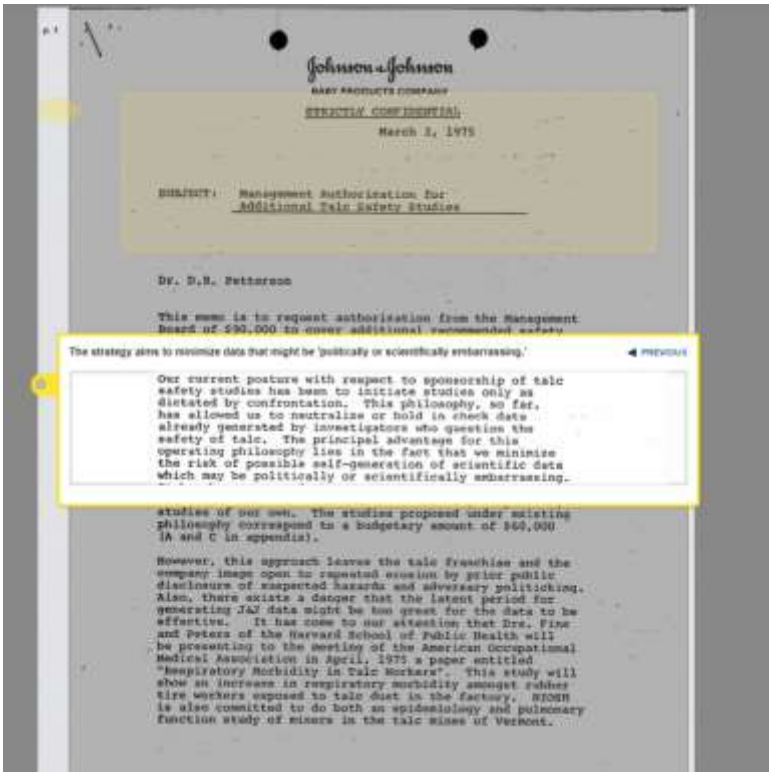
In 1976, Arthur Langer at the Mount Sinai Medical Center found asbestos in talcum powders. The president of Mount Sinai issued a news release to say that these were older powders and new ones were safe, though that wasn't the case. You see, Mount Sinai received funding from the Robert Wood Johnson Foundation, started in the early 1970's with $1.2 billion of J&J stock. J&J CEO Philip Hofmann also served on the foundation board.

(Philanthropy obviously can be used for good…and philanthropy can also be used for power and control especially to protect profits.)

J&J put pressure on the FDA to not release what it deemed “untrue information”. This despite scientists reporting “incontrovertible asbestos,” or asbestos fiber counts that “seemed rather high.” They pressed the FDA to use a subpar method that wouldn’t detect amounts under 1%, which FDA officials were okay with.


to estimate the relative area of asbestos and talc areas. One fifth of one square contained incontrovertible asbestos, while approximately 1550 squares were covered with talc. This yeild an area percentage

An internal J&J memo, marked strictly confidential, from a research director, says how science was to be handled. “Our current posture with respect to sponsorship of talc safety studies has been to initiate studies only as dictated by confrontation. This philosophy, so far, has allowed us to neutralize or hold in check data already generated by investigators who question the safety of talc. The principal advantage for this operating philosophy lies in the fact that we minimize the risk of possible self-generation of scientific data which may be politically or scientifically embarrassing.”


Johnson & Johnson

BABY PRODUCTS COMPANY

STRICTLY CONFIDENTIAL

March 3, 1975

SUBJECT: Management Authorization for Additional Talc Safety Studies

Dr. D.R. Patterson

This memo is to request authorization from the Management Board of $90,000 to cover additional recommended safety

The strategy aims to minimize data that might be 'politically or scientifically embarrassing.'

Our current posture with respect to sponsorship of talc safety studies has been to initiate studies only as dictated by confrontation. This philosophy, so far, has allowed us to neutralize or hold in check data already generated by investigators who question the safety of talc. The principal advantage for this operating philosophy lies in the fact that we minimize the risk of possible self-generation of scientific data which may be politically or scientifically embarrassing.

studies of our own. The studies proposed under existing philosophy correspond to a budgetary amount of $60,000 (A and C in appendix).

However, this approach leaves the talc franchise and the company image open to repeated erosion by prior public disclosure of suspected hazards and adversary politicking. Also, there exists a danger that the latent period for generating J&J data might be too great for the data to be effective. It has come to our attention that Drs. Fine and Peters of the Harvard School of Public Health will be presenting to the meeting of the American Occupational Medical Association in April, 1975 a paper entitled "Respiratory Morbidity in Talc Workers". This study will show an increase in respiratory morbidity amongst rubber tire workers exposed to talc dust in the factory. NIOSH is also committed to do both an epidemiology and pulmonary function study of miners in the talc mines of Vermont.

Reuters reported, “An early 1970s study of 1,992 Italian talc miners shows how it worked: J&J commissioned and paid for the study, told the researchers the results it wanted, and hired a ghostwriter to redraft the article that presented the findings in a journal.”

And THAT is how you control the scientific consensus. Do you think they’re the only ones to successfully do so? It’s taken almost fifty years for this to now be publicly accepted…even though J&J continues to spin it. Deny, deceive, delay…

Back in February this year, a New Jersey jury ordered Johnson & Johnson to pay $750 million to four people who said that J&J’s baby powder gave them cancer. More court cases are coming.

From baby powder to opioids (where Oklahoma State Attorney Brad Beckworth called them the “kingpin” of the “pharmaceutical industry cartel”), J&J has got their hands in a lot.

Now they’re branching into new territory. Despite this track record (or because of it?!?) they just received a record-breaking $456 million contract to be one of the saviors coming to protect us all with new upcoming vaccine.

#40 Evil Lilly

“One of the most evil pharma corporations in the world, Eli Lilly & Company. You may have heard of them. They’re evil. And I can say that because I was part of the evil.”
- Dr. John Rengen Virapen who worked 35 years for Eli Lilly in many positions including as an executive.

Should we believe a man who perpetrated such evil and later grew a conscious? Well, we don’t have to rely just on his words…

Lilly has come under fire for their blockbuster drug, Prozac (fluoxetine). Ironically, or devilishly, depending on how you look at it, a drug made for depression leads to increases in suicide. (Not to mention homicide as covered previously in #10.)

In Lilly’s internal records, suicides were changed to overdoses (despite prescribed doses leading to suicides) and suicidal ideation to depression to hide the side effects.

Lilly covered these up in seeking approval for the drug. Yet Virapen discussed how he bribed Swedish and German officials to approve the drug. In 1997 it was the fifth most prescribed drug, a blockbuster making over $1 billion per year!

Within the US, they worked hand in hand with FDA officials. Lilly was able to cover-up it’s tracks for some time including settling court cases in ways that their deeds didn’t become public knowledge. Still, eventually the FDA issued a black box warning on antidepressants stating these risks.

There’s someone close to me that as a teenager tried to take their own life while on Prozac. Fortunately, they were unsuccessful in doing so, but others weren’t so lucky.

Imagine you’re feeling down so your doctor prescribes you a medication. It then causes akathisia, which people describe as a feeling of wanting…needing…to jump out of their own skin leading some to try to accomplish that.

Peter C. Gøtzsche sums it up well. “Lilly’s internal papers disclose a long and successful battle against the idea that Prozac could induce violence or suicide, and they suggest that Lilly had an explicit strategy to blame the disease and not the drug, which some of Lilly’s own scientists had reservations about.”

That’s one case of Evil Lilly’s deeds.

The biggest case in which they got caught was in marketing another psychiatric drug Zyprexa for off label and unapproved uses. For this they were fined $1.4 billion, which included a $515 million criminal fine, the largest ever at that time in 2009.

This antipsychotic drug was given to elderly people for dementia, Alzheimer’s, sleep disorders and more. “Eli Lilly’s management created marketing materials promoting Zyprexa for off-label uses, trained its sales force to disregard the law and directed its sales personnel to promote Zyprexa for off-label uses…Eli Lilly expended significant resources to promote Zyprexa in nursing homes and assisted-living facilities.”

They also promoted this to people of all ages, including children for anxiety, depression and other mood disorders. This drug too led to deaths. Former Eli Lilly sales representative Robert Rudolph said, "You have to remember, with Zyprexa, people lost their lives."

No one went to jail. Zyprexa was another blockbuster, raking in at least $39 billion since 1996 so the $1.4 billion fine and their being forced to sign a corporate integrity agreement surely mended their ways, right?

This literally only scratches the surface of Evil Lilly’s practices. They’ve shown a pattern of going after the vulnerable, children and elderly, with drugs that increase death significantly. I don’t know about you, but that qualifies as evil in my book.

#41 Meet the Man Responsible for Trillion Dollar Transfer from Public Coffers to Big Pharma (and Tens of Millions into His Own Pockets)

This makes me despise politicians more…and at the same time feel bad for the ones that are honest as this is what they have to deal with.

Billy Tauzin was a longtime Democrat in Congress representing Louisiana starting in 1980, nicknamed the "Cagey Cajun" for his methods. But he switched to Republican in 1994 as that party took power in the House. (Clearly, a man of principle!) His salary as congressman was $162,000.

He helped to craft and pass the Medicare Prescription Drug Improvement and Modernization Act of 2003. One of the provisions of this bill was that the government was not able to negotiate drug prices with pharmaceutical companies, nor import cheaper drugs from overseas. Taxpayers paid the full rate despite being the biggest customer by far.

"The pharmaceutical lobbyists wrote the bill," said Republican Representative Walter Jones. More importantly, see how it was passed!

Wendell Potter and Nick Penniman cover this in their book Nation on the Take: How Big Money Corrupts Our Democracy. "Early in the morning of Friday, November 21, 2003, just before the Thanksgiving break …[the] thousand-page bill finally landed on House members' desks. To their astonishment, they were told they would have only a few hours to review it before having to vote on it."

“The timing of the vote was in itself unusual. What came next, however, was something that had never happened before in the history of the country. Jones said it was the “ugliest night” he had ever witnessed in more than two decades as a member of Congress. Tauzin, Hastert and DeLay, who had received hundreds of thousands of dollars from drug companies during their political careers, knew it wouldn’t be easy to pass the legislation without a plan to pay for the costly new entitlement other than through permanent deficit spending. But they believed they had the support they needed when they called for a vote at 3:00 a.m. on Saturday.”

“Among the shenanigans, reportedly sanctioned by House leaders: freezing C-SPAN cameras and allowing lobbyists on the House floor as the vote was being taken.”

“Despite the arm twisting, the bill was still short of the 218 votes needed for passage after the standard 15-minute voting period. Rather than accept defeat, however, Hastert added two minutes to the voting clock. When that wasn’t enough, Hastert decided to keep the vote open indefinitely to give the pharmaceutical lobbyists more time to change minds.”

(This is an aside but shows more of the morality of these men. Dennis Hastert would go on to be convicted of molesting several underage boys!)

They threatened to fire Richard Foster, chief actuary of the Medicare system, and thus blocked information about how much this bill would cost taxpayers from reaching anyone in Congress. Had this information been available there is no way the bill would have passed.

This full court press led to eventually enough yes votes being counted. The billed passed at 5:53 am.

Tauzin’s reward? He retired from Congress and within the next few days became CEO of PhRMA with a $2 million per year salary. PhRMA is the Pharmaceutical Research and Manufacturers of America, the industry trade group.

He wasn’t the only one. Fifteen lawmakers, staff and officials took healthcare industry jobs within a year of that bill being passed. Craig Holman of Public Citizen said, "The pharmaceutical industry got rich, Congress got rich, the executive branch that worked on the bill got rich. Everyone got rich on this except the American people.”

A New York Times article reports, “In 2007, the Democrats added a new provision to the House ethics code known as the “Tauzin rule,” which specifically bars a lawmaker from negotiating deals for future employment while still on the job.”

It’s always great to have an ethics rule named after you because of what you did!

In his new role, over the next few years Tauzin was able to kill legislation that would repeal the most egregious parts of that act. He had his hand in the Affordable Care Act making sure it benefited his paymasters.

Potter & Penniman write, “We can also thank Tauzin and many of his friends in Washington for increases in both our taxes and the national debt. In fact, by 2023, the US government’s debt will likely be more than a trillion dollars higher than it otherwise would be.”

Tauzin’s cut of the action grew. In 2010 PhRMA paid him $11.6 million.

What do you do with all that money? Wikipedia says that “Tauzin endorsed Jerome Schneider's book The Complete Guide to Offshore Money Havens, dubbing the book "A serious contender for the best book on offshore banking I've ever seen."” So he’s read multiple of them! Well, I guess we shouldn’t expect someone that would fleece the taxpayers to want to pay his own taxes either.

Welcome to how politics are played. The criminal medical cartel breaks the laws, they skirt the laws, but most of all they make the laws because they buy the lawmakers.

#42 How to AVOID Medicine

"[A] number of the previous studies have established that modern medicine is one of the major threats to the world health," write Peer and Shabir in a review of iatrogenesis.

Therefore strive as best as possible to avoid doctors, hospitals and pharmaceutical medicine for the good of your health!

That may sound like I'm being facetious, but I'm not. Of course these have a time and place. Get your arm ripped off and you want the best doctors armed with advanced technology and drugs to save you. But outside of acute trauma their usefulness begins to fade.

And for many health issues they are worse than nothing at all. This is a generalization. Obviously, not all doctors nor the treatments they prescribe and do, are the same.

Even with diagnosis, we need to be careful. There are lots of false positive and false negatives in medicine. False positives, for example with mammography, can be horrendous because of the treatment that will surely follow. (Not to mention that mammography can cause the very thing it is looking for!)

I would argue that even getting a yearly check-up from a doctor CAN be problematic. If your cholesterol is a little high and you're put on a statin because of it, you're starting the slippery slope of more doctor visits, more drugs, greater interventions and thus, greater chance of iatrogenic problems.

I'm not saying to not get a check-up. I'm saying make sure you have a great doctor.

Now, I want to turn the issue towards more positive light. If you avoid modern medicine as much as possible, what should you do for your health?

1. Learn how to change your behaviors. Behavior or habit modification is necessary in order to right the ship of health. You can start small but recognize that many changes can be made involving all the steps to come.

2. Learn how to clear up emotional and mental baggage. More than the physical this is the stuff that blocks most people from having ideal health. The methods for doing so are nearly infinite. I personally like NLP and EFT. Just find something that works for you.

3. Move well. The better you can move, in general, the healthier you are. Strength, cardio, flexibility and mobility. And instead of working on each of these things in isolation, bring them all together for time-efficient and superior results.

4. Breathe well. Deep breathing through the nose at a small volume and slow speed as your regular breathing pattern is ideal.

5. Eliminate toxins as much as possible. We live in a toxic world. It's unavoidable, but you can do a whole lot to minimize toxic load. Eat organic. Get rid of the majority of skincare products. Check your water and air supply. Check your household goods.

6. Open up your channels of detoxification. Despite all the steps above you'll still be getting toxins. Your body alone produces them. The body can store them, or it can get rid of them. By keeping your eliminations going, and supporting them with fasting, herbs, various other methods you'll be cleaner on the inside.

7. Support your microbiome. Realize it's not just about you but all the bacteria, fungi, viruses, even parasites inside. Support them and they support you.

8. Eat real food. In addition to minimizing the toxins you get from food you want to optimize the nutrients, both macro and micro, you get from food. Almost everyone is deficient in some things. Different people can have vastly different diets and be healthy.

9. Get hydrated. Find a quality water source and realize that a lot of hydration comes from food itself.

10. Get into the elements. The sun is good for you in the right amount (without toxic sunscreens please). Touching the earth is good for you. Breathing fresh air is good for you. Being outside in nature is good for you.

11. Sleep well. Both quantity and quality are uber-important. There is no way around this. Embrace it rather than fighting it.

12. Relax body and mind. It doesn't have to be a strict meditation practice, though that is great. But everyone needs activities that relax, replenish and restore them.

13. Get social. Recognize that a healthy social life with family and friends is one of the most important things on this list. And hopefully the people around you can support you in all these other activities too. You are who you hang out with!

14. Have purpose. It doesn't have to be in a career, though that is obviously great. But you must lead a purpose-driven life to be healthy.

If you do all of this, you will be healthy by and large. It's not a black-or-white thing. Instead think of all these things as existing on a continuum. Over time you can continue to improve further and further.

Do all this and your need for doctors, hospitals and modern medicine will be limited. Thus you can best avoid one of the leading causes of death, death by medicine.

#43 The Proper Use of Drugs

“If we used medicines rationally, we would have much healthier populations, at a fraction of the expenditure we currently have on drugs. In 2012, the top 50 companies sold $610 billion in human prescription pharmaceuticals. I have little doubt that we could easily save 95% of this, which are annual savings of $580 billion.” - Peter Gøtzsche

Even before reading Gøtzsche’s book I was estimating that we could do away with somewhere between 90-99% of drug use and would be better off for it. This is especially true if we had the same kind of money and effort dedicated to researching alternatives such as diet, nutrients, herbs, energy medicine, etc.

Western medicine is great…for the things it is great at! But it is also one of the biggest money makers around, shown to be run by criminal companies and their scientific, political and media partners. That means they push to do more and more.

Thus, for your own health and that of your family, you must recognize when and how to best make use of Western medicine, and when and how to best make use of alternatives.

Gøtzsche provides a useful list of what to do and not to do when interacting with the medical establishment:

“Withdraw your membership if your patient organization accepts industry favours.”

For instance, the Arthritis Foundation took over $3 million from Big Pharma. The American Diabetes Association took almost $4 million. If they do this, they’re more likely to push drugs on you that may not be in your best interest, rather than proper lifestyle modification. More on these organizations in a future issue.

“Ask your doctor whether he or she receives money or other benefits from the industry, has shares in a company or is visited by drug salespeople, and if so, find yourself another doctor.”

This one is pretty obvious. But the truth is asking this question might make it hard to find a doctor!

“Avoid taking drugs unless they are absolutely necessary, which they rarely are. Ask if there are other options and whether you’ll be better also without treatment; remember that very few patients benefit from the drugs they take.”

Yes, often times doing nothing might be the best bet! Or the wide-range of various other forms of treatment available. Since most diseases these days are lifestyles diseases the treatment is changing your lifestyle as covered last time.

“Ask if there are cheaper drugs than the ones your doctor suggests.”

Many drugs prescribed are on patent, thus being highly marked up. Compare this to generics or older drugs which can cost less than one tenth as much. Often times these work just as well, sometimes even better.

“Avoid taking new drugs the first 7 years they are on the market because, unless it is one of those very rare ‘breakthrough’ drugs that offers you a documented therapeutic advantage over older drugs, most drugs that are withdrawn for safety reasons get withdrawn within the first 7 years.”

This was an idea I’d never heard before, but it makes sense. Unless there’s a reason to be using something new, stick with the tried and true. Despite clinical safety trials, with more use comes more data (after-market surveys), which sometimes show that a drug is not safe and bigger numbers were needed to see this.

“Remind yourself constantly that we cannot believe a word of what drug companies tell us, neither in their research nor in their marketing or information to patients.”

In other words, do not trust their marketing, which unfortunately includes many of the scientific studies they produce and the doctors and others they influence. Do your own research looking at both sides.

In addition, my friend Steve Young told people that the best question to start asking doctors was “What is the root cause of this issue?” As almost all treatment is for symptoms only, this gets you pointed in the right direction.

This requires asking uncomfortable questions. But isn’t that better than the alternative of being placed on costly drugs, on worthless drugs, or at the very worst harmful drugs?

#44 Remdesivir – Poor Science and Conflicts of Interest

Remdesivir is an intravenous anti-viral drug being used for the novel coronavirus. It is produced by Gilead Sciences.

Pharmaceutical companies tend to have very high profit margins. When more than 10% profit is considered good…Gilead had over 50% profits in 2015 on $32.6 billion dollars!

With the novel coronavirus, the drugs companies have been rushing to cash in (*ahem* save lives).

The NIAID study showed that those patients with COVID19 taking remdesivir improved in recovery time and discharge from the hospital, down from 15 days to 11 days. However, the survival difference between remdesivir patients and placebo control was not statistically significant (8% vs. 11.6%).

(Meanwhile, a Chinese study published earlier at the end of April did not find any statistically significant clinical improvement. Here 14% of remdesivir patients died while 13% on placebo did, though again, not statistically significant.)

Christopher Roland of the Washington Post wrote, “Fauci said the results were modest. But, lacking any other treatments, he proclaimed the drug the "standard of care" for hospitalized coronavirus patients. Full results of the trial have not been released, and many questions about the drug's effectiveness remain unanswered.”

The standard of care based on a press release and an interview. On May 1st the FDA issued emergency use authorization for remdesivir for treating COVID-19.

Over three weeks later, on May 22nd, the full study and data was finally released. Turns out the results for faster recovery time were only for a sub-group, those also receiving supplementary oxygen. Furthermore, they also changed the primary outcome during the trial from number of

deaths to recovery time while the trials were ongoing (though those who changed it said they didn't have access to the data).

The study concludes, "These preliminary findings support the use of remdesivir for patients who are hospitalized with Covid-19 and require supplemental oxygen therapy. However, given high mortality despite the use of remdesivir, it is clear that treatment with an antiviral drug alone is not likely to be sufficient."

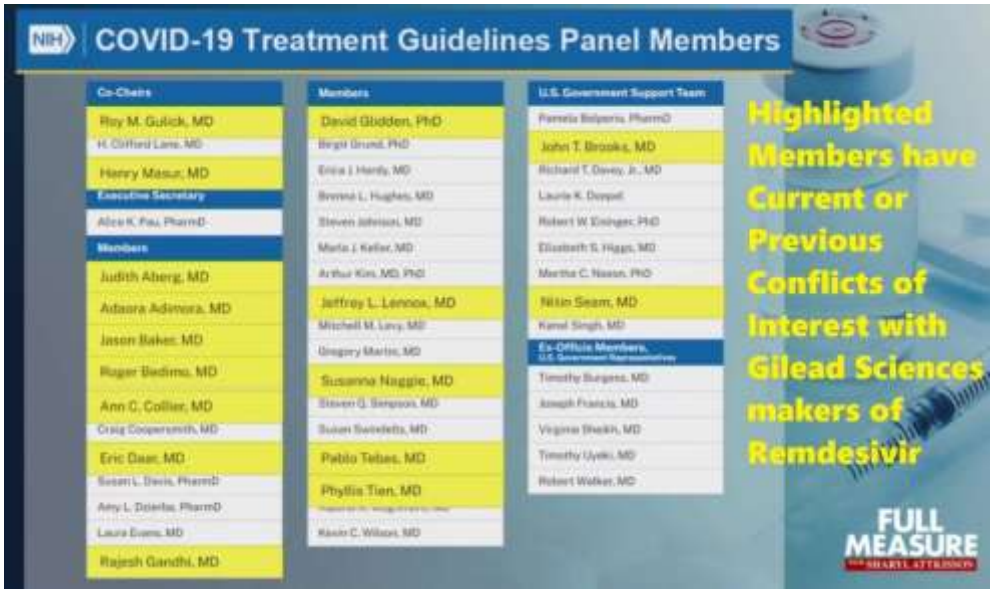
At the time of writing there are numerous other clinical trials with remdesivir in progress.

Early on, Gilead pledged to donate 1.5 million doses of the drug. Beyond that, an independent organization estimated that Gilead could be charging up $4500 per patient for the drug…on something that is estimated to cost $1 per dose. What is $4500 more when that average coronavirus hospital bill is $30,000, especially since few patients are paying out of pocket?

So at best the drug has a modest effect. At worst, it has some negative side effects that was dropping people out of the trials. But wait, there's more…

As I've established over the course of this series, conflicts of interest are often at the root of controversies of the medical monopoly. Here is no different.

Investigative journalist Sharyl Attkisson said, "When it comes to money, we checked financial ties among experts on the government panel devising coronavirus treatment guidelines—which had the effect of dialing back hydroxychloroquine use and giving an edge to remdesivir. We found that of 11 members reporting links to a drug company, nine of them named relationships to remdesivir's maker Gilead. Seven more, including two of the committee's leaders, have ties to Gilead beyond the 11 months they had to disclose. Two were on Gilead's advisory board. Others were paid consultants or received research support and honoraria."



There are other conflicts, but Gilead is by far the leader. Isn't it interesting that the only approved drug happens to come from this company? Just a coincidence, right?

To give perspective on how conflicts of interest work on government panels we can look at the criminal case of Vioxx and similar drugs. The FDA's 2005 advisory board had 32 advisors, ten of which had conflicts of interest with the drugs' maker Merck. The board voted to keep these dangerous drugs on the market, but had these conflicted members not been involved, the vote would have gone the other way. Eight of these ten said that their ties did not alter their votes. (At least two were honest about it!)

Next time, we'll turn to the even more controversial hydroxychloroquine, which is off patent and very cheap in comparison. Never has science become so politicized with a media barrage involved…

#45 Hydroxychloroquine – Poor Science and Conflicts of Interest

Last time we covered the drug Remdesivir for COVID-19 and how this was bound to conflicts of interest with the drug's maker Gilead in the approving committee, as well as some questionable science on whether it worked. Now we turn to hydroxychloroquine (HCQ), which was notably promoted by President Trump.

In this case, we'll cover the drug in the same way as the previous one, looking at science and conflicts of interest.

The crazy thing is it is not possible to have this conversation in a balanced way anymore as politics is more polarized than ever. Personally, I am critical of lots of Trump's actions and words, but unlike many, I am not blinded by 100% hatred for the man. There are some things he does and says that I do agree with.

Trump was not the first one to talk about HCQ. This was recommended by scientists across the world first and foremost by French Dr. Didier Raoult who said, "We know how to cure the disease."

One study touted by the media in the USA was done at the VA showed that more people died when taking HCQ. But there were flaws in this study. As a retrospective study, it wasn't randomized. More importantly sicker patients were put into the treatment group, which would then make sense as to why they died more.

An influential study was published in the Lancet showing HCQ increased mortality which seemed to be the death-knell for this drug, so much so that the WHO paused its other ongoing trials of the drug (which were later resumed). This led many to claim that Trump's disinformation was killing people!

Yet, this study was later retracted when the company behind the data, Surgisphere, wouldn't share said data. They were behind another NEJ M paper that got retracted for the same reason, though this one looked at ACE inhibitors, not HCQ.

Looking deeper, these are the only studies this company's data has been used for. According to LinkedIn they only had five employees. Checking at the time of writing this, the number has gone down to two. Prior to February of this year the company only had one employee, the founder Dr. Desai, who has had malpractice suits against him.

(Part 2) The URL for the company has been excluded from the Internet Archive Wayback Machine. This is highly unusual, in fact, I have never seen any site disappear from it before!

There is much more controversy behind this company and its founder which you can find in the references. In other words, Surgisphere appears to be a shell company whose sole aims appeared to be to make HCQ look bad. So who was behind it?

One thing we find is that the Lancet paper's lead author, Dr. Mandeep Mehra has a long list of drug and medical company conflicts. He has "personal fees from Abbott, Medtronic, Janssen, Mesoblast, Portola, Bayer, Baim Institute for Clinical Research, NupulseCV, FineHeart, Leviticus, Roivant, and Triple Gene." This study was "supported" by Brigham and Women's Hospital where they're also doing Remdesivir studies with over 1,000 patients, for which they're receiving funding from Gilead.

Yes, there are still more studies that show no benefit. Many of these don't use zinc which is said to open the cellular pathway to allow HCQ into the cells to work. Dr. Anthony Cardillo said "[HCQ] really only works in conjunction with zinc. Every patient I have prescribed it to has been very, very ill and within eight to twelve hours they were basically symptom-free and so clinically I am seeing a resolution."

Importantly, there are many studies that DO show benefit with little to no risk. A public Google document titled, "Sequential CQ / HCQ Research Papers and Reports January to April 20, 2020: Executive Summary Interpretation of the Data In This Report" shows more than 20 trials from across the world. They state, "The HCQ-AZ combination [an antibiotic also used in combination], when started immediately after diagnosis, appears to be a safe and efficient treatment for COVID-19, with a mortality rate of 0.5%, in elderly patients. It avoids worsening and clears virus persistence and contagious infectivity in most cases." Doctors across the world are saying it does work.

(Part 3) What about Trump's conflict of interest for HCQ? A big hubbub was made of this. New York Times reported, "Mr. Trump himself has a small personal financial interest in Sanofi, the French drugmaker that makes Plaquenil, the brand-name version of hydroxychloroquine…As of last year, Mr. Trump reported that his three family trusts each had investments in a Dodge & Cox mutual fund, whose largest holding was in Sanofi."

Mutual funds own lots of stocks. For this reason mutual funds are exempt from conflict of interest laws (not that that makes it impossible for them to be a problem). Yet his stake in Sanofi is no more than $1,500. More importantly, HCQ is off-patent. While Sanofi makes it, so do many other companies. And its dirt cheap, especially compared to the new patented Remdesivir.

Meanwhile all of the New York Times articles I've seen have been silent regarding the conflicts of interest behind the approval of Remdesivir.

This is how "science" is done in our modern world. While most of the time bad science hides in the shadows, this is one of the most blatant examples I've seen! Too bad our news cycle has moved on, so the people aren't thinking about this anymore. Few and far between will hear this story. Remdesivir is still the standard of care being promoted.

Yet, some are fighting back. The Association of American Physicians & Surgeons has sued the FDA, Health & Human Services and BARDA over this to "to end the irrational interference."

One more personal thought…it's all misdirection!

(Part 4) What is the drug that will save us? Notice how the entire scientific, political, and medical conversation is on this drug, that drug, or the vaccines. Notice how nothing is mentioned about ANY of the important aspects of health. I'm not saying we shouldn't be doing drug trials and find those that can help. That's all well and good, but if it really were about health and saving people we'd be talking about much else.

There are plenty of trials showing common nutrients are working for this disease; zinc, vitamin C, vitamin D, phytonutrients, etc. Even Google is censoring those topics as the CEO of YouTube said they will "remove information that is problematic, including anything that is medically unsubstantiated, such as take vitamin C, take turmeric. Anything that would go against WHO guidelines, we will be taking those down."

#46 Scientific Racism

With race being in the news, I figured it would be worth looking into conventional medicine's racist past up to current times. Yep, scientific racism is deeply wrapped in eugenic roots and a part of how modern medicine came to be.

Understand that both science and medicine were some of the strongest tools used to reinforce the belief that white men were superior.

There's no better well-known example of this than that of Tuskegee. Syphilis was a scourge at the time. Medical treatment for this involved mercury and arsenic which, as you might imagine, had a low cure rate and toxic side effects including death.

The official name of this scientific study was "Tuskegee Study of Untreated Syphilis in the Negro Male" which began in 1932. 600 black men were enrolled in Macon country, Alabama. 399 with syphilis and 201 without. The researchers told the men they were being treated for "bad blood" but no treatment was given beyond placebo, instead just observation of the disease running its course which included blindness, insanity and death.

The study was done without informed consent, meaning the participants were lied to about what was happening. They called it a "study in nature" rather than an experiment because it was believed that black people would not seek out treatment for syphilis.

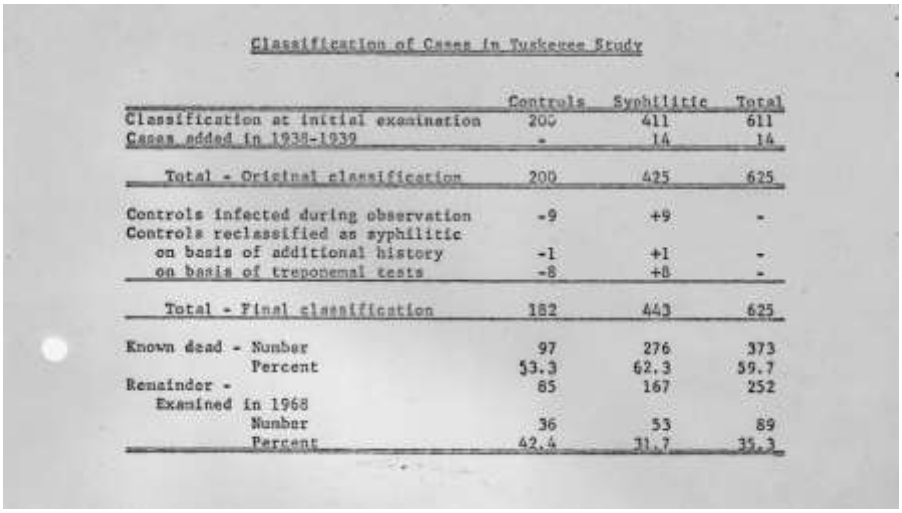
It was originally designed to last just 6 months. But they decided to continue it for what amounted to 40 years.

In 1945, penicillin became the accepted treatment for syphilis. Not only were the patients in the study not treated, but efforts were made to stop them from getting treatment elsewhere such as from local doctors. The Alabama Health Department was given a list of people in the study to not treat.

Even when the army drafted these men and uncovered syphilis during exams, they were removed from the army, rather than be treated!

In a report on the study, Senior Public Health Service administrator Oliver Wenger wrote, "We know now, where we could only surmise before, that we have contributed to their ailments and shortened their lives. I think the least we can say is that we have a high moral obligation to those that have died to make this the best study possible." Not let's stop this study, just let's make good science. To use the words "high moral" in there is cruelly ironic.

If wasn't just the infected men that suffered. Due to lack of treatment, syphilis spread including to the men's wives and children (congenital syphilis).



Classification of Cases in Tuskegee Study

	Controls	Syphilitic	Total
Classification at initial examination	200	411	611
Cases added in 1938-1939	-	14	14
Total - Original classification	200	425	625
Controls infected during observation	-9	+9	-
Controls reclassified as syphilitic			
on basis of additional history	-1	+1	-
on basis of treponemal tests	-8	+8	-
Total - Final classification	182	443	625
Known dead - Number	97	276	373
Percent	53.3	62.3	59.7
Remainder -	85	167	252
Examined in 1968			
Number	36	53	89
Percent	42.4	31.7	35.3

In the 60's concerns were raised. But in 1969 the Centers for Disease Control and American Medical Association, two of our great noble institutions, both officially supported continuation of the study.

A whistleblower, Peter Buxtun, leaked information to the New York Times, which published a front page article in 1972 condemning the study. An advisory panel was formed to investigate. Their conclusion was the study was "ethically unjustified" and ordered it to stop. Two years later a $10 million out-of-court settlement was reached.

Panel Judgments on Charge 1-A

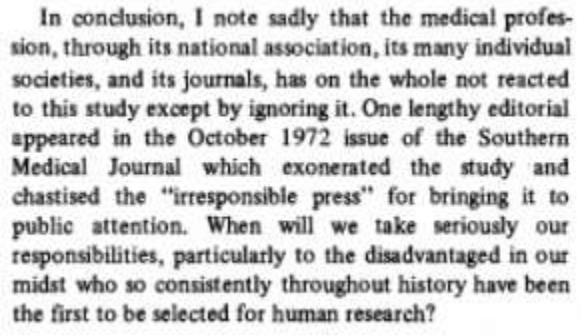
1. In retrospect, the Public Health Service Study of Untreated Syphilis in the Male Negro in Macon County, Alabama, was ethically unjustified in 1932. This judgment made in 1973 about the conduct of the study in 1932 is made with the advantage of hindsight acutely sharpened over some forty years, concerning an activity in a different age with different social standards. Nevertheless one fundamental ethical rule is that a person should not be subjected to avoidable risk of death or physical harm unless he freely and intelligently consents. There is no evidence that such consent was obtained from the participants in this study.

As President in 1997, Bill Clinton offered an official apology. “Medical people are supposed to help when we need care, but even once a cure was discovered, they were denied help, and they were lied to by their government. Our government is supposed to protect the rights of its citizens; their rights were trampled upon…The United States government did something that was wrong, deeply, profoundly, morally wrong... To our African American citizens, I am sorry that your federal government orchestrated a study so clearly racist.”

A one-time mistake, right? Well there’s the U.S. sponsored study from 1946 to 1948, involving at least one of the same scientists from Tuskegee, where Guatemalans were INTENTIONALLY INFECTED with syphilis and other STD’s without consent.

Science being objective and amoral…can easily be used to inject whatever morality those practicing it have, including the inferiority of certain peoples.

No, it wasn’t just Nazi scientists that conducted cruel medical experiments. It’s been far more common than you might think.



In conclusion, I note sadly that the medical profession, through its national association, its many individual societies, and its journals, has on the whole not reacted to this study except by ignoring it. One lengthy editorial appeared in the October 1972 issue of the Southern Medical Journal which exonerated the study and chastised the "irresponsible press" for bringing it to public attention. When will we take seriously our responsibilities, particularly to the disadvantaged in our midst who so consistently throughout history have been the first to be selected for human research?

#47 Wikipedia's Medical Lockdown

Wikipedia is the encyclopedia that anyone can edit…except that's not quite the truth. Editors that have been around since the beginning have control over edits almost completely.

Investigative journalist Sharyl Attkisson discusses this in a 2016 news report. "The promise of accurate, neutral articles and privacy for contributors is often just a mirage, according to two insiders." Of note here is the problem of special interests controlling information.

You don't have to look much further than co-founder Larry Sanger, who said "People that I would say are trolls sort of took over. The inmates started running the asylum." In May of this year he wrote an article titled "Wikipedia is Badly Biased" stating that Wikipedia's neutral point of view "is dead."

Wikipedia Is Badly Biased

MAY 14, 2020 | IN WIKI, KNOWLEDGE, INTERNET | BY LARRY SANGER

The Uncyclopedia logo. Maybe more appropriate for Wikipedia itself now.

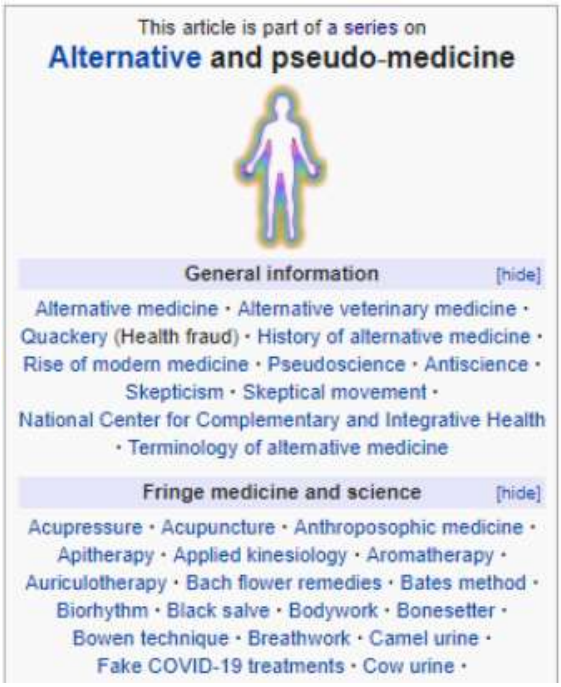
Wikipedia's "NPOV" is dead.[1] The original policy long since forgotten, Wikipedia no longer has an effective neutrality policy. There is a rewritten policy, but it endorses the utterly bankrupt canard that journalists should avoid what they call "false balance."[2] The notion that we should avoid "false balance" is directly contradictory to the original neutrality policy. As a result, even as journalists turn to opinion and activism, Wikipedia now touts controversial points of view on politics, religion, and science. Here are some examples

Few places is this more true than Wikipedia's medical articles. Yet, these get even more traffic than WebMD. "Nearly 75% of US physicians going online for professional purposes are visiting Wikipedia for medical information according to Manhattan Research," says Eileen O'Brien, Director, Search & Innovation at Siren Interactive. "And 36% of US consumers searched for health info on Wikipedia according to Rodale's DTC Study."

Why so popular? A big reason is Google holds Wikipedia in high esteem, a top ten result for almost any search will yield a Wikipedia article. Often times, they embed excerpts into the search page itself. Just recently, Facebook has been testing adding Wikipedia to its search results.

Despite its popularity a study found that 9 out of 10 medical entries contained inaccuracies and antiquated data. Only one out of ten was correct and up-to-date with medical research!

How does Wikipedia look at health? They are strongly in the conventional medicine is the only medicine camp.



Look at how they display it. Alternative and pseudo are falsely equated. Right next to alternative medicine we have quackery, pseudoscience and antiscience. In fact, they define alternative medicine as describing “any practice that aims to achieve the healing effects of medicine, but which lacks biological plausibility and is untested, untestable or proven ineffective.” Does that sound fair and neutral?

Something as simple as breathwork is somehow fringe medicine and science (and right next to camel urine).

“Non-pharmaceutical treatments for diseases from arthritis to asthma, treatments and practitioners alike condemned out of hand as “lunatic charlatans” by Wikipedia’s co-founder and spiritual father Jimmy Wales along with his Skeptic palace guard,” says Progressive Radio Network.

So let’s see how that is done…

Greg Kohls, a man blocked from editing on Wikipedia, says, “Wikipedia is often edited by people who have an agenda…You'll have different people with a particular scientific point of view and they'll edit and modify Wikipedia so that its articles kind of reflect that point of view.”

To show an example, after making an edit to Morgellons disease, it was removed 38 minutes later by an administrator. Kohs says, “It seems to me that this is someone who is either involved with the medical profession or the pharmaceutical profession. They probably have an agenda to discredit or to suppress alternative medicines, things of that nature.”

Scandals have erupted before over editors being paid by businesses for positive edits. Pharmaceutical company AstraZeneca’s employees got caught for positively editing its drug entries, including removing the side effect for those under 18 of increased suicidality for the drug Seroquel.

Medtronic had an employee editing pages for surgeries, such as kyphoplasties, that used their medical devices to show the surgery in a more positive light.

These incidents may be fairly easy to catch. But is there a roundabout way of doing it? From past issues (#28 and 29) we know that the NIH is riddled with conflicts of interest from Big Pharma thanks to Harold Varmus ever since the 90’s. And the NIH encourages Wikipedia editing, having guidelines that “will help you to become part of a unique opportunity in keeping with the NIH’s history of making credible, vetted, authoritative information available to the public. The time spent can be minimal, but the impact could be great.”

That’s all well and good if accurate. That’s quite horrible if used for narrative control. The conflict of interests won’t be disclosed because these are “publicly paid” scientists. Just a few key people doing this well will have large impacts on the public.

#48 Direct to Consumer Pharmaceutical Advertising

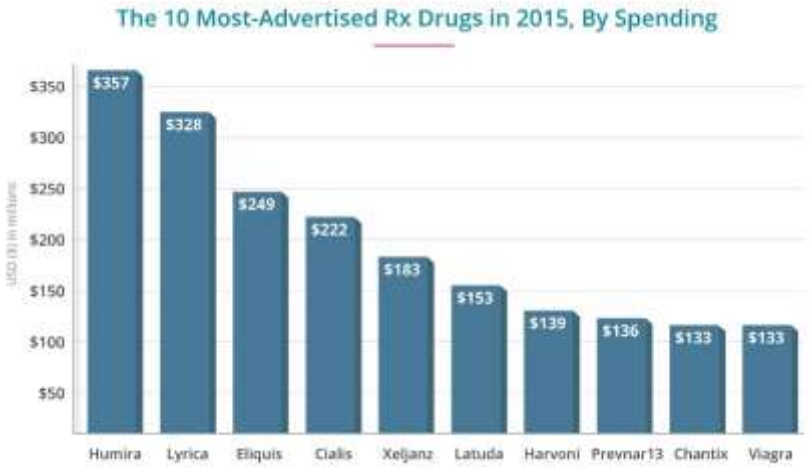
Direct to consumer (DTC) pharmaceutical ads are only allowed in two countries across the world, the USA and New Zealand.

The FDA relaxed rules in 1980 for DTC pharma ads. Then in 1997, the FDA lessened regulations for the industry even more. It is here that we saw these ads become widely prevalent in the US.

In 2015, Big Pharma spent $5.4 billion in DTC ads. The major TV networks, CBS, ABC, NBC and Fox received most of this. At the top of the list was CBS with $511 million.

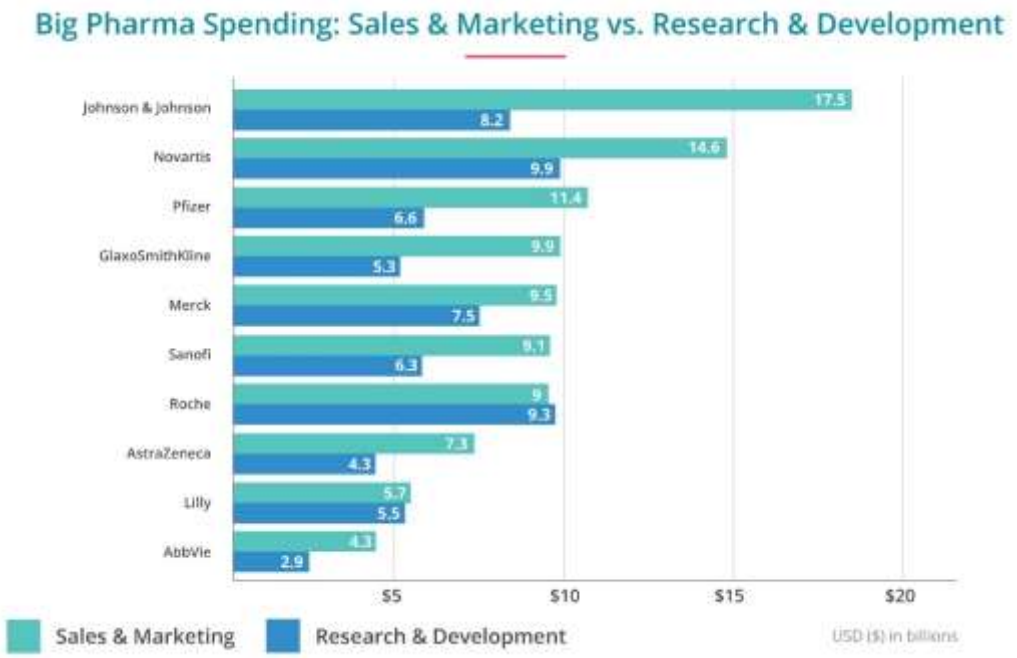
Make no mistake. DTC ads are only a small portion of their marketing budget. We'll cover the other marketing aspects in future issues.

Here's the top drugs advertised in 2015 by ad spend.



A common myth spouted by the drug companies is they must charge so much money to fund research costs. The truth is most of their drug research starts from publicly funded science.

Furthermore, they're one of the most profitable industries. And they spend significantly more on sales & marketing than on R&D.

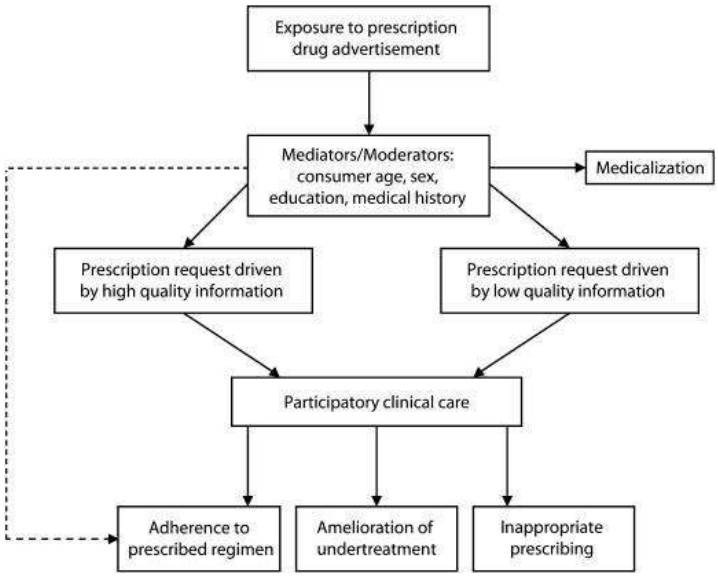


A spokeswoman for the industry trade-group PhRMA said "Providing scientifically accurate information to patients so that they are better informed about their health care and treatment options is the goal of direct-to-consumer pharmaceutical advertising about prescription medicines. Beyond increasing patient awareness of disease and available treatments, DTC advertising has been found to increase awareness of the benefits and risks of new medicines and encourage appropriate use of medicines."

The industry says that these ads are for educating the public. To this Diana Zuckerman, President of the National Center for Health Research, said, "If the real goal is to educate, they wouldn't look like this. The goal is to persuade. These ads educate people as much as the ads for the GAP or ads for makeup educate. It is educating you to tell you that this product exists and that it's great."

So do the ads work? A 2011 Report by the Congressional Budget Office found that "Drugs with DTC ads had nine times more prescriptions than those that did not." Yes, these ads are driving customers!

In a study looking at this, Frosch, et al. found that "This advertising has some benefits, but significant risks are evident as well." As this model shows the advertising leads to a variety of outcomes.



Even the American Medical Association wants to stop DTC advertising, changing their position in 2015.

According to Jerry Avorn, of the New York Times, DTC “advertising promotes only the most expensive products, it drives prescription costs up and also encourages the 'medicalization' of American life — the sense that pills are needed for most everyday problems that people notice, and many that they don’t.”

As you can imagine the scientific complexity of a drug is hard to cover in a one minute commercial. In 2002, AstraZeneca came under fire for their drug, tamoxifen, for overstating the benefits and understating the risks. The FDA didn’t respond to the ad for six months.

“The FDA regulations are drafted and enforced in such a way that encourages drug companies to cross the line — with a lack of resources to identify violations and enforcing these regulations,” said Barbara Brenner, executive director of Breast Cancer Action. “They do not have the resources to monitor drug ads prior to publication, so the burden of monitoring these ads then falls on the public.”

And there is one other big benefit to the drug companies that this advertising buys. We’ll dive into that next time…

#49 Advertising and Harassment Influence News Programs

Last time we covered how direct to consumer (DTC) advertising influences consumers into using more pharmaceutical drugs. This is one in many steps that have led to increased medicalization.

In 2015 we saw $5.4 billion in spend on TV ads. The rates of these ads are ever increasing. The first half of 2018 saw a 6% increasing in TV ad spend in large part aided by Big Pharma which increased its ad budget by 17%. It is possible it is close to $10 billion in 2020.

With TV, ads are marketing to the elderly population which are the people that are still watching (as opposed to younger generations which get their media online…where advertising is also increasing).

But the advertising spend is just one piece in a full court press in order to influence news programs. Award winning investigative journalist, Sharyl Attkisson shares details of what she calls "pushback" from corporate interests while she worked at CBS. In her book, *Stonewalled*, she details many examples such as Ford Explorer rollovers with Firestone tires. She also talks about pharmaceutical companies…

"Resisting the pushback [on a news report about drug safety], we air the story as planned and [Executive Producer Jim] Murphy asks for more. We continue digging into FDA-approved prescription drugs that are allegedly proving problematic from a safety standpoint.

“When we do, hired guns for pharmaceutical interests flood me and CBS News with emails, phone calls, and requests for meetings. They write letters to CBS attorneys. The spokesman for the Secretary of Health and Human Services Tommy Thompson calls the CBS News Washington bureau chief to exert pressure to discredit our stories. Pharmaceutical company lawyers set up secretive meetings with CBS officials in New York. Pharmaceutical interests contact CBS executives to complain.

“At one point, when I’m covering safety concerns about the highly profitable cholesterol drugs known as ‘statins,’ whose makers buy advertising on CBS, Murphy receives what he views as a harsh threat from one of the CBS sales bosses. The manager leaves Murphy a loud, angry voice mail saying that the stories could ‘really harm business.’

“My producer and I are also receiving direct pressure from news executives in New York who begin unnaturally inserting themselves into the newsgathering and approval process for the pharmaceutical-related stories as they had never done with me before. Even after our scripts go through the normal editorial process and receive approval from the legal department, the executives enter to dissect and question each fact and sentence…an executive confesses to me in frustration that she’s been given a mission of trying to stop my stories.”

Notice that there are several tactics used by the pharmaceutical interests here. Advertising, and the threat of pulling ads, is just one tool of many. Others include legal action, political allies, harassment, and more. In other sections she also mentions pushback from industry front groups or astroturf organizations.

It was problems like these that caused Sharyl to leave CBS and become independent. The reason I follow her work is that she is actually a great journalist that does not succumb to these pressures. (She’s now labeled a rightwing conspiracy theorist by her detractors of course…despite the above stories occurring during the Bush administration.)

Next time, we’ll dive into the power of an interlocking directorate which may be the biggest reason that mainstream journalism is as broken as it is today. It’s really not often the journalists themselves but the managerial and executive layers where we need to look.

#50 Interlocking Directorates – Media and Pharma

An “Interlocking Directorate” is when directors from one company also sit on the boards of other companies. As most companies are public, this means such officers have a fiduciary responsibility to do what is in the best interest of each company. If one such company is a media company, this translates into being a conflict of interest.

A 2009 report from Fairness & Accuracy in Reporting found the following. Of the nine major media corporations such as Disney, Time Warner, NY Times, and others, six had directors that were also part of pharmaceutical boards. In addition, five out of the nine shared directors with insurance companies.

That was 2009. There are now just five major media companies. While it’ll take more digging to vet out current data, do you think this problem has gotten better or worse since then? As we see consolidation of the media companies themselves, we’ll see further examples of consolidation of power among the interlocking directorates.

“Let me put it in perspective for you, these board members wake up, they go to a meeting at Merck or Pfizer, and then they have their driver take them over to a meeting with NBC to decide what kind of programming that network is going to air. For those board members who aren’t pulling double duty with a media conglomerate and a big drug company, they still understand that they can’t be honest and objective about big pharma because big pharma pays their bills,” says lawyer Mike Papantonio. “Drug companies spend about $5 billion a year on advertising with these corporate media outlets, so when Pfizer or Merck or Eli Lilly, or any of the drug companies, kill or cripple Americans with defective drugs, do you really think these board members are going to allow their story to be told on the air? It can take anywhere from three days to a full week before the media reports on a drug or a medical device recall, if they

report at all. In the case of Invokana it took 32 days before television outlets reported a single story involving an FDA warning about the potential problems with the product."

From the FAIR website (undated) you can see examples of this. CBS/Viacom shares directorate with Pfizer and Cardinal Health, a large distributor of pharmaceuticals and medical products. Remember in the previous post where CBS journalist Sharyl Attkisson ran into problems from executives over her critical pharma coverage?

New York Times Co. shares directorate with Bristol-Meyers Squibb and Johnson & Johnson. On and on it goes.

Does this cause problems? Back in 2009, some people looked at this in relation to healthcare reform. Kate Murphy from FAIR, wrote, "In all, though healthcare reform has been mentioned thousands of times in the output of these media corporations' major outlets, single-payer was mentioned in only 164 articles or news segments from January 1 through June 30, 2009; over 70 percent of these mentions did not include the voice of a single-payer advocate."

So yeah, it is absolutely is affecting journalistic coverage. Even if only some stories get squashed or altered, this leads to compounding problems over time.

And of course, it's not just the media. Martin J. Murray published a paper titled, "The Pharmaceutical Industry: A Story in Corporate Power" in which he stated, "The thesis of this paper is that small-scale drug manufacturing firms have been gradually replaced by large-scale multinational conglomerates. Production and sales are no longer dependent on pharmaceutical products. In the typical case, large-scale pharmaceutical-producing firms have been increasingly linked to financial institutions through interlocking directorates." This was written in 1974!

Think there are some interlocking directorates between Big Pharma and Big Tech, these days? In the future, we'll go even deeper.

#51 Interlocking Directorate of Alphabet (Google)

Last post covered how “interlocking directorates” can be problematic between media companies and other companies which the news should be digging into. These conflicts of interest may stop or hinder balanced coverage from happening such as about pharmaceutical drugs. While we will be returning to traditional media later on, it’s important to look at Big Tech’s role in all this too.

Are any of the board of directors from Alphabet (Google’s parent company) also on boards of Big Pharma? Yes!

One of Alphabet’s more recent additions is Robin L. Washington, former CFO of Gilead Sciences for 10 years.

While she is now on Alphabet’s board, she is still on the board of Gilead Connecticut, Gilead Sciences International, Gilead Sciences Europe, Kite Pharma UK Ltd., and others.

There’s the names you may know (Page, Brin, Pichai)...then there are the names you’ve probably never heard of. Robin is the only one with current direct pharma ties…but there are various high tech biology companies involved.

Here are some of the other Alphabet board members:

- Frances Hamilton Arnold is on the board of Illumina, Inc. which is a bioinformation company and Donna & Benjamin M Rosen Bioengineering Center.

- John LeRoy Hennessy is on the board of Chan Zuckerberg Biohub, which is a research partnership for diagnostics, drugs and vaccines.
- Louis John Doerr is on Cardinal Analytx, Inc., now called Prealize Health for machine learning in healthcare, and Life Technologies Clinical Services Lab, Inc. which develops molecular assays for clinical and pharma customers.
- Alan R. Mulally is on Mayo Foundation and Mayo Clinic boards.
- Ram Kavitarak Shriram is at Stanford Health Care.
- Roger Walton Ferguson is at Memorial Sloan-Kettering Cancer Center (see posts #30 and #31 for big and hidden conflicts of interest going on there) and Rally Health, Inc., a health data company.

And it's not always an interlocking directorate. For example, Mary Ellen Coe is not on Alphabets board, but she is President of Global Customer Solutions for Google. Meanwhile, she is also on the Merck Board of Directors. (See post #37 to learn how Merck is the second biggest serial criminal in Big Pharma paying almost $9 billion in fines thus far.)

Is this cause for alarm? You would expect powerful people to be involved with many things, right? And lots of people are justifiably interested in health. By itself, interlocking directorates are only potential conflicts.

So we must look beyond them for actions and patterns that occur.

The name Gilead may be familiar to you. They're the ones behind Remdesivir, the expensive antiviral drug hot in the news today…and one we saw significant conflicts of interest behind its approval in issue #44…while seeing the concerted push against cheaper hydroxychloroquine in #45.

Is Google manipulating search results in order to push one thing and denigrate the other?

Have we seen online censorship of information, such as on Youtube especially, for doctors speaking out about how hydroxychloroquine works?

You be the judge. Next time, more about Alphabet's big steps into the healthcare space and increased censorship.

#52 Is Google a Pharmaceutical Company Now?

Last issue we looked at the interlocking directorate of Alphabet, the parent company of Google, with Big Pharma and other related health and medical companies and organizations.

While Google and Youtube are what everyone knows, Alphabet owns quite a few other companies.

Two of these are all about health, Calico and Verily.

Calico is a R&D biotech company aimed at extending human longevity with founders coming from Genentech. They're strongly partnered with pharmaceutical company AbbVie.

"Verily's engineering innovation, data analytics and clinical expertise combine to help patients take ownership of their health and physicians and caregivers deliver more personalized, evidence-based care."

I don't know about you. But I've seen the phrase "evidence-based" thrown around so many times in medicine by things that are anything but, so seeing that phrase immediately makes me suspicious.

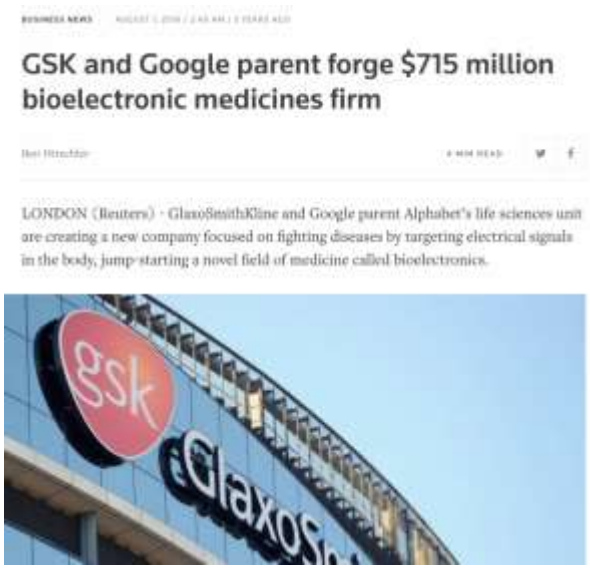
Understand that health in the technocrat's future is all about big data. Alphabet is first and foremost a data company. As Verily's homepage says, "It all starts with a relentless dedication to better information."

The question is, is that data going to free us from Big Pharma's grasp or deepen it? Data can obviously be manipulated to achieve certain aims. Verily's collaborators include GlaxoSmithKline, Johnson & Johnson, Novartis, Pfizer, Sanofi, as well as many others. So what direction do you think this personalized medicine of the future is going in?

One such partnership with GSK is Galvani Bioelectronics "dedicated to the development of bioelectronic medicines – a new class of medicines consisting of miniaturised, implantable devices."

Then there is Vaccitech, a company spun out from University of Oxford's Jenner Institute. Their original goal was a universal flu vaccine. Right now, they're aiming for a COVID vaccine, in partnership with AstraZeneca. This is known as the AZ/Oxford vaccine or ChAdOx1 nCoV-19 which is a front runner despite dismal results. The Telegraph reported, "A trial of the vaccine in rhesus macaque monkeys did not stop the animals from catching the virus" and that "vaccination would not stop spread".

Vaccitech received funding from GV, Alphabet's venture capital company. This is one of 87 life sciences companies that GV currently lists in its portfolio!



I would not call Google or Alphabet a pharmaceutical company. But they are significantly invested into the biomedical space in a wide variety of ways, especially as relates to data. Without a doubt, there are conflicts of interests regarding pharmaceuticals and vaccines.

Again, not a problem by itself, but look at their actions and patterns…

In 2018, Google rolled out what has been called the "Medic Update" to its search algorithms. Its effect was to dramatically downrank, even remove, alternative health information. Dr. Mercola's website could virtually no longer be found. Dr. Axe had been axed.

This also included sites like Examine.com and SelfHack.com which mostly did the work of compiling and making readable the research about nutrients and the like. You would have to be extremely disingenuous to call these "quack" websites. Recommended reading is the comprehensive Self Hacked article in the references.

I personally suffered from this update. My company Lost Empire Herbs would scarcely have people finding us from Google…even looking for the specific herbs when we had great informative articles covering such. That is unless we were paying-to-play through advertising.

We worked hard to display more authority as their rules stated to no avail.

Meanwhile, you still find the untrustworthy Wikipedia (see #47) at the top of virtually every search.

Zach Voorhies, a Google whistleblower, leaked documents proving censorship including against health information was occurring.

This year we see even more censorship especially on Youtube. Huge channels being pulled down, without a reason given, left and right. One of my favorites, The Highwire with Del Bigtree, just in the last week or so.

Positive information about hydroxychloroquine (#45) censored repeatedly.

Alphabet is a huge organization. It's would be fair to assume that the left hand doesn't know what the right hand is doing in 99% of cases. But then you're left with some very large coincidences that I haven't seen adequately explained.

#53 How Non-Profits Fuel the Monopoly Machine

Non-profit. A charity organization must be doing good in the world, right? After all, they're not making money.

…if only that naïve statement were true.

Because many people believe it so, it is all the more possible to use these entities for other than benevolent aims such as lining pockets.

Andrew Dunn at BioPharma Dive did a couple of great articles in 2017 about "the opaque web of connections between pharmaceutical companies and nonprofit health systems at the highest levels of power."

This is another layer of the interlocking directorate. While we looked at it with media and Google, here we see it involved with non-profits.

BioPharma Dive found that 12 of 19 of the largest pharma companies had board members on non-profits involved in healthcare. As you'll come to see this is mostly hospitals and universities. (Influence where people work and learn…)

Understand it was more common than not. And here's the added fun. The majority of these conflicts of interest (16 of 22) were NOT disclosed on websites, biographies, etc. They flew under the radar.

Meanwhile each of the people involved was making on average $475,000 in annual compensation for their board positions, while holding an average of $1.7 million in stock for the companies.

Do you think that these conflicts of interest ever sway policy that benefits the companies? Especially if it is not public knowledge? Again, you'd be naïve to say it never takes place.

Here's a partial selection from the Dunn's article linked below. Look at the Pharma companies you've heard of. Look at the non-profits involved.

AbbVie

- Robert Alpern – Yale School of Medicine's Dean

Eli Lilly

- Marschall Runge – University of Michigan Medical School's Dean

Gilead Sciences

- Kevin Lofton - CEO of Catholic Health Initiatives
- Richard Whitley - Associate director for University of Alabama

GlaxoSmithKline

- Laurie Glimcher - President and CEO of the Dana-Farber Cancer Institute
- Jesse Goodman - Director of Georgetown University's Center on Medical Product Access, Safety and Stewardship

Johnson & Johnson

- Mary Beckerle - CEO of the Huntsman Cancer Institute at the University of Utah
- Mark McClellan - Director of the Margolis Center for Health Policy at Duke University
- Eugene Washington - President and CEO of the Duke University Health System

Merck

- Thomas Cech - Director of University of Colorado, Boulder's BioFrontiers Institute
- John Noseworthy - CEO of the Mayo Clinic

Novartis

- Charles Sawyers - Chair of Memorial Sloan Kettering's Human Oncology and Pathogenesis Program

Pfizer

- Dennis Ausiello - Director for Massachusetts General Hospital's Center for Assessment Technology and Continuous Health

It's not just about the influence of the person, but how that control can ripple out.

"These are leaders in medicine. These are people who can squash your career in no time," says Walid Gellad, the Director of the Center for Pharmaceutical Policy and Prescribing, University of Pittsburgh. "There are rules being put in place for physicians, but no one is paying attention to the folks making those rules."

Gellad published a paper in JAMA that showed 40% of the 50 largest pharmaceutical companies had at least one academic medical center leader on their board.

This subject has almost zero light shined on it yet is a crucial piece in the widespread control of the medical paradigm.

#54 Medical Journals and Pharma Advertising

As much as lay people are advertised to in the direct-to-consumer (DTC) advertising recently covered, it's only a fraction of the marketing that is done. Most of it is aimed at doctors. They are really the pawns in the game. Because of their authoritarian position, if you can influence them, you can influence the masses.

In 2016, DTC advertising was $9.6 billion. Meanwhile, $20.3 billion was aimed at healthcare professions! A large portion of that is the journals, the topic of today.

Richard Smith, former editor of BMJ wrote, "Many medical journals have a substantial income from pharmaceutical companies from the purchasing of advertising and reprints and the sponsoring of supplements. Is this funding corrupting journals?"

Furthermore, he shares, "One of my first experiences of the relation between medical journals and pharmaceutical companies occurred in the early 1980s after the BMJ had published papers suggesting that a new non-steroidal anti-inflammatory drug, benoxaprofen, might have serious side effects. We were visited by three stern men from Eli Lilly, the makers of the drug. Tony Smith, the deputy editor, conducted the meeting and asked me to join him. The men, whom I remember (probably wrongly) as having gold teeth, threatened us with legal action, at which point Tony said: 'In that case we'll see you in court.' They backtracked hastily and asked simply to be able to publish a prompt response."

Full court press using every tactic available to them. Richard shares the following important points:

- The journals are typical free for doctors
- The journals livelihood depends on income from pharmaceutical advertising
- The advertising is often misleading
- Editorial coverage is more valuable than the ads. Often the advertising income influences editorial coverage
- Scientific studies can be manipulated in many ways to get desired outcomes
- In addition to advertising, medical journals get income from supplements and reprints paid for by drug companies (i.e. publish this and we'll promise to buy 10,000 issues)

And the drug advertisements have been shown to effect prescribing by doctors. Like the TV ads, so to does this form of advertising work.

Smith writes, "In one sense, all journals are bought—or at least cleverly used—by the pharmaceutical industry. The industry dominates health care, and most doctors have been wined and dined by it. It's not surprising, therefore, that medical journals too should be heavily influenced by industry."

And once again, the influence on the journals themselves may be the more important part of paying the bills.

In an article titled "Advertising in Medical Journals: Should Current Practices Change?" Fugh-Berman, et al. write, "Clinicians rely on medical journals for scholarly articles and the latest information on drugs and devices. Advertisements in these journals are unreliable sources of information, since they "educate" physicians to prescribe the newest, most expensive drugs (which may not be any superior to existing, less expensive alternatives). The scholarly nature of journals confers credibility on both articles and advertisements within their pages. By exclusively featuring advertisements for drugs and devices, medical journals implicitly endorse corporate promotion of the most profitable products. Advertisements and other financial arrangements with pharmaceutical companies compromise the objectivity of journals."

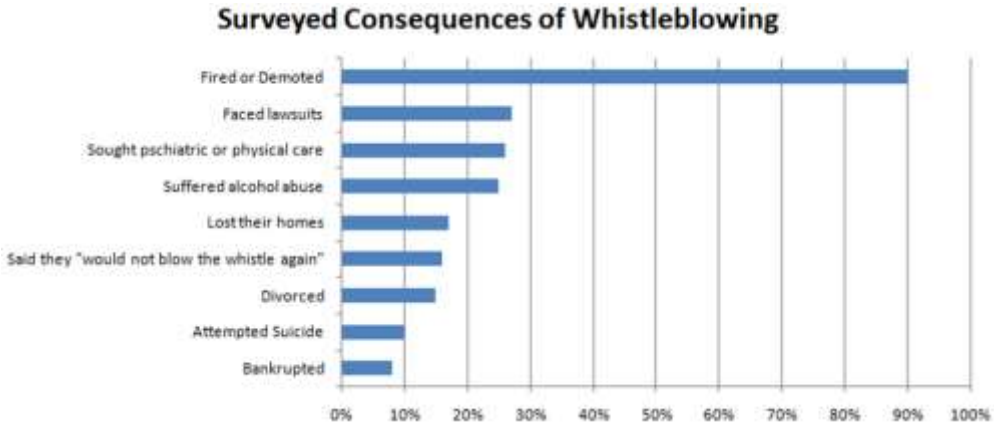
The problem of journals is well-described. Many top editors of the top journals themselves such as Richard Smith, Marcia Angell (see #27), and others have stated as such.

Why are we still trusting anything in them?

#55 Silence and Dissuade Whistleblowers

Donald Soeken conducted a study with 233 whistleblowers in government and the private sector. He found:

- 90% of the whistleblowers were fired or demoted
- 27% had lawsuits brought against them
- 26% sought psychiatric or physical care
- 17% lost their homes
- 15% got divorced
- 10% attempted suicide
- 8% were bankrupted



And yet only 16% said they wouldn't do it again. But maybe it's because these ones got through it…

A NY Times article covering this 1987 study stated, "Mr. Soeken said there are seven stages of life for the whistle blower: discovery of the abuse; reflection on what action to take; confrontation with superiors; retaliation; the long haul of legal or other action involved; termination of the case, and going on to a new life."

Few make it to the last stage. In other words, whistleblowers go through hell. While we know of quite a few successful cases, how many are effectively stamped out by such actions?

If Big Pharma is as corrupt as I've been showing then why don't we have more whistleblowers? THIS is a big part of why.

Understand that whistleblowers were a big reason that Big Tobacco ultimately lost the public battle.

Understand that the PR Firms and lawyers that worked for Big Tobacco learned from those lessons to better serve other industries.

And the fact is there are LOTS of pharma whistleblowers…you just don't know about it because the media often doesn't give them credit, especially these days.

Senator Chuck Grassley stated in 2005 that "According to the Department of Justice, there are currently under seal in the neighborhood of 100 whistleblower cases involving allegations against over 200 drug companies. During the past four years, the [justice] department recovered nearly two and a half billion dollars from whistleblower cases against drug companies. Unfortunately, it appears that some drug companies are placing greed ahead of drug safety."

Peter Rost MD is the author of "The Whistleblower: Confessions of a Healthcare Hitman" about his whistleblower experiences at Pfizer, Pharmacia and Wyeth.

After blowing the whistle the companies hired private investigators to dig up dirt on Rost. He obtained these files which "implied that I might put a gun to my head so my family could get my life insurance".

Rost worked hard to expose the dirty secrets of the industry, especially around drug costs and reimportation.

In his book he reports on an internal survey conducted at Pfizer. This included 49% of employees not agreeing with the statement, "Management is willing to give up short-term gain to do the right thing." 30% didn't agree with "Senior management demonstrates honest, ethical behavior."

He writes, "If an individual is convicted of a crime, we call him a criminal; however if a company is convicted of a crime, what do we call it? We don't call it a criminal corporation, but perhaps

we should…[W]hen you look at the public record, these companies appear more like mob enterprises than law-abiding organizations. The only explanation I have is that money corrupts—again and again."

Why is being a whistleblower so tough? "I was up against not just the largest pharmaceutical company in the world and the best lawyers money could buy, but also the best PR machine ever invented," explains Rost.

It is not only that the media doesn't cover whistleblowers often, it is that they are, more often than not, used to smear them.

How many do NOT blow the whistle because they've seen what happens?

Peter Rost was finally fired from Pfizer despite employee protections. In 2005, the American Council on Science and Health (ACSH) named him "Whiny Whistleblower of the Year" an award for those that who "outrageously defied his or her employer, regardless of loyalty, science or even common sense."

The ACSH's tagline is "Promoting science and debunking junk since 1978." They've been funded by Pfizer, Bristol-Meyers Squibb, Merck, Abbott, Eli Lilly, Johnson & Johnson, PhrMA and many others.

Whistleblowers may be the most devastating enemy of those in power. All the more reason to use every tool possible to keep them quiet. All the more reason for you and I, the people, to look at what they're saying.

#56 Pfizer's Dirty Tricks in Nigeria

"Back in 2001, thirty Nigerian families had sued Pfizer in federal court, saying the company conducted an unethical clinical trial of an antibiotic on their children. The suit referred to a letter from the hospital saying the study had been approved by the ethics committee, and the suit claimed that Pfizer had backdated the letter. Moreover, a Pfizer infectious disease specialist had repeatedly told Pfizer management that the company was violating international law and medical ethics standards. He was subsequently dismissed and later settled with the company, according to other newspaper reports," writes Peter Rost (Pfizer whistleblower).

I went to verify Rost's reference here…and what an interesting rabbit hole this went down!

Keep in mind, Pfizer is our leading criminal organization in Big Pharma according to fines paid. (See #32.) This includes paying almost $100 million for breaking the Foreign Corrupt Practices Act and bribery. Past behavior is best indicator of future behavior…

The case in question has to do with Trovan, an antibiotic that was used to treat meningitis. Eleven children died in the Nigerian trial.

The PR firms went to work. "Trovan unquestionably saved lives, and Pfizer strongly disagrees with any suggestion that the company conducted its study in an unethical manner," Pfizer said in a statement. The strategy is always blanket denial.

This despite Pfizer even admitting later that the backdated ethics committee letter was "incorrect." Yet, forging letters was far from the extent of their crimes.

According to the Washington Post, a Nigerian panel found that Pfizer's experiment was "an illegal trial of an unregistered drug," and a "clear case of exploitation of the ignorant."

The head of this panel, Abudulsalami Nasidi, said that he had been the target of unspecified death threats.

Trovan would later be approved in the USA in 1998, selling $160 million in the first year. But in 1999, it was associated with liver damage and at least six deaths. The FDA severely restricted its

use. European regulators banned it altogether. It clearly was not a safe drug for adults, let alone for children.

The case dragged on for over a decade. WikiLeaks published documents showing that in 2009 Pfizer representatives agreed to settle with Kano state in Nigeria for $75 million, brought down from the asked for $150 million. How they pressured the Nigerian government is the most interesting part:

“According to [Pfizer country manager Enrico] Liggeri, Pfizer had hired investigators to uncover corruption links to Federal Attorney General Michael Aondoakaa to expose him and put pressure on him to drop the federal cases. He said Pfizer's investigators were passing this information to local media...A series of damaging articles detailing Aondoakaa's 'alleged' corruption ties were published in February and March. Liggeri contended that Pfizer had much more damaging information on Aondoakaa and that Aondoakaa's cronies were pressuring him to drop the suit for fear of further negative articles.”

Yep, Pfizer hired investigators to find evidence of corruption on the attorney general in order to convince him to drop legal action.

In addition, the Guardian wrote, “Pfizer and the Nigerian authorities had signed a confidentiality agreement. ‘The withdrawal of the [$6 billion federal] case, as well as the terms of settlement, is a highly guarded secret by the parties involved in the negotiation.”

Bad science, check. Forgery, check. Death threats, check. Bribery, check. Finding and using leverage, check. Spinning everything in the media to be the good guy, check.

Justice…not really. In 2011, four families received $175,000 each from a $35 million fund created from the settlement. Yet, this was just a small fraction of what Pfizer made off this drug.

Did this make them change their ways at all? It’s just the cost of doing business as usual.

Do #blacklivesmatter when it comes to the medical cartel?

Should Pfizer be defunded? (They’ve received over half a billion dollars in Federal, state and local subsidies. In 2000 to 2015 they also received almost $9 billion in federal contracts.)

Pfizer…now working hard to bring you a COVID vaccine!

But don’t worry, while Pfizer is a criminal organization multiple times over, the “vaccine halo” protects this area from possibly being defiled, because everyone knows vaccines are safe and effective.

#57 Do FDA Scientists Trust the FDA?

Dr. Sheldon Krimsky, a science policy expert at Tufts University said, "[C]onflicts are common on F.D.A. advisory panels. The agency often conceals these conflicts, and studies have shown that, taken as a whole, money does influence scientific judgment."

Conflicts are common. Money does influence science. I would say this is obvious, but still too many people think that science is beyond human greed. Let's look at what these scientists have to say for themselves.

A 2002 internal FDA survey of the FDA scientists themselves found:

- 66% lacked confidence in the "ability of the agency to adequately monitor the safety of prescription drugs on the market."
- 36% were only somewhat confident or not confident at all in the FDA's decisions regarding drug safety
- 22% were only somewhat confident or not confident at all in the FDA's decisions regarding drug effectiveness
- 18% had been "pressured to approve or recommend approval for a [new drug application] despite reservations about the safety, efficacy, or quality of the drug."

396 FDA scientists participated in this survey. Most fascinating of all was that it was NOT anonymous.

What were the true numbers if people weren't frightened for their position? And what are the numbers today?

While I haven't seen a recent report, it is important to find that these results were replicated, more than once. In 2006, a survey was conducted by the Union of Concerned Scientists (UCS) in which 997 FDA scientists responded.

- 61% knew of cases where "Department of Health and Human Services or FDA political appointees have inappropriately injected themselves into FDA determinations or actions." (A big hubbub is being made about this now regarding Trump…as if it is a new phenomenon!)
- Only 47% thought the "FDA routinely provides complete and accurate information to the public."
- 81% agreed that the "public would be better served if the independence and authority of FDA post-market safety systems were strengthened."

"Science must be the driving force for decisions made at the FDA. These disturbing survey results make it clear that inappropriate interference is putting people in harm's way," said Dr. Francesca Grifo, Senior Scientist and Director of UCS' Scientific Integrity Program. "FDA leadership must understand and support independent science and it is up to Congress to hold them accountable."

Congress to hold the FDA responsible? As if Big Pharma doesn't have the largest lobbying group in the world specifically to influence Congress. (See #41 for how deep this goes!) If anything, we can probably trust Congress LESS than the FDA.

It's the fox guarding the hen house. Sadly, it's much the same at the CDC, EPA, FTC, NIH and beyond.

If this many FDA scientists themselves do not trust the FDA, why should anyone else?

Why would we expect this situation to get any better if Big Pharma is influencing all of those who could fix it (politicians) and bring it to light (journalists)?

Indeed, the success of such influence allows Big Pharma more power to increasingly grab even more power for themselves. In the next issue, we look at specific FDA whistleblowers as there are quite a few of them!

#58 Blowing the Whistle on the FDA

How many FDA whistleblowers would you require before you realize it is safer to assume the FDA is not fulfilling it's intended role than to assume they are?

Here's five of them!

Renee Dufault showed that lye used in the production of high fructose corn syrup left trace amounts of mercury. Mother Jones reported that based on average consumption, "individuals could be ingesting as much as 200 micrograms of the neurotoxin per week—three times more than the amount the FDA deems safe for children, pregnant women, women who plan to become pregnant, and nursing mothers."

When Dufault showed her superiors at the FDA these findings she was told not to investigate. The FDA claimed it was safe without actually investigating further.

So she left in 2008 to make her research public. While I knew corn syrup was bad for you, I had never heard about this fact until I sought out FDA whistleblowers.

Rosemary Johann-Liang was an FDA deputy director. She recommended a strong warning on the product label for the drug Avandia (by GSK) causing congestive heart failure. She was reprimanded, and the review transferred to her supervisor and out of her hands.

Later, the NEJM published similar results vindicating her. She resigned from the FDA.

"I really advocate for drug safety, and a lot of times the agency doesn't want to hear that there are problems," she said. "I think, in general, there is a culture of 'The drug is always innocent.'"

She also points out the level of proof required by the FDA for drug effectiveness is far lower than that of drug safety, when it should be the opposite if health is actually what is important (rather than money).

What do you expect when the agency is paid for, in part, by the industry they regulate? In 1992, Congress passed the Prescription Drug User Fee Act. This made it so pharma companies would fund the FDA's New Drug Applications reviews.

This law gave Big Pharma even more leverage over the FDA.

Dr. David Graham, associate director in the FDA's Office of Drug Safety turned whistleblower, testified to the U.S. Senate regarding Merck's Vioxx risks. He was reprimanded…and later smeared and discredited.

(Smearing anyone who says what you don't like is the standard industry strategy. For example, Victoria Hampshire was an FDA veterinarian. She found a popular heartworm medication for dogs was often deadly. Her analysis got the drug pulled off the market. In return, the drug's maker Wyeth Pharmaceuticals conducted a smear campaign against her. They even used their influence with the FDA to have her criminally investigated! That's what you get for truly following the science. Wyeth was later acquired by Pfizer. After all, company culture is important!)

In Dr. Graham's testimony he said, "I would argue that the FDA, as currently configured, is incapable of protecting America against another Vioxx. We are virtually defenseless...Vioxx is really a symptom of something far more dangerous to the safety of the American people. Simply put, FDA and its Center for Drug Evaluation and Research are broken."

(If you remember our pharma-friends at the American Council on Science and Health, they named Dr. Graham the "Whiny Whistleblower of the Year" the year before Pfizer whistleblower Peter Rost. Also going back to Eli Lilly's Prozac as covered in #40, Dr. Graham pointed out deadly side effects of that one too. Of course, it still made it to the market. Profits overs safety!)

Right around this time Kaiser Health News reported, "Former FDA Commissioner Lester Crawford is under criminal investigation by a federal grand jury over allegations of financial improprieties and false statements to Congress…Crawford left FDA in September 2005, two months after his Senate confirmation."

That's the head of the FDA because the corruption is top down.

The FDA is in charge of making sure the upcoming COVID vaccines [social media censorship redaction] are safe. Bill Gates called the FDA the "gold standard" and said they would do their job properly as long as political pressure didn't get in the way.

… Such as politics pressuring the FDA back in 2005 with the Bush Administration. Dr. Susan Wood was FDA Assistant Commissioner for Women's Health back then. Here the administration tied up approval for Plan-B, the "morning-after pill," regardless of the safety or efficacy. She resigned in disgust.

Oh and the FDA has been caught spying!

The New York Times reported in 2012, “A wide-ranging surveillance operation by the Food and Drug Administration against a group of its own scientists used an enemies list of sorts as it secretly captured thousands of e-mails that the disgruntled scientists sent privately to members of Congress, lawyers, labor officials, journalists and even President Obama, previously undisclosed records show.”

Senator Grassley said "Secret monitoring programs, spying on Congress and retaliating against whistleblowers -- this is a sad commentary on the state of affairs at the FDA.”

When the FDA has been always been involved in politics, is criminally complicit at worse, or just bureaucratically inept at best, so many times…do you really want to trust anything they touch?

#59 Another FDA Whistleblower, a Predatory CEO and Regulator Revolving Door Spin

Got one more FDA whistleblower to share with you. For this one, I want to go into a bit more detail to show how this fits in with other critical aspects. This gives you a bigger picture of how the FDA and Big Pharma operate in all their shady glory.

The majority of this comes from Robert Whitaker over at MadInAmerica.com. For even more details go and read his lengthy piece.

It is centered around the antipsychotic drug, asenapine, made by Schering-Plough (SP) with the trade name Saphris.

SP later merged with Merck in 2009. This merger made CEO of SP, Fred Hassan, and other executives over $100 million. Earlier, Hassan had great success at Pharmacia, which got bought out by Pfizer, largely based on Celebrex and Bextra, drugs that would come under lawsuits and criminal charges for false marketing later.

Hassan, named by Financial Times CEO of the Year in 1999, would take that position at SP in 2003. At SP he also led the false marketing of Vytorin and Zetia which Merck later paid $688 million for. He was in charge during the approval of asenapine as well.

He's held various positions and board seats of other pharmaceutical companies since then up through the present day. Hassan was a chairman at PhRMA, the industry trade group, including working on the Affordable Care Act in 2009.

Our drug in question centers around Ron Kavanagh, an expert in clinical pharmacology at the FDA turned whistleblower. His case is still not resolved despite him turning whistleblower 12 years ago.

Kavanagh had worked at the FDA since 1998 and led to several drugs not being approved, and others such as Lotronex, being recalled.

The pharma companies started hating him because of this. So did others at the FDA. In 2005, he started talking to the Senate Finance Committee about "corruption in the psychiatry division and in the Office of Clinical Pharmacology and other FDA offices."

He mentioned the off-label marketing of psychiatric drugs, particularly in children. (See #40 for examples.) For this he was suspended and told to stop blowing the whistle if he wanted to keep his job.

In 2007, Kavanaugh looked at the data behind asenapine. He warned that asenapine and related drugs would be responsible for 5000 or more deaths per year. And his research showed they weren't even effective for mild to moderate bipolar symptoms they were approved for.

Some alarming details stood out. Whitaker wrote that Kavanaugh found safety concerns about neonatal deaths "where a possible toxic risk had been deliberately obscured" by SP and "a cardiac arrest in a healthy volunteer had morphed into a fainting episode." Unfortunately, this is often how drug science is conducted and modified by drug companies. In May 2008, Kavanaugh recommended non-approval.

By June, receiving pushback from his superiors, he wrote to the Office of the Inspector General and senator Charles Grassley. He said his colleagues at the FDA were "complicit" with SP in criminal activity.

Superior to Kavanaugh was the director of the psychiatry division at the FDA's Center for Drug Evaluation and Research, Thomas Laughren. Laughren started at the FDA in 1985. His first review as a team leader was Prozac (see #10, #40 and #58).

During his FDA tenure, Laughren recommended off-label use of psychiatric drugs in children. He co-authored a book with chief medical officer of Eli Lilly (maker of Prozac), Leigh Thompson. He served on panels at conferences paid for by drug companies. In other words he had conflicted interests.

FBI agents looked into the whistleblower complaint but labeled it a difference of opinions in the agency.

In August, Laughren wrote a report approving of asenapine. That month Kavanaugh was fired.

Despite approval, asenapine didn't do particularly well in the marketplace (perhaps because it didn't work). In 2013, it was only making sales of $150 million.

In 2012, Laughren left the FDA to form Laughren Psychopharm Consulting. One of his first clients was AstraZeneca, working to get Seroquel approved for more uses including in adolescents. Laughren was successful in navigating these new uses through the FDA's approval process, despite data of sudden cardiac death. (This was also the drug that AstraZeneca paid Wikipedia editors to write positively about covered in #47.)

Within two years, the FDA received reports of 220 deaths due to cardiac events for Seroquel. A warning label was added.

A PDF of a presentation of Laughren found online lists clients including AbbVie, Eli Lilly, Pfizer, Roche and many others.

Meanwhile he is also consultant to National Institute of Mental Health, under the NIH.

Laughren is also a part time employee at Massachusetts General Hospital Clinical Trials Network and Institute which states on their home page, "Making Your Clinical Trial Programs SUCCESSFUL – Smaller and Faster." He holds a leadership position there.

In this document he summarizes, "Regulatory agencies are not fundamentally opposed to considering alternative approaches to carving up the psychiatric illness space" by showing studies that show clinical benefits which "have a way of overcoming initial regulatory reluctance."

In other words, hire me! I have the network to help get your drug studied in a way it will get approved because of my insider knowledge and connections.

In summation, Hassan and Laughren are laughing all the way to the bank. Meanwhile, Kavanaugh has still not made any traction on his whistleblower case. Welcome to our FDA.

#60 Scientific Gatekeeper – Dr. Maurizio Fava

In understanding how Western medicine is able to get away with bad science time and time again, or at least science that takes us further down the same broken path, we need to explore a concept I'm calling the "scientific gatekeeper".

This would be a scientist that oversees others, controlling access and distribution of information, allowing some to pass through a gate (promotion, publication, revolving door positions, etc.) and not others (non-promotion, firing, blocking publication, smears, etc.).

Because science comes with an ideal of being objective, few people are looking at scientists for being specifically attached to certain outcomes. This lack of a spotlight would then allow scientific gatekeepers to thrive.

In the previous issue, we looked at the FDA regulator Thomas Laughren, spinning through the revolving door into a consultant for the drug companies he used to oversee, helping them pass regulation. He holds a leadership position at Massachusetts General Hospital (MGH) Clinical Trials Network and Institute which sets up drug trials for success.

Looking at the about page which includes other employees I just had to dig into the top guy there. The executive director is Maurizio Fava, MD. In addition to this spot, he is currently:

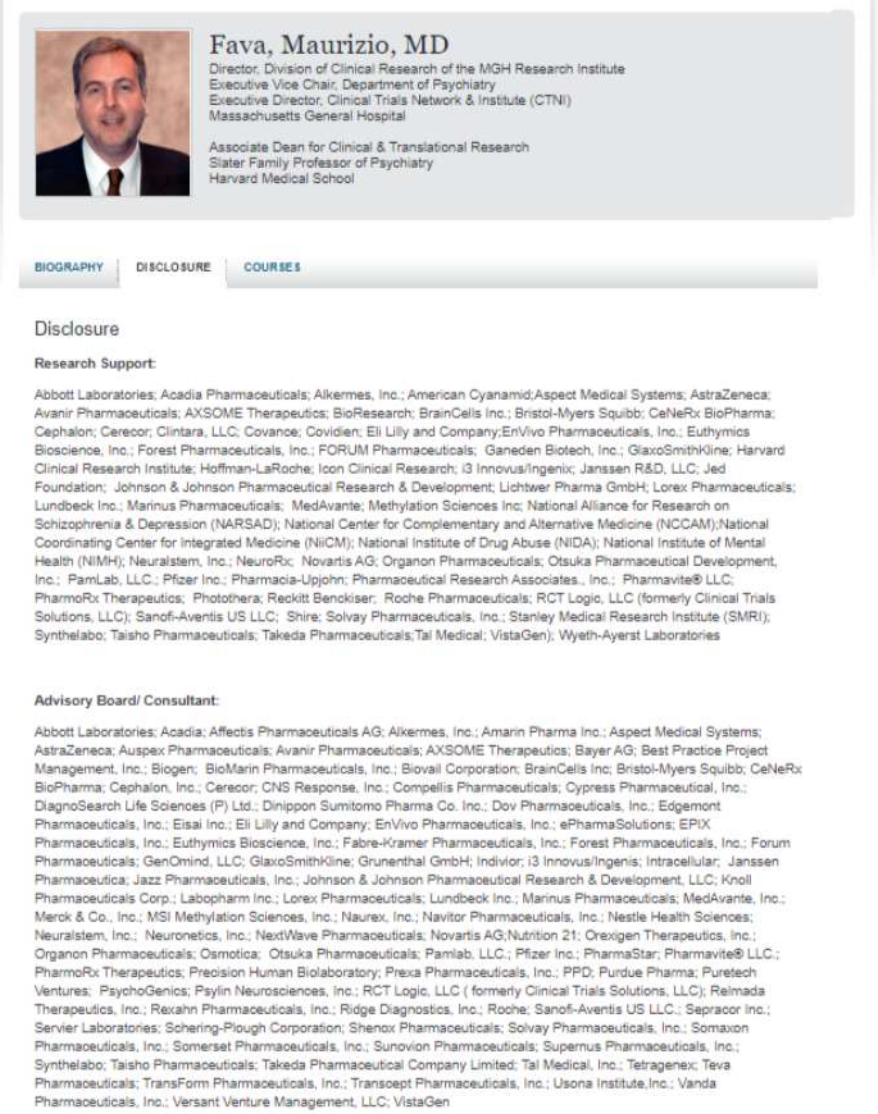
- Director, Division of Clinical Research of the MGH Research Institute
- Chief, Department of Psychiatry, MGH
- Associate Dean for Clinical & Translational Research, Harvard Medical School
- Slater Family Professor of Psychiatry, Harvard Medical School

He's authored or co-authored more than 800 medical articles. He sits on the editorial board of five medical journals. His is a "world leader in the field of depression."

His bio states, "Dr. Fava has been successful in obtaining funding as principal or co-principal investigator from both the National Institutes of Health and other sources for a total of more than $95,000,000." That's taxpayer money, and Fava is pointing where it goes to, as scientific gatekeepers do.

Based on my knowledge about how medical science works, I assumed he had extensive conflicts of interest. Was I right?

Even more so than I expected! The following comes from a 2018 list.



Fava, Maurizio, MD

Director, Division of Clinical Research of the MGH Research Institute
Executive Vice Chair, Department of Psychiatry
Executive Director, Clinical Trials Network & Institute (CTNI)
Massachusetts General Hospital

Associate Dean for Clinical & Translational Research
Slater Family Professor of Psychiatry
Harvard Medical School

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Disclosure

Research Support:

Abbott Laboratories; Acadia Pharmaceuticals; Alkermes, Inc.; American Cyanamid;Aspect Medical Systems; AstraZeneca; Avanir Pharmaceuticals; AXSOME Therapeutics; BioResearch; BrainCells Inc.; Bristol-Myers Squibb; CeNeRx BioPharma; Cephalon; Cerecor; Clintara, LLC; Covance; Covidien; Eli Lilly and Company;EnVivo Pharmaceuticals, Inc.; Euthymics Bioscience, Inc.; Forest Pharmaceuticals, Inc.; FORUM Pharmaceuticals; Ganeden Biotech, Inc.; GlaxoSmithKline; Harvard Clinical Research Institute; Hoffman-LaRoche; Icon Clinical Research; i3 Innovus/Ingenix; Janssen R&D, LLC; Jed Foundation; Johnson & Johnson Pharmaceutical Research & Development; Lichtwer Pharma GmbH; Lorex Pharmaceuticals; Lundbeck Inc.; Marinus Pharmaceuticals; MedAvante; Methylation Sciences Inc; National Alliance for Research on Schizophrenia & Depression (NARSAD); National Center for Complementary and Alternative Medicine (NCCAM);National Coordinating Center for Integrated Medicine (NiiCM); National Institute of Drug Abuse (NIDA); National Institute of Mental Health (NIMH); Neuralstem, Inc.; NeuroRx; Novartis AG; Organon Pharmaceuticals; Otsuka Pharmaceutical Development, Inc.; PamLab, LLC.; Pfizer Inc.; Pharmacia-Upjohn; Pharmaceutical Research Associates., Inc.; Pharmavite® LLC; PharmoRx Therapeutics; Phototherа; Reckitt Benckiser; Roche Pharmaceuticals; RCT Logic, LLC (formerly Clinical Trials Solutions, LLC); Sanofi-Aventis US LLC; Shire; Solvay Pharmaceuticals, Inc.; Stanley Medical Research Institute (SMRI); Synthelabo; Taisho Pharmaceuticals; Takeda Pharmaceuticals;Tal Medical; VistaGen); Wyeth-Ayerst Laboratories

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I had to zoom out just to take a screenshot! Even then it didn't fit in one screen! If you can't squint well enough this includes money from a slew of companies, all the familiar names and many more, via:

- Research Support
- Advisory Board Fees
- Consultancy Fees
- Speaking Fees
- Publishing Fees
- Equity Holdings
- Royalties and Patents
- And Copyrights

I guess I can say at least he is disclosing his conflicts unlike others!

…but not always. A paper on the about a Antidepressant Treatment History Questionnaire discloses no such interests. Even though it is directly about antidepressants, produced by many of the companies he's been paid by.

This man is a psychiatrist. As I've only briefly covered, psychiatry is worse off than other areas of pharmaceutical medicine because of how it's easier to play games there. "The fact that few psychiatric disorders have objective criteria for diagnosis makes these disorders easier to expand than most physical illnesses," says Marcia Angell, former editor of the medical journal NEJM.

In other words, disorders can be altered or changed usually based on symptoms. Then drug trials can similarly be fudged. Hmmm…Dr. Fava holds copyrights for symptom questionnaires…the things by which people are diagnosed and then given treatment!

This man has been at Massachusetts General Hospital for over 30 years. He is the Psychiatrist-in-Chief since Oct 2019.

And he works at Harvard too. Remember in #53 when we looked at the board of directors of Big Pharma who also held positions at non-profits, notably hospitals and universities.

Is there any chance that this man, given his experience and conflicts, is interested in any methods of healthy psychology or treating depression that don't have to do with Big Pharma?

The evidence points to no. My read of all this is that Maurizio Fava is a scientific gatekeeper that keeps the system in place to the benefit of himself and his cronies. Even more details next time…

#61 Scientific Shenanigans in the Placebo Effect

For any drug to be approved it must be blindly tested against a placebo. Because a belief in an intervention can cause the body to heal or change, testing against placebo is done to see if a drug has a real effect more than just the placebo. (Go back to #11 to learn why we should focus on harnessing the placebo rather than simply testing against it.)

In short, if a drug performs no better than placebo then it is not helping. Or if it has more side effects than placebo then it is dangerous.

If you're a drug company and you want to get your drug approved then it's all about beating the placebo control group in effectiveness, and having no more side effects than the sugar pill. In the end this comes down to statistics.

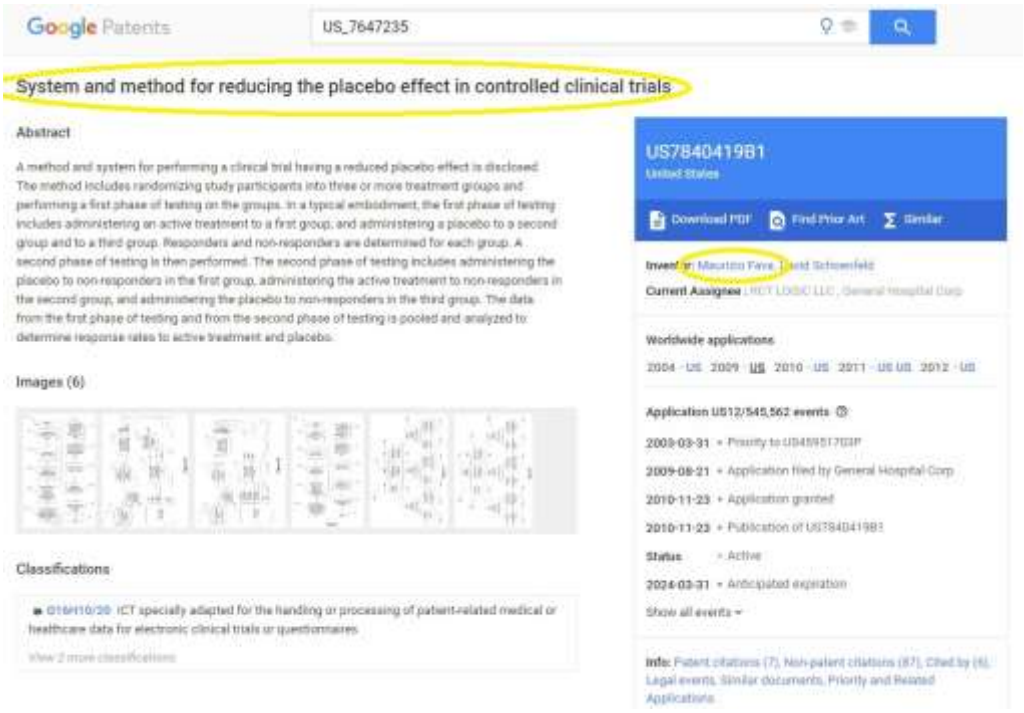
If you know your outcome, winning drug approval, you can aim to hit it. Thus, the science can be manipulated in a wide variety of ways. Here are a few:

- Of course, there is straight up falsifying data. This is rare because less overt methods exist, but it occurs, like it did with Merck's Vioxx (see #7).
- Look for a secondary outcome. Instead of looking for less deaths for instance, which many people are interested in, go for some biomarker in the body that is less relevant. For instance, statins lower cholesterol but may not positively impact mortality.
- Find effects just a sub-group, but use this to promote effectiveness (as was done with Remdesivir to win approval in #44)
- Diminish side effects. (In #59 we saw how a side effect of cardiac arrest was listed as fainting, or #40 how Prozac suicides were changed to overdoses, despite normal doses being used.)
- Don't use an inert placebo but an active one instead. (Like HCQ was put up against a placebo of vitamin C in a recent study.)

There are even more ways than these, and it is to that we turn next.

Last issue we explored Dr. Maurizio Fava who held extensive conflicts of interest while being in a scientific gatekeeper position at Massachusetts General Hospital and Harvard Medical School.

Among his lengthy conflicts was a patent section. Several of patents covered "A method and system for performing a clinical trial having a reduced placebo effect is disclosed."



The patent filing includes, “It has been suggested that addressing the placebo response issue is one of the most important challenges facing the future of industry-sponsored psychopharmacologic drug development…The present invention comprises a system and technique for implementing a study and a related analytical plan aimed at reducing both an overall placebo response rate and a sample size requirement for clinical trials. By reducing the placebo response rate and the sample size, the present invention can, among other things, lower the expense and time required to evaluate the efficacy of new therapeutic compounds.”

Smaller sample sizes and less placebo response means that drugs have a better chance of being shown to be safe and effective.

Smaller sample sizes and less time also means less cost, which is important because, as mentioned, these are industry sponsored trials so they want faster and cheaper results.

Mentioned in the conflicts statement is that these patents are being licensed from MGH to Pharmaceutical Product Development LLC. (PPD). This company is a “leading global contract research organization.” These CRO’s do outsourced research services for pharma companies.

Their homepage states, “PPD offers proven solutions, ranging from early development to pharmacovigilance to post-approval services, to ensure your product’s success.”

Not save lives. Not heal people. Ensure product’s success…because that is really what it is all about.

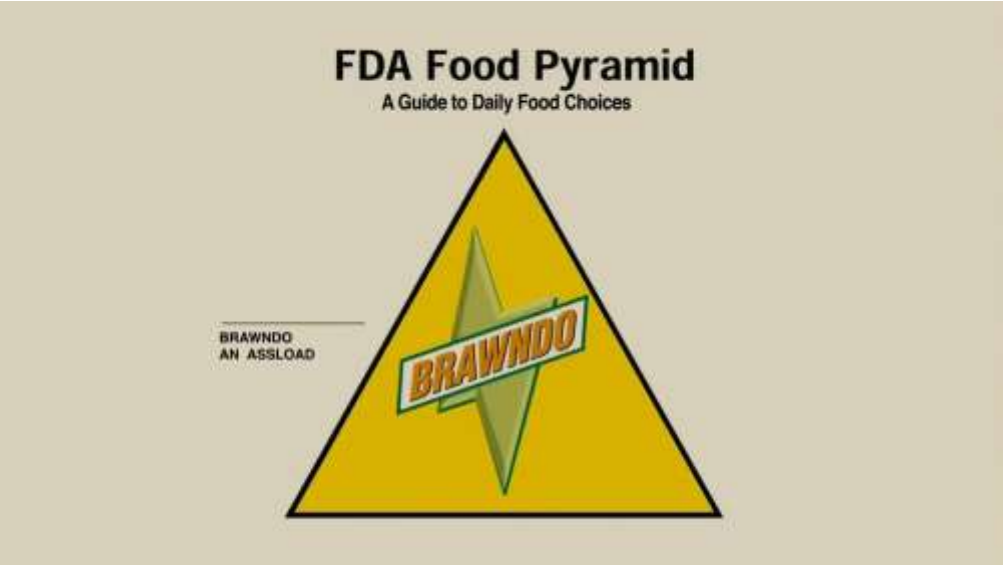
Follow the money! Not only will Fava make money, but the hospital, MGH, gets funding from the patent. No wonder Fava has been promoted to the top spot there. Meanwhile, PPD, other CRO's organizations, and consultants for drug approval such as revolving door Laughren, get paid by Big Pharma for success.

My, my…what a tangled web of conflicts we weave! It is no wonder so few people can understand how it's possible they get away time and time again.

#62 FDA Bought by Brawndo?

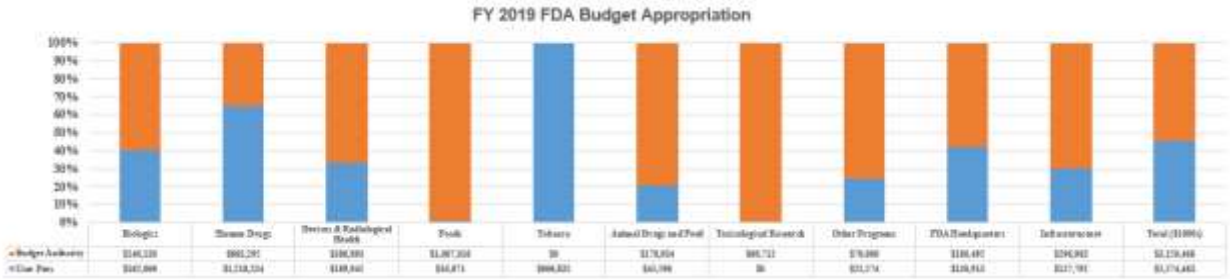
I recently re-watched the 2006 movie Idiocracy. It's a very silly movie. But one thing struck me in there relevant to today's issue. In it, in the future a sports drink, named Brawndo comes to be an all-powerful corporation, so much that they're watering crops with it, a major part of the plot. The movie narrator tells us:

"Brawndo, the thirst mutilator, had come to replace water virtually everywhere. Water the basic component of all life had been deemed a threat to Brawndo's profit margins. The solution came during the budget crisis of 2330 when the Brawndo corporation simply bought the FDA and the FCC, enabling them to say, do and sell anything they wanted."



Silly, right?...Or not that far off from the truth?

According the FDA website, their total budget in 2019 was $5.7 billion. They state that, "Excluding tobacco user fees, federal budget authorization funds about 62 percent of FDA's budget. The remaining 38 percent is paid for by industry user fees.



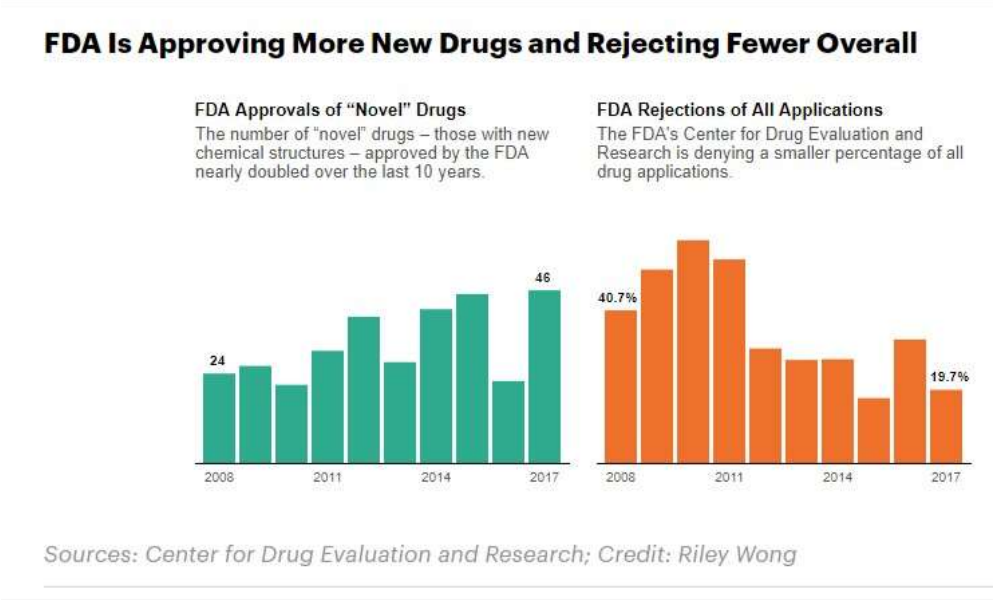
Human drugs are 65% funded by industry. Biologics are 40% funded by industry.

This was a result of the Prescription Drug User Fee Act passed in 1992. It's been reapproved and modified multiple times since. With the largest lobbying army there is, laws and regulations tend to be in Big Pharma's favor contrary to public perception.

Unlike Brawndo, Big Pharma has not outright bought the FDA…but neither are we as far away from that as most people who trust the FDA imagine!

"Instead of a regulator and a regulated industry, we now have a partnership. That relationship has tilted the agency away from a public health perspective to an industry friendly perspective," said Dr. Michael Carome, director at Public Citizen, and a former HHS official.

Does this effect the end results? In 2010, 59.2% of drug applications were denied. In 2017, only 19.7%.



"You don't survive as a senior official at the FDA unless you're pro-industry," said Dr. Thomas Marciniak, a former FDA medical team leader.

Understand that user fees are just one of many arrows in the quiver of Big Pharma capturing the agency. By itself it wouldn't mean too much. But combine it with the revolving door, consultancy fees, what whistleblowers say, etc. and you'll get the more complete picture.

Here's an example. A ProPublica article shares the details of Nuplazid, made by Acadia Pharmaceuticals to treat Parkinson's. Nuplazid had failed to show any improvement in two

Phase 3 trials. Then Arcadia got permission from the FDA to do a new trial with a never-before-used scale of assessment designed to reduce the placebo effect (sounds familiar to the previous issue), plus reduce the normal two necessary trials to win approval to just one.

This new trial showed a small but statistically significant benefit. FDA medical reviewer Dr. Paul Andreason didn't want to approve the drug because of serious adverse effects including death. For seven out of 91 to benefit, five would have serious side effects and one would die.

The FDA held an advisory committee. Testifying on behalf of the drug were doctors (paid consultants to Acadia), doctors from Parkinson's advocacy groups (funded by Acadia), relatives of Parkinson's patients (travel funded by Acadia), even a grandaughter of a Parkinson's sufferer (later a paid brand-ambassador of Acadia).

As a result, Nuplazid got approved. In 2016, Nuplazid cost $33,000 per year of treatment. Between its approval and June 2018 there were 6,800 adverse reports and 887 deaths. In 2018 the FDA reviewed data but decided this was insufficient to make any changes.

How many of the advisory committee members or those re-reviewing the drug had financial conflicts of interest with Acadia?

Just one example of countless. A JAMA article looking at FDA approvals writes, "The amount of Prescription Drug User Fee Act fees collected from industry increased from an annual mean of $66 million in 1993-1997 to $820 million in 2013-2017, and in 2018, user fees accounted for approximately 80% of the salaries of review personnel responsible for the approval of new drugs."

At the very best the FDA is trapped between a rock and a hard place. They now cannot do their job without funding by Big Pharma. And it's clear, along with other elements, this funding comes with a pro-industry price-tag.

Idiocracy takes place in the year 2505. Sadly, I don't think it's going to take nearly that long with our current trajectory…

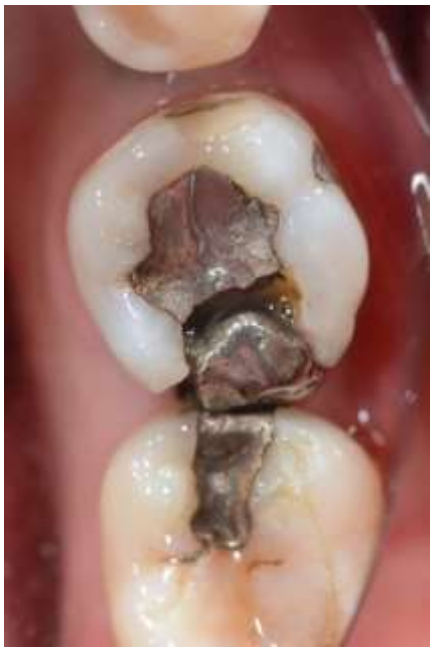
#63 FDA Reverses Mercury Amalgam Position after 50+ Years

“That’s the worst off-gassing I’ve ever seen. It’s toxic just for me to be standing here talking to you.”

Imagine hearing someone telling you this about your mercury amalgam fillings.

My wife did.

We were at an alternative health conference back years ago. One of the exhibitors was able to measure the off-gassing right then and there.



Shortly after returning home, she sought out a dentist that would remove the fillings for her. Between this and changing diet a whole bunch of her autoimmune symptoms from Sjogren’s syndrome disappeared.

Something big just hit the news recently. Did you see it covered? Chances are unless you’re tapped into alternative health news sites that it was buried under the more pressing coverage of the day.

The FDA reversed its long-held position stating that, at least for selected high-risk populations, mercury amalgam fillings should be avoided.

FDA

IN THIS SECTION: Press Announcements

FDA STATEMENT

FDA Issues Recommendations for Certain High-Risk Groups Regarding Mercury-Containing Dental Amalgam

For Immediate Release: September 24, 2020
Statement From: Director - CDRH Offices: Office of the Center Director
Dr. Jeffrey E. Shuren MD, JD

Part of our role in protecting patients is to regularly evaluate, monitor and update scientific evidence on the risks from medical devices—including issues related to the materials used in devices, such as metals. In the case of implanted and inserted medical devices, where materials may be in contact with the body for extended periods of time, we evaluate safety issues involved with, among other things, the body's long-term exposure to certain materials, taking into account that sometimes uncertainties remain and more research is needed.

Today, the FDA is issuing updated recommendations concerning dental amalgam and potential risks to certain high-risk individuals that may be associated with these mercury-containing fillings used to restore the missing structure and surfaces of a decayed tooth.

The FDA has found that certain groups may be at greater risk for potential harmful health effects of mercury vapor released from the device. As a result, the agency is recommending certain high-risk groups avoid getting dental amalgam whenever possible and appropriate.

"The amalgam releases small amounts of mercury vapor over time. While low-levels of inhaled mercury vapor are generally not harmful to most people, these high-risk individuals may be at increased risk of adverse health outcomes," says the FDA statement.

My wife happened to be in one of those selected populations, a woman that planned to get pregnant later.

Yet also in that statement we find a catch-22. "The FDA is not recommending anyone remove or replace existing amalgam fillings in good condition unless it is considered medically necessary because removing intact amalgam fillings can cause a temporary increase in exposure to mercury vapor and the potential loss of healthy tooth structure, potentially resulting in more risks than benefits."

Certainly, it is important for their removal to be done right. Seek out a great biological dentist to do it.

But let me get this straight…It is a heavily toxic metal before it is put into your body. It is toxic when it is removed from your body. But it is mostly safe inside your teeth, except for the off-gassing.

Ultimately, by talking about high-risk groups, they're saying this has health complications, but only certain groups will NOTICE them.

If it is toxic for one, it is toxic for all.

If you're in one of those high-risk groups should you remove them or not? The FDA will not give you a clear answer.

The other interesting thing about this has to do with time. A CNN article covering this says, "The FDA and American Dental Association have said for years the material is safe, but advocates have called for a filling material that doesn't contain mercury since the 1970s."

The powerful industry groups such as the American Dental Association, and the regulators such as the FDA deny, deny, deny that there is any problem with this medical procedure for decades and decades.
The top regulators and top scientists. AKA the experts.

Meanwhile, the lay people, the advocacy groups saying it's toxic, get smeared and discredited, labeled as anti-science conspiracy theorists.

They fight against it since at least the 1970's. This battle has waged for over 50 years. And who turns out to be right?

Well, the ADA still stands by these saying they're a "durable, safe and effective" material.

Do you believe them?

Are the experts right…or it is actually the people?

Let's think about this as a parallel to other medical interventions. Where else might powerful associations and the regulators be wrong? Where else do they say the science is settled (when in fact they often do not have safety science)?

Where else have the conflicts of interest kept a lockdown on the consensus opinion for decades and decades?

#64 Doctors – Handsomely Rewarded Pawns

With a $3.3 trillion US healthcare market (17.8% of GDP), you know that it is complicated! It's easy to jump to it all being a conspiracy, but you must look at the systemic effects involved, which are largely what we've been exploring in this series.

Doctors are mostly pawns in the game. This is not meant as a derogatory statement, instead to show their place in the system. Doctors are even more marketed to then you are!

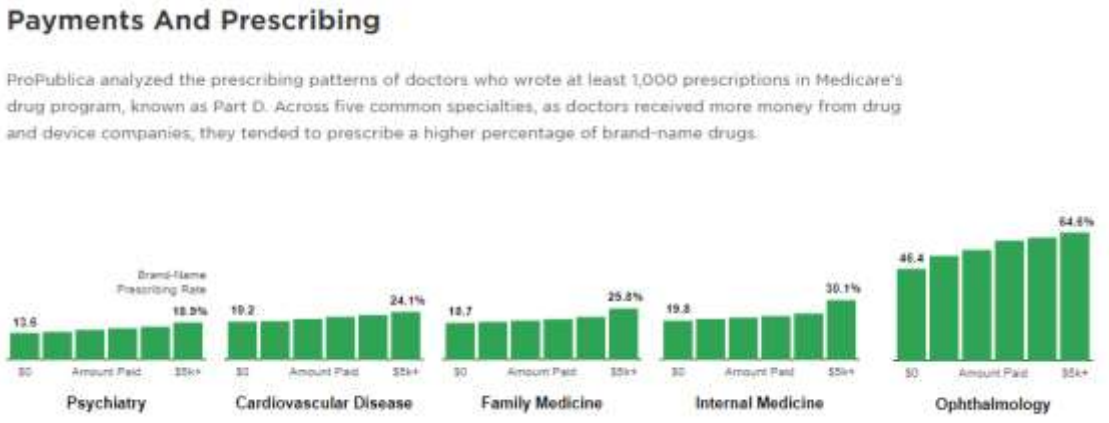
While most doctors get into the business to help people, they're under a heavier propaganda load and thus often become unwitting cogs in the machine. Of course, their pay and benefits depends on being part of that system too.

Sanofi reps, in addition to paying doctors to attend conferences, gave a breakfast to staff "to discuss drugs for the treatment of breast cancer". The aim was that "to secure business" as covered in a Guardian article.

Peter Rost, one of many Pfizer whistleblowers, wrote, "I found out that we paid for many hundreds of physicians to go to wonderful locations in the Caribbean and Mexico. Against AMA guidelines we paid their way, and we even allowed spouses to attend for a very low price."

Now laws have changed to stop some of these things. However, there are ALWAYS loopholes available. And loopholes get exploited because it is profitable to do so.

Even something as simple as getting bought meals changes what doctors do. "Receipt of industry-sponsored meals was associated with an increased rate of prescribing the brand-name medication that was being promoted," concludes a JAMA article.



Many doctors do not consciously realize this. Big Pharma marketing departments and their salespeople do.

To push opioid sales Purdue Pharma gave doctors starter coupons for free trials of the drugs, hats, plush toys, even a music CD featuring the song “Get in the Swing with OxyContin.” Prescriptions for OxyContin increased from 670,000 in 1997 to 6.2 million in 2002.

Dr. Marty Makary appears to me to be a good doctor looking to reform the system’s many cracks. He wrote a great book titled The Price We Pay: What Broke American Health Care – And How to Fix It. And one of the chapters is telling of what I’m saying here.

Makary writes, “For most of my surgical career, I gave out opioids like candy. I was unaware that about 1 in 16 patients became chronic users...My colleagues and I didn’t realize we were fueling a national crisis. But today opioids are the leading cause of death in American of people under 50 years of age.”

All signs point to him being a good person and good doctor, yet unaware that he was hooking people on addictive drugs that in some cases would lead to death.

Was it the plush toys or music CD that convinced him? Was it the falsified science? Was it the pushy salespeople? Did he receive any sort of kickback?

Not surprisingly, the opioid epidemic has only gotten worse during our current pandemic, with about 50% more deaths nationally.

Often the incentives are subtle. But other times, not so much. Sometimes it is straight cash! According to a 2016 report, pediatricians that are part of Blue Cross/Blue Shield get $400 for each child that receives the full schedule of shots.

You can look up what your doctor has been paid at https://openpaymentsdata.cms.gov/

This unfortunately won’t show every loophole possibility but it’s a good start.

Doctors, being the authority figures we culturally deem them to be, act as the pushers for the system. And in many cases, they aren’t even aware of how they’re influenced, many of them thinking they’re so smart they can’t be!

Welcome to the machine. Unless you recognize that doctors are pawns in the game, you’re overly susceptible to their influence and, thus, that of those that influence them.

#65 Medical Associations Funded by Big Pharma

Medical associations are typically non-profit organizations that publicly help to support people with certain diseases, access to healthcare or various other problems.

From a more private viewpoint, they often are funded in part by industry and use their public image and authority to propagate that industry's message. The worst offenders parrot the industry's talking points and do little more.

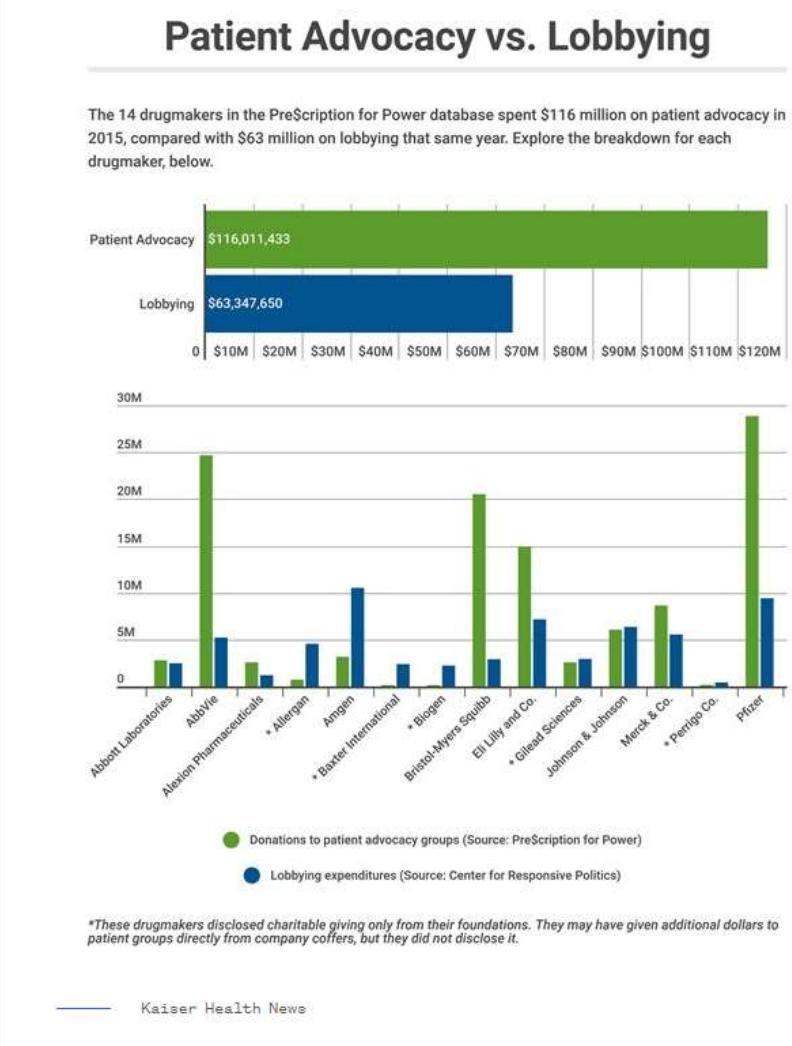
A survey published in JAMA found, of 245 patient advocacy organizations surveyed, 67% received industry funding. Of these, 12% received more than half of their funding from industry.

Many of these received less than $10,000, but 8.8% received more than a million in funding.

Chances are the true numbers are higher because many surveys were not returned or were incomplete, allowing the worst cases to hide in the shadows.

Speaking of hiding, only 25.7% have public disclosure of financial relationships on websites or annual reports. Undisclosed conflicts of interest seem to be a repeating pattern of how the monopoly works.

In 2015 pharmaceutical companies in whole gave at least $116 million, spread over 12,000 donations, to these associations. What is telling is that, according to Kaiser Health News, the 14 companies that did this, spent only $63 million on lobbying.



Twice as much money means they're making that money back and more from doing so. For all the power from lobbying (see #41), this power is worth spending double on!

To ground what these statistics mean, let's examine a few examples…

Regarding a few spokes in how the opioid epidemic came to be, The Annual Review of Public Health wrote, "Between 1996 and 2002, Purdue Pharma funded more than 20,000 pain-related educational programs through direct sponsorship or financial grants…Purdue provided financial support to the American Pain Society, the American Academy of Pain Medicine, the Federation of State Medical Boards, the Joint Commission, pain patient groups, and other organizations."

The American Heart Association received over $32 million from pharma and medical device companies in 2018-2019 corporate year. Back in 2008 they came under fire, covered in The New York Times, for coming to the defense of an expensive statin drug, Vytorin, that did

nothing more than cheaper statins. In doing this they didn't mention the almost $2 million per year they were receiving from the drug's maker, Merck/Schering-Plough.

Eli Lilly gave $2.9 million to the American Diabetes Association in 2015. Lilly's increased the price of their insulin, Humalog, 30 times in 20 years. The ADA speaks of managing diabetes using lifestyle and drugs when the fact is that Type 2 is completely reversable without diet alone…but not if you follow their recommendations.

AbbVie made 65% of their revenue in 2017 from the drug Humira, which is used in Crohn's disease and arthritis. AbbVie gave $2.7 million to the Crohn's & Colitis Foundation and $1.6 million to the Arthritis Foundation.

Gilead makes Truvada, a $1780 per month HIV pre-exposure prophylaxis drug among others. They're the top company in the HIV/AIDS space. So of course they've given millions to multiple AIDS organizations and foundations.

This is just a tiny fraction of the possible examples out there.

If you have a disease as covered by one of these associations, and you're taking drugs for it, it is worth looking at their funding. Find if their recommendations are right in line with what profits the funders.

#66 In this Game of Thrones, Doctor's Associations Eliminate Competitors

"By helping medical doctors ascend the throne of medicine, politically and economically, the AMA has contributed to the elimination or suppression of competing healers" write Wolinksy & Brune in the The Serpent on the Staff, a history of the American Medical Association (AMA). "The AMA has conducted a nearly 150-year war against alternative medicine."

Way back in MMM #4, I covered how the AMA was caught in a decades long conspiracy to destroy the chiropractic profession. They were found guilty of conspiring in violation of the Sherman antitrust act. Yes, a proven medical conspiracy.

Digging deeper into the history of the AMA, there's a few more facts worth knowing about this case. On the topic of associations, it's important to see the AMA was far from a lone wolf, but instead leader of the pack.

In addition to the AMA, several others were also charged in this case, including:

American Hospital Association
American College of Surgeons
Joint Commission on Accreditation of Hospitals
American College of Physicians
American College of Radiology
American Academy of Orthopaedic Surgeons
American Osteopathic Association
American Academy of Physical Medicine and Rehabilitation
Illinois State Medical Society
Chicago Medical Society
The Medical Society of Cook County

The majority of these settled out-of-court. The case found that some of them had taken part of the conspiracy while others engaged in actions independently. A few of the cases were dismissed. (Keep in mind that conspiracy is a tough thing to prove.)

Nor was this the first brush at oppression. Longtime head of the AMA, Dr. Morris Fishbein had described chiropractic back in 1925 as a "malignant tumor."

Dr. Joseph A. Sabatier, chairmen of the AMA's Committee on Quackery, said, "rabid dogs and chiropractors fit into about the same category…Chiropractors were nice [but] they killed people."

This committee didn't stop at chiropractic. They targeted everything from arthritis and cancer treatment alternatives to psychic surgery.

Of course, there are hucksters in every field…including medical doctors. I'm not doubting that. But while the conspiracy against chiropractic came to light, we have to ask the question…

How successful were they overall in successfully squashing out other viable alternatives or relegating them to the fringes?

Using their political clout (more on that in the next issue) the AMA was able to block Congress approval of Medicare funding for chiropractic care. This in addition to leading doctors to boycott the profession and keep them out of hospitals.

Yet at that time the majority of chiropractic schools were four-year programs that included more training on anatomy, physiology, radiology, rehabilitation, nutrition and public health than the training of MDs.

The Judge that oversaw this case, Getzendanner, mentions something important to this effect. "There are lingering effects of the conspiracy; the AMA has never acknowledged the lawlessness of its past conduct and in fact to this day maintains that it has always been in compliance with the antitrust laws."

The more than a century in power of the AMA, along with other associations and Big Pharma, gives us a glimpse as to why modern medicine is still the almost complete monopoly on healthcare that it is.

#67 Political and Propaganda Power of the AMA

The American Medical Association (AMA) was one of the most powerful groups in the world. Currently, the AMA is a shadow of what it once was. But understanding how it used power at its peak is instructive to today in looking at many other organizations.

The AMA operates as a non-profit with a one-time budget of hundreds of millions of dollars decades ago when that was worth a lot more.

Authors of The Serpent on the Staff, Wolinksy & Brune write, “The long, slow road to prosperity closely followed the medical profession’s success in persuading society to give it a licensed monopoly…The AMA played a major role in setting the rules for admittance to medical school, education and training, licensing, and even hospital privileges.”

A large part of that influence was through one of the top medical journals in the world, JAMA, which stands for the Journal of the American Medical Association. As we’ve explored in past issues, “Journals have devolved into information laundering operations for the pharmaceutical industry” according to Lancet editor Dr. Richard Horton. JAMA boasted a circulation of at least 700,000 at one time.

One of the most important parts of the AMA was its related organization, the American Medical Political Action Committee (AMPAC). Through this, the AMA heavily influenced politics.

In fact, AMPAC was the very first PAC outside of organized labor, and for many years the biggest spender by far.

From 1974 to 1994 the AMA spent more than $100 million in lobbying efforts. AMPAC spent an additional $34 million on political activities and funding congressional campaigns during that time.

Leaked memos also showed “how AMA lobbyists requested AMPAC contributions for specific candidates.” The Federal Elections Committee found that the AMA had violated campaign finance laws, but they received nothing more than a warning.

Ronald Reagan, before he was president, even acted as an AMA pitchman.

Through its lobbying and political influence, the AMA has stopped, or at least favorably altered, almost all legislation that it saw would hurt its professional power. This included universal

insurance with a national health system as far back as in the Roosevelt and Truman administrations.

The AMA tried to strike down Medicare and this one of the few times they failed. Still, they were able to make sure that it benefitted doctors by allowing them to set their own fees. This helped to loot taxpayers and set us on the path of unsustainable healthcare costs today.

Of course, AMPAC was not working alone. Wolinksy & Brune write the "AMPAC secretly turned to the Pharmaceutical Manufacturers' Association [which later became PhRMA], a trade group for drug companies. The AMA-PMA connection was strong. The two groups often joined forces to lobby Congress, and the AMA's general counsel became the PMA's executive director. Seventeen of the nations' biggest drug firms gave nearly $1 million to AMPAC in its first three years, according to internal AMA documents that were leaked years earlier…AMPAC claimed that 70 percent of the candidates it backed won."

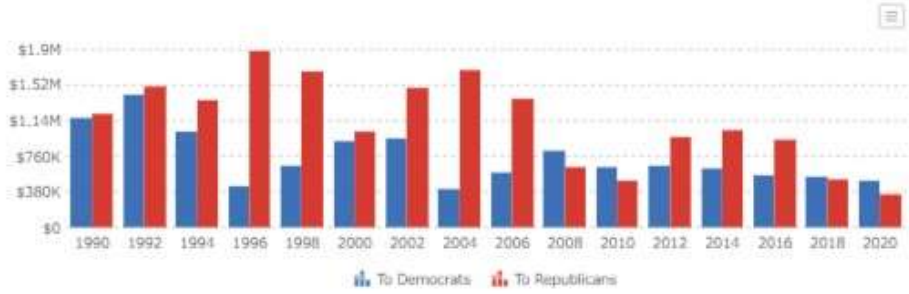
This medical alliance made sure that doctors and Big Pharma supported each other in growing their income, at the expense of the public.

Just how widespread was their influence. A 1990's analysis found that the AMA or AMPAC had given money to 83% of the 535 representatives and senators. Of the 17% they hadn't, most of these were brand new Congressmen and women.

Money doesn't always sway lawmakers' decisions, but it certainly sometimes does. There is no doubt that funding 83% of all of Congress certainly gives you some favorable outcomes.

While the AMA, nor AMPAC doesn't hold the power it once did (only spending $1.7 million this election), the lobbying, the industry sway and amounts of money used have only grown since then in other organizations.

Party Split by Election Cycle | Spending by Election Cycle



Select a cycle: 2020

PAC Summary Data, 2019-2020

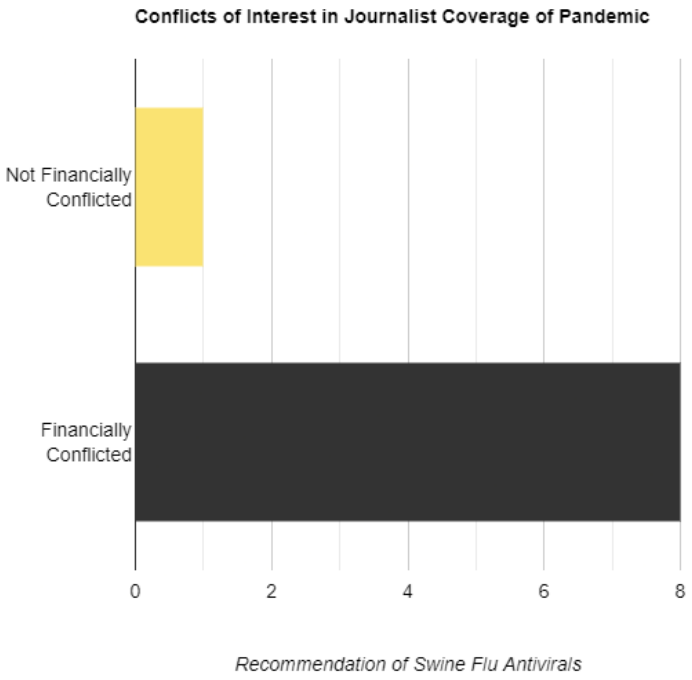
Total Raised	$1,518,246
Total Spent	$1,698,439
Begin Cash on Hand	$1,142,153
End Cash on Hand Receipts	$961,960
Debts	$0
Independent Expenditures	$344,800
Date of Last Report	October 14, 2020

#68 Swine Flu – Conflicts in Journalism

Remember the Swine Flu Pandemic a decade ago? As the saying goes, those who don't learn from history are doomed to repeat it.

And here let's look at the pandemic specifically in relation to the news.

Jacqui Wise, published in the BMJ, found that "Academics who promoted the use of antiviral drugs in the media during the 2009-10 H1N1 flu pandemic were eight times as likely to have links with the drug industry as quoted academics who didn't comment on their use."

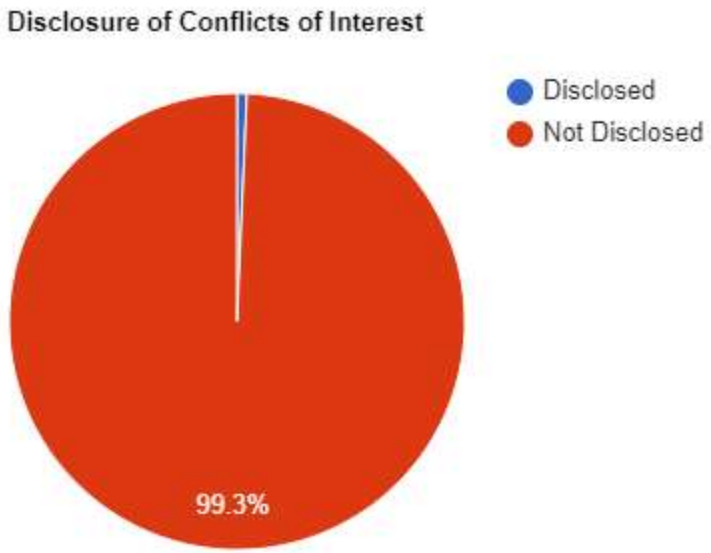


This study looked at the UK newspaper coverage of the H1N1 pandemic to find conflicts of interest. A total of 425 articles from a range of publications (both right and left leaning) were analyzed.

The promotion of drugs from those with conflicts (grants, honorariums, speakers' fees, consultancies, advisory roles, employment and company directorship or stock ownership) were eight times higher than those without industry links.

And only three out of the 425 articles mentioned the conflicts of interest. All others did not disclose this information.

That is a miniscule 0.7%! In other words, 99.3% did not properly disclose potential conflicts.



“These add to the growing body of literature highlighting the potential influence of the pharmaceutical industry on policy decisions through multiple avenues, including advisory committees, drafting of guidelines, and media commentary,” the study notes. “Undisclosed [competing interests] degrades public confidence in medical research, to the detriment of the whole scientific community.”

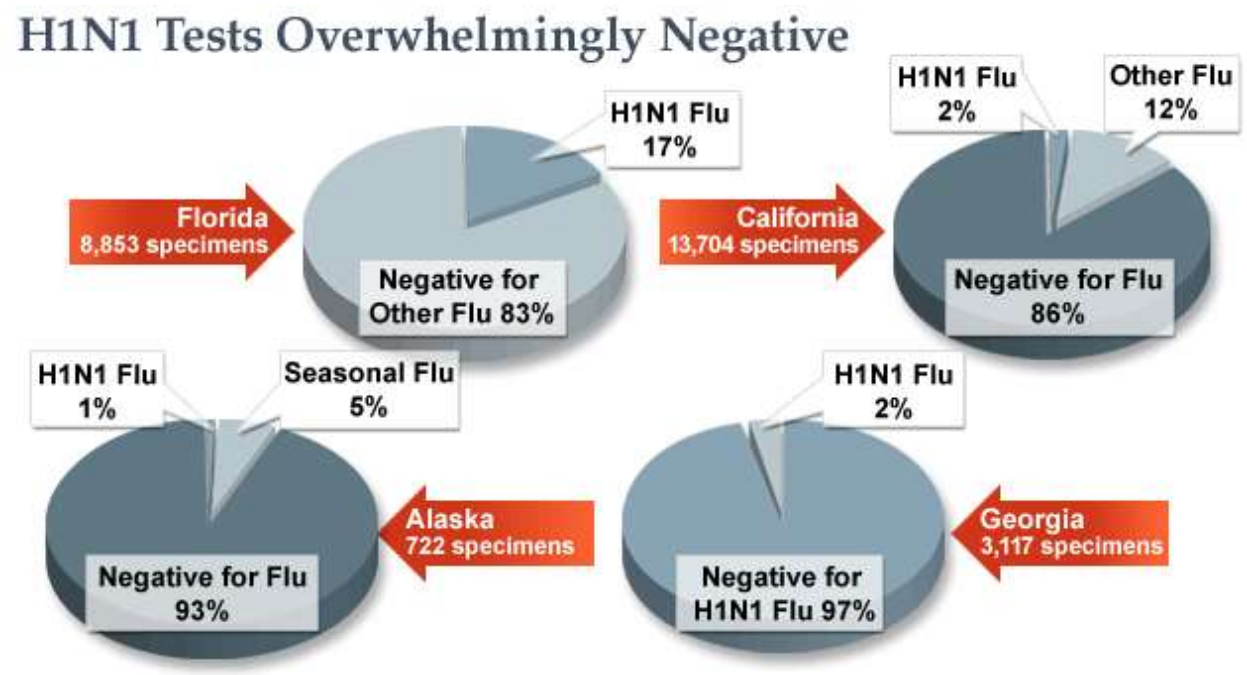
In today’s pandemic with science-by-press-release this might be important to know about.

What’s more is that this study only looked at print media stating, “Broadcast media were excluded on the grounds that print media offered more in-depth analysis and more divergent viewpoints.” In other words, TV is worse!

Understand that this study covered the UK, but it is likely the same or even worse in the USA. And even worse now than a decade ago.

This conflict bleeds into (or out of!) our top captured agencies. Investigative Journalist Sharyl Attkisson found that the CDC was reporting huge numbers of swine flu cases, while the fact is that they ordered the states to stop actually counting them.

The CDC itself denied federally mandated Freedom of Information Act requests from Attkisson. But she was able to dig up the true numbers from the states themselves.



She writes that initially her story was seen as groundbreaking within CBS, justifiably so, within her new book *Slanted*.

"But for reasons unspecified, an influential senior producer intervened to keep the story from airing. She said that maybe we could report the information 'when the whole thing is over' as part of a 'look back.' I was baffled. So instead of the story airing on CBS Evening News, I published it online."

The story went against the narrative. The story went against those with conflicts of interest.

The fourth estate is supposed to protect us from those in power who abuse it. But more and more lately they help to reinforce the power of those that have it.

#69 New Analysis: 85% of Pharma Companies are Criminal

That Big Pharma is made up of criminal corporations is a subject I've covered numerous times. A brand-new article published in JAMA gives another analysis on this.

The years between 2003 and 2016 were analyzed. Pharmaceutical companies on the Global 500 or Fortune 1000 list for at least seven years duration were found, yielding 26 such firms.

Of these 85% had one or more criminal penalties. That is 22 of the 26.

Table 1. Value of Financial Penalties and Duration of Illegal Activity

Company[a]	Value of penalties, total $, in thousands[b]	No. of penalties	Penalty amount, mean $, in thousands	Penalties, % of total revenues (rank)[c]	Duration of illegal activity associated with penalties, mean, y
GlaxoSmithKline	9 775 419	27	362 053	1.55 (2)	7.22
Pfizer	2 910 581	18	161 699	0.36 (11)	5.67
Johnson & Johnson	2 668 326	15	177 888	0.28 (13)	6.08
Abbott Laboratories	2 581 585	11	234 690	0.75 (6)	6.36
Merck	2 094 026	11	209 403	0.40 (9)	6.13
Eli Lilly	1 775 031	7	253 576	0.59 (7)	6.14
Schering-Plough[d]	1 645 186	12	137 099	2.05 (1)	6.18
Wyeth[d]	1 614 355	7	230 622	1.15 (4)	8.71
Bristol Myers Squibb	1 389 197	12	115 766	0.50 (8)	5.83
Novartis	1 198 088	11	108 917	0.18 (16)	6.55
AstraZeneca	1 172 185	10	117 219	0.28 (14)	8.30
Amgen	945 034	9	105 004	0.39 (10)	9.78
Allergan[d]	660 604	1	660 604	1.16 (3)	7.00
Bayer	602 688	13	46 361	0.09 (19)	4.00
Mylan	227 800	6	37 967	0.30 (12)	4.67
Sanofi-Aventis	535 923	10	53 592	0.10 (18)	6.50
Boehringer Ingelheim	416 439	7	59 491	Not applicable[e]	5.86
Forest Laboratories[d]	383 452	3	127 817	0.88 (5)	5.33
Actavis (Watson)	77 312	2	38 656	0.09 (17)	11.00
Roche Group	67 000	1	67 000	0.01 (21)	5.00
Genzyme[d]	56 152	2	28 076	0.19 (15)	5.00
Perrigo	7816	1	7816	0.02 (20)	1.00

In this analysis, GlaxoSmithKline led the pack with 27 penalties. This led to an inflation adjusted total of slightly under $10 billion in fines. Second place goes to Pfizer 18 penalties for almost $3 billion.

Note that this is only government penalties. It does not include civil or class action lawsuits.

I share this new study because it brings up some interesting points not revealed before.

One part of the analysis was how long the illegal activities associated with these fines were. In a range from one year to eleven years, the mean was found to be 6.42 years.

This is far from a temporary blip. Denis Arnold, head of the study said, "The fact that when misconduct takes place, it does so over a period of many years, indicates that it is intentional and not accidental, again indicating poor governance and poor leadership."

Secondly it looks at the penalties in relation to total revenues. The average among the perpetrators is 0.54% of revenue paid in fines. Even though this includes some of the biggest criminal penalties ever charged to companies, it is a minor line item on their profit and loss. A slap on the wrist that does not deter future behavior of the same types.

Table 2. Type and Frequency of Illegal Activity Associated With Penalties

		Violation frequency										
Company[a]	No. of penalties	Adulterated drugs[b]	Bribery[c]	Competition[d]	Disclosure[e]	Environmental violations[f]	Financial violations[g]	Kickbacks[h]	Misleading marketing[i]	Off-label marketing[j]	Pricing[k]	Uncatego-rized[l]
GlaxoSmith Kline	27	2	2	3	5	3	1	2	5	3	11	1
Pfizer	18	0	2	0	1	4	0	1	7	5	3	0
Johnson & Johnson	15	1	1	0	5	0	0	4	4	9	2	0
Bayer	13	0	0	3	1	4	0	1	3	1	4	0
Schering-Plough[m]	12	0	0	0	2	0	2	1	1	1	8	0
Bristol Myers Squibb	12	0	1	4	1	1	2	1	1	2	3	0
Abbott Laboratories	11	0	0	2	1	2	0	3	1	1	4	0
Merck	11	0	0	0	2	2	1	2	1	2	7	1
Novartis	11	0	1	0	1	0	1	5	0	4	5	0
AstraZeneca	10	0	1	0	1	0	0	4	1	2	6	1
Sanofi-Aventis	10	0	0	2	0	1	0	2	0	0	6	0
Amgen	9	0	0	0	0	1	0	3	1	3	5	0
Boehringer Ingelheim	7	0	0	0	0	2	0	1	1	1	4	0
Eli Lilly	7	0	0	0	1	0	0	1	1	7	1	0
Wyeth[m]	7	0	1	0	0	1	0	0	2	4	1	0
Mylan	6	0	0	1	0	0	0	0	1	0	4	0
Forest Laboratories[m]	3	1	0	0	0	0	0	2	0	1	1	1
Actavis (Watson)	2	0	0	0	0	0	0	0	0	0	2	0
Genzyme[m]	2	1	0	0	0	0	0	0	1	2	1	0
Allergan[m]	1	0	0	0	0	0	0	0	0	1	0	0
Roche Group	1	0	0	0	0	0	0	0	1	1	0	0
Perrigo	1	0	0	1	0	0	0	0	0	0	0	0
Total		5	9	16	21	21	7	33	32	50	78	4

[a] Biogen, Celgene, Gilead Sciences, and Hospira had no violations in this period.
[b] Manufacturing and distributing adulterated or unapproved drugs.
[c] Bribery to foreign officials, suppliers, or other entities.
[d] Fraudulently delaying market entry of competitors, antitrust, monopoly.
[e] Failure to disclose negative information about a product or about poor drug development.
[f] Violations of environmental regulation(eg, Clean Air Act).
[g] Tax fraud and insider trading.
[h] Offering kickbacks to suppliers or customers to purchase and sell their product(s).
[i] Misleading or deceptive marketing practices.
[j] Advertising a product for uses other than approved by the US Food and Drug Administration.
[k] Overpricing drugs reimbursed or paid for by government, underpaying rebate obligations, fraudulent pricing or billing, or other pricing illegalities.
[l] Violations that do not fit the other reported categories.
[m] Company was acquired before 2016. See footnote d in Table 1.

The names of these crimes are technical. But let me make it easier to understand.

They lie: misleading marketing, falsifying science, not disclosing information they know

They cheat: off-label marketing, insider trading, adulterated drugs and monopolizing

They steal: fraudulent pricing and tax fraud

They bribe: bribing foreign officials or other companies as well as doctor kickbacks

They pollute: environmental violations

Simple logic tells us that companies MUST get away with more than they get caught for. This is true especially when we see repeated patterns of action, such as Johnson & Johnson's nine fines for off-label marketing or Eli Lilly's seven for the same.

They've been caught that many times. How many times have they successfully not been caught?

To be fair, 15% were not criminal in this analysis. "Four firms were not found to have penalties for illegal activities during the sample period," says Arnold. "This may indicate an ability for illegal activity to be undetected, although these firms may instead have effective ethics and compliance programs."

These four are Biogen, Celgene, Gilead Sciences and Hospira.

The only one I've explored of these is Gilead. I found a large level of conflicts of interest with the approval of Remdesivir in #44, and their interlocking directorate with Alphabet/Google in #51 which fits into the censorship of the competition.

These aren't crimes themselves. But this behavior doesn't point to above board ethics at least in this case. I can be more hopeful of the other three as I haven't dug into them yet.

The paper's summation includes: "Given the scope and nature of the illegal activities involving financial penalties, physicians and regulators should exhibit vigilance over the activities of large pharmaceutical firms."

Not only that. Since the physicians and regulators are not properly doing the job in comes down to YOU being exhibiting vigilance in this area.

And keep in mind the rushed products that Pfizer, Johnson & Johnson, AstraZeneca, Sanofi, and GlaxoSmithKline, who are all in this list, are going for right now. Arnold says, "Firms with high historical incidences of illegal activity are more likely to engage in the fraudulent representation of research data, the suppression of negative side-effects, and the false marketing of their products. It is very much related to COVID-19 research in that a firm with a history of misconduct would have a higher probability of lying about the efficacy of their vaccines or therapeutic treatments."

#70 225,000 Yearly Iatrogenic Deaths

Iatrogenesis is a fancy word for causing disease, complications or even death by medical activity, including diagnosis, interventions, errors and negligence.

Dr. Barbara Starfield, from the John Hopkins School of Public Health, lists out some such iatrogenic disease in her JAMA commentary, “Is US Health Really the Best in the World?” This includes:

- 12000 deaths/year from unnecessary surgery
- 7000 deaths/year from medication errors in hospitals
- 20000 deaths/year from other errors in hospitals
- 80000 deaths/year from infections in hospitals
- 106000 deaths/year from nonerror, adverse effects of medications

These add up to 225,000 deaths per year from iatrogenesis and this was back in 2000. Of course, no set of statistics is perfect. Other research puts this amount lower, while some put it higher.

Also, this is just death. It does not include the other damage done, nor the wasted costs associated with such medical treatment.

Is US Health Really the Best in the World?

Barbara Starfield, MD, MPH

The fact is that the US population does not have anywhere near the best health in the world. Of 13 countries in a recent comparison,[1] the United States ranks an average of 12th (second from the bottom) for 16 available health indicators. Countries in order of their average ranking on the health indicators (with the first being the best) are Japan, Sweden, Canada, France, Australia, Spain, Finland, the Netherlands, the United Kingdom, Denmark, Belgium, the United States, and Germany. Rankings of the United States on the separate indicators[1] are:

- 13th (last) for low-birth-weight percentages
- 13th for neonatal mortality and infant mortality overall
- 11th for postneonatal mortality
- 13th for years of potential life lost (excluding external causes)
- 11th for life expectancy at 1 year for females, 12th for males
- 10th for life expectancy at 15 years for females, 12th for males
- 10th for life expectancy at 40 years for females, 9th for males
- 7th for life expectancy at 65 years for females, 7th for males
- 3rd for life expectancy at 80 years for females, 3rd for males
- 10th for age-adjusted mortality

The poor performance of the United States was recently confirmed by the World Health Organization, which used different indicators.

(Reprinted) JAMA, July 26, 2000—Vol 284, No. 4 483

Starfield is far from the only one to cover this subject. "Epidemiologically, appropriately prescribed, prescription drugs are the fourth leading cause of death, tied with stroke at about 2,460 deaths each week in the United States,” says Donald Light, a fellow at the Edmond J. Safra Center for Ethics at Harvard.

The fact is, while the USA spent $10,586 per person in healthcare in 2018, the next highest country was Germany with $5,986. And most countries far less. Despite this spending, we have worse mortality and health outcomes than most Westernized countries. Sometimes we're dead last.

This often gets blamed on the people, that Americans take less care of their health. While there is certainly some truth to that, it is just one piece of the puzzle. Too much medical treatment is another piece.

In other words, something is wrong with how we deal with health.

"Recognition of the harmful effects of health care interventions, and the likely possibility that they account for a substantial proportion of the excess deaths in the United States compared with other comparably industrialized nations, sheds new light on imperatives for research and health policy. Alternative explanations for these realities deserve intensive exploration," concludes Starfield.

While doctors operating on the wrong kidney or leg is obviously a problem, the bigger numbers and much harder to track and deal with are the ones in which everything is done properly, but side effects even death still results.

For example, at least two babies, one in Saudi Arabia and another in India, have been killed by the COVID-19 nasal swab test.

Every death is important, right?

Brown lives matter, don't they?

That's just the diagnostic itself. This doesn't even begin to cover potential damage caused by treatments such as intubation, side effects of drugs used and more.

None of this is to be taken that we need to stop treating or attempting to diagnose people. But we must get far clearer on not just the benefits, but the risks of doing so.

A review on Iatrogenesis puts it like this, "[M]odern medicine is one of the major threats to the world health."

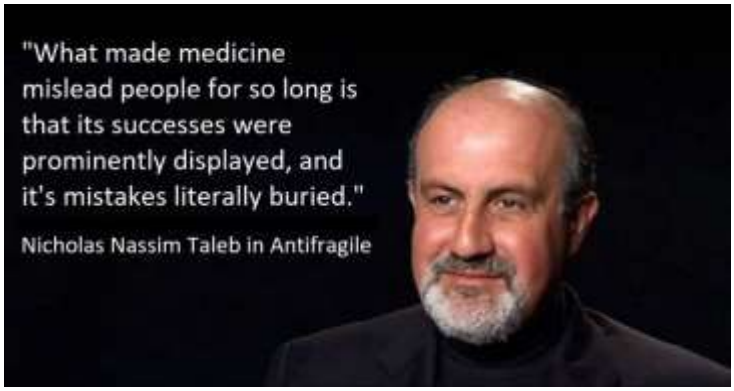
Take that in for a second. Really take that in. This "major threat" is not just disrupting our health, but all of society now as every man, woman and child is presumed a medical threat to others.

#71 Medical Successes Displayed…Medical Mistakes Buried

“What made medicine mislead people for so long is that its successes were prominently displayed, and it’s mistakes literally buried,” writes Nicholas Nassim Taleb in Antifragile. Highly recommended reading.

As I’ve stated previously, modern medicine is very useful and life-saving…in some circumstances. But it is this fact that successes are easily seen and many deadly failures are not, that we arrive where we’re at today.

Short term benefits. Long term costs. We humans are not great at judging the long term. Understand that iatrogenics does not necessarily mean a very easy cause of death, but may be effects put off into the future. In many cases this can subtly causative.



The subject of iatrogenics is covered well in Taleb’s book. Here is an example:

“Consider this need to ‘do something’ through an illustrative example. In the 1930s, 389 children were presented to New York City doctors; 174 of them were recommended tonsillectomies. The remaining 215 children were again presented to doctors, and 99 were said to need the surgery. When the remaining 116 children were shown to yet a third set of doctors, 52 were recommended the surgery. Note that there is morbidity in 2 to 4 percent of the cases (today, not then, as the risks of surgery were very bad at the time) and that a death occurs in about every 15,000 such operations and you get an idea about the break-even point between medical gains and detriment. This story allows us to witness probabilistic homicide at work. Every child who undergoes an unnecessary operation has a shortening of her life expectancy. This example not only gives us an idea of harm done by those who intervene, but, worse, it illustrates the lack of awareness of the need to look for a break-even point between benefits and harm.”

To doctors, to all medical professions, they’ve got hammers and people are nails. Even if well-meaning, as the vast majority certainly are, they’ll see the need for treatment more often than it actually is necessary or helpful.

This is a cognitive bias we’re all prey to. Doctors are no different.

“What if we don’t treat and they need it?” some will cry. Sure, that is a problem. The one who needed treatment but didn’t get it is like the prominent successes displayed. All those that got treatment and

didn't need it are failures hidden away. You can't see what would have happened in that case if nothing had been done.

It's easy to look at bloodletting and say that doctors shouldn't have done that. The question that is seldom asked is how many of the things done today are the same?

How many of the most "scientific" practices of modern medicine that are routine procedure, will in 20, 50 years be looked at as barbaric or laughable?

Maybe just a few. More than likely, more than half! Many drugs don't really beat placebo until scientific shenanigans (#61) takes place. Placebo surgeries show that quite a few surgeries perform no better than placebo. Undoubtedly, surgery can be great, even life-saving. But maybe people (surgeons for instance) do look at it as the first choice rather than a last resort.

Taleb also states, "Pharma plays the game of concealed and distributed iatrogenics, and it has been growing. It is easy to assess iatrogenics when the surgeon amputates the wrong leg or operates on the wrong kidney, or when the patient dies of a drug reaction. But when you medicate a child for an imagined or invented psychiatric disease, say, ADHD or depression, instead of letting him out of the cage, the long-term harm is largely unaccounted for."

This is where medicine is at today. Western medicine looks at the human body in simple cause and effect ways, which as we've already discussed are problematic, if not wholly inaccurate.

While first used in 1924, this word iatrogenics became more popular in 1974 by the work of Ivan Illich. Illich described several different varieties of iatrogenics.

Clinical iatrogenesis is mostly what we've been talking about. It's the treatment done in the clinic. Of the categories, this is the easiest to spot.

Social iatrogenesis is the ever-forward creeping medicalization of life. Does some depression need to be treated? Certainly. Is far more treated with drugs than useful? Absolutely. See #26 for how they're aiming to use drugs to treat loneliness in the future. (In our socially distanced world this drug when available will surely be a blockbuster!)

Understand that the problems of social iatrogenics are basically invisible besides the specific clinical cases where the mistakes are clear.

Lastly, cultural iatrogenesis is described by Illich as the destruction of traditional ways of making sense and dealing with pain, illness and death.

It is the fact that our culture as a whole can't even see outside of the system nowadays that is the biggest problem. Iatrogenesis is built into all of modern society at this point.

#72 Merck Sales Rep becomes Medical Freedom Advocate

Brandy Vaughan was a Merck sales representative. She specifically sold the drug Vioxx. Merck paid out $4.85 billion in criminal and civil fines for this arthritis medication as it was responsible for 55,000 deaths according to FDA whistleblower Dr. David Graham, before it was pulled off the market.

It was not an honest mistake, but instead they had falsified science by manipulating datasets, ghostwriting studies and more (see #7).

About this Vaughan said, “From that experience, I realized that just because something is on the market doesn’t mean it’s safe. Much of what we are told by the healthcare industry just simply isn’t the truth.”

She founded the non-profit LearnTheRisk.org to educate the public on the abuses of the pharmaceutical industry.

After diving into the corruption, she saw that vaccine science was even worse, an area Merck was also in. Contrary to popular opinion these go through less strict testing than oral drugs.

The following comes from Brandy talking at a conference near the end of 2016.

“Are vaccines about health really?…Vaccines as a business, it’s a new business model for pharmaceutical companies. A new engine for growth. A new engine for profit…They have to mandate them…They’re starting with the mandates for kids but that’s not what they’re looking at. They’re looking at that 85% of adults that, according to the CDC, are not up to date on their vaccines…That 85%...is where pharma wants to get their next profit. But we don’t like shots, right? So they start with the kids because parents are used to giving shots to kids. And kids can be restrained and forced. So, they start with…mandating the kids first. So it will look normal to mandate the adults later. The adult immunization program, Healthy People 2020, they wanted all adults vaccinated with 130 vaccines over the course of a lifetime by 2020. They’re a little bit behind on that schedule but not far. And they’re not stopping with that. There are almost 300 vaccines in development.”

She spoke these words in 2016. Reflect on what is going on today. A CNN headline today reads, “If you want to travel next year, you may need a vaccine passport.”

She was prescient about where the vaccine mandates were going. Was she prescient about more?

Unfortunately, Brandy Vaughan was found dead on December 7th. The coroner said they believed it was natural causes, but a toxicology report is still pending. The Santa Barbara County Sheriff's office stated they're launching a full investigation.

Foul play is believed by some of those close to her. In fact, Brandy anticipated such in a Facebook post she wrote.

"If something were to happen to me, it's foul play and you know exactly who and why — given my work and mission in this life. I'm also NOT accident prone. And I got the highest health rating possible when I went through a battery of medical tests a couple of years ago for my life insurance policy. If something were to happen to me, I have arranged for a close group of my friends to start a GoFundMe to hire a team of private investigators to figure out all the details (I have the team and have passed the info on to them)."

GoFundMe removed the fundraiser because they're in on the censorship game. It is now available on the alternative platform, GoGetFunding.com.

Now it is certainly conjecture to say what happened. I do not. But, with her passing, I felt this post was worthwhile to honor Brandy in speaking out, especially as an insider, against the abuses going on.

#73 Trials Designed to Poison?

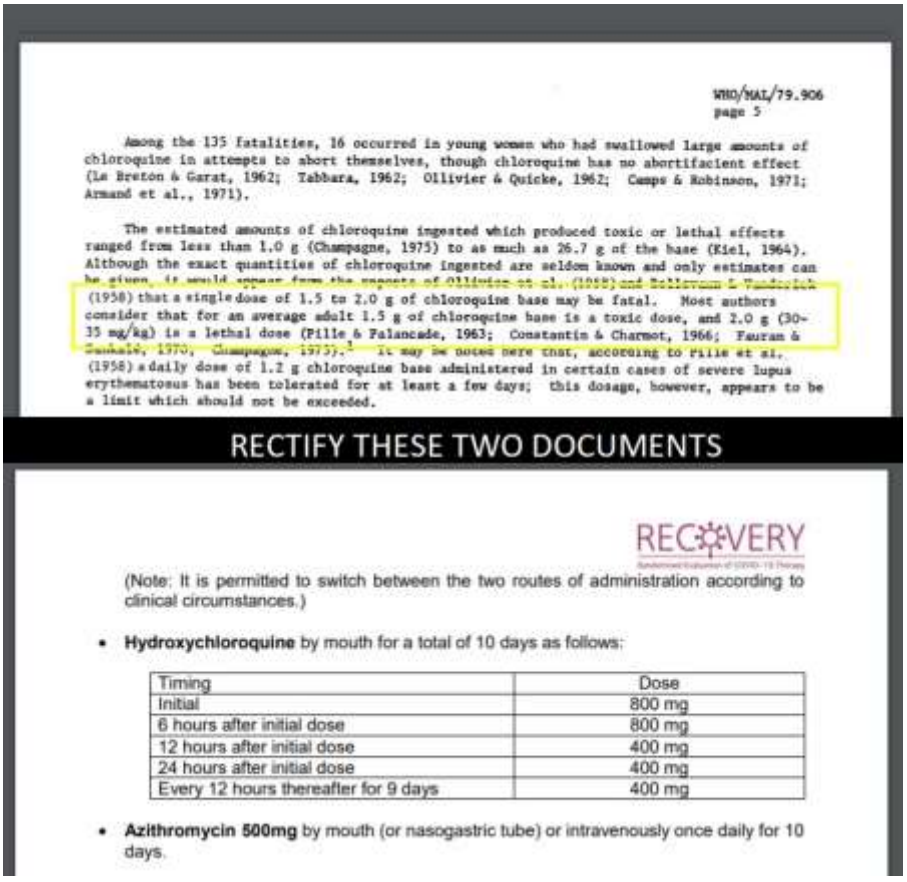
Hydroxychloroquine (HCQ) is a relatively safe medication that has been used for decades. Scientific trials aren't always what they seem to be. We revisit this drug back from #43 to show another angle on that beyond the completely fabricated Lancet study that originally denigrated HCQ covered then.

The worries over deadly side effects were not some new interaction. What was being talked about was known side effects.

A 1979 WHO document discusses the risks and side effects of chloroquine. (Note that hydroxychloroquine and chloroquine are very similar.) This paper mentions "With the doses recommended for malaria suppression or treatment, side effects are rare, and, when they do occur, they are usually slight."

Yet, as everyone knows the difference between a medicine and poison is dose. And HCQ is no different.

On page 5 they say, "Most authors consider that for an average adult 1.5g of chloroquine base is a toxic dose, and 2.0 g (30/35 mg/kg) is a lethal dose."



WHO/MAL/79.906
page 5

Among the 135 fatalities, 16 occurred in young women who had swallowed large amounts of chloroquine in attempts to abort themselves, though chloroquine has no abortifacient effect (Le Breton & Garat, 1962; Tabbara, 1962; Ollivier & Quicke, 1962; Camps & Robinson, 1971; Armand et al., 1971).

The estimated amounts of chloroquine ingested which produced toxic or lethal effects ranged from less than 1.0 g (Champagne, 1975) to as much as 26.7 g of the base (Kiel, 1964). Although the exact quantities of chloroquine ingested are seldom known and only estimates can be given, it would appear from the reports of Ollivier et al. (1958) and Ballerum & Vandvick (1958) that a single dose of 1.5 to 2.0 g of chloroquine base may be fatal. Most authors consider that for an average adult 1.5 g of chloroquine base is a toxic dose, and 2.0 g (30-35 mg/kg) is a lethal dose (Pille & Falancade, 1963; Constantin & Charmot, 1966; Fauran & Canhald, 1970; Champagne, 1975).[2] It may be noted here that, according to Pille et al. (1958) a daily dose of 1.2 g chloroquine base administered in certain cases of severe lupus erythematosus has been tolerated for at least a few days; this dosage, however, appears to be a limit which should not be exceeded.

RECTIFY THESE TWO DOCUMENTS

RECOVERY

(Note: It is permitted to switch between the two routes of administration according to clinical circumstances.)

- **Hydroxychloroquine** by mouth for a total of 10 days as follows:

Timing	Dose
Initial	800 mg
6 hours after initial dose	800 mg
12 hours after initial dose	400 mg
24 hours after initial dose	400 mg
Every 12 hours thereafter for 9 days	400 mg

- **Azithromycin 500mg** by mouth (or nasogastric tube) or intravenously once daily for 10 days.

Now, there is a difference between the base and total amount. For example, 800mg HCQ salt is equal to 620mg base. Therefore, 1.94 grams HCQ would be toxic and 2.58 grams would be deadly.

So since before 1979 scientists, aka the experts, knew proper dosing with CQ and HCQ, and knew what an overdose was.

When Didier Raoult, the first person to speak of using this medication for COVID, published his study showing HCQ worked he was using 600mg, an amount that is typical for malaria.

Dr. Zelenko's protocol involved even less with 200mg twice per day.

Understand that doctors the world over were using HCQ at and around these doses for COVID patients. They were finding that patients were living a lot more than average. Not only were people not dying from the drug, but they were also fully recovering.

So along comes the WHO with their Solidarity trials and the UK with their Recovery trial. These both studied HCQ along with other drugs. The problem is that these trials used dangerous doses of HCQ.

The document from the Recovery trial, on page 9 lists this dose:

Hydroxychloroquine by mouth for a total of 10 days as follows:
Timing Dose
Initial 800 mg
6 hours after initial dose 800 mg
12 hours after initial dose 400 mg
24 hours after initial dose 400 mg
Every 12 hours thereafter for 9 days 400 mg

That is a total of 2.4 grams in the first 24 hours. Almost a lethal dose.

(Note that I linked to an archived version of the trial. You can still find this on RecoveryTrial.net but you need to look into the study protocol archives to find it.)

Different arms of the WHO trials did different things. But here is one example, the Norwegian trial.

"Hydroxychloroquine will be given orally (in the ICU in gastrointestinal tubes) with 800 mg x 2 loading dose followed by 400 mg x 2 every day for a total of 10 days."

That's 1600mg in the first day. That's close to a toxic dose.

There's also the half-life of the drug staying in the system so the dose after one day matters too.

Yet it is the Recovery and Solidarity trials that were what has given scientific consensus that HCQ does not work for COVID.

Can anyone else offer a reasonable explanation? Just a coincidence that they're using dangerous doses of a medication used for decades? Do you chalk it up to incompetence?

My opinion was that these trials were designed to fail, specifically by hurting people. It didn't fit the agenda to vaccinate us all if we had a viable treatment. Plus, you can't make much money off of a non-patented common drug.

#74 Remdesivir's Conflicts Continued and Revisited

Dr. Richard Whitley has an extensive biography:

- Distinguished Professor, Loeb Scholar Chair in Pediatrics, and Professor of Microbiology, Medicine and Neurosurgery, at the University of Alabama at Birmingham (UAB).
- He is in a variety of positions including director and senior scientist in the departments for pediatrics, gene therapy, cancer, AIDS, and more there.
- He is responsible for the National Institute of Allergy and Infectious Diseases (NIAID) Collaborative Antiviral Study Group.
- He is co-author of Clinical Virology, 4th Edition.

And, of course, he has conflicts of interest. According to ProPublica's Dollars for Docs, pharmaceutical companies have paid Whitley millions:

2013 – $47,600
2014 – $513,211
2015 – $503,387
2016 – $431,619
2017 – $324,093
2018 – $315,343

The vast majority of these sums come from Gilead Sciences for his board position there. Also included are some smaller payments from Merck. Data from earlier or for more recently is not available.

According to Gilead, Whitley joined their board of directors in 2008. Yet, two different biographies on the university's website make no mention of Gilead or the board membership.

Gilead is the maker of remdesivir the only fully FDA approved medication for COVID treatment in the USA.

The conflicts of interest in the drug's approval process were covered previously in #44 where 18 of the 59 COVID task force scientists had current or former ties to Gilead specifically. But let's go back even earlier.

The University of Alabama's Antiviral Drug Discovery and Development Center (AD3C) is headed by Whitley. They were awarded a five-year $37.5 million grant from the NIAID in 2019.

So the NIAID gives Whitley's department millions in taxpayer money to work on drugs. It just so happens that they find a drug that otherwise is unsuccessful, and this happens to be from the company that Whitley sits on the board of. It just so happens that the three trials that helped get authorization to use remdesivir were done by the NIAID and Gilead.

That's some coincidence!

Meanwhile, in November, the WHO came out against this drug. "The evidence suggested no important effect on mortality, need for mechanical ventilation, time to clinical improvement, and other patient-important outcomes."

The European Union negotiated a joint procurement agreement with Gilead for 500,000 treatment courses over 6 months for $1.2 billion. This contract was signed the day before the Solidarity trial data became public.

It's interesting. As we saw in the previous issue the WHO Solidarity Trial was designed to denigrate HCQ by using dangerously high dosages. Yet this same trial hasn't affected the FDA's stance on remdesivir.

Science magazine reported that the FDA specifically broke with their regular process of consulting a group of outside experts, in their approval here.

But Gilead's remdesivir will surely suffer now that we have safe and effective vaccines out now, right?

Pfizer announced a multiyear agreement with Gilead to manufacture and supply remdesivir. When you're in a cartel, it is not really about competition, so much as working together.

#75 Secret Science in Data and Safety Monitoring Boards

For studies on new drugs or vaccines there is something called a Data and Safety Monitoring Board (DSMB). They're said to be an "independent group of experts". The people on this board are the ones that see the data unblinded and have the power to pause and move forward trials. They make a recommendation for approval or rejection to the FDA.

Normally the DSMB's are secret. Kaiser Health News states "Shielding the identities of clinicians and statisticians on the board is meant to insulate them from pressure by the company sponsoring the trial, government officials or the public."

That makes sense. Unfortunately, them being secret also potentially hides the conflicts of interest that are at play.

You know, because secretive science and lack of transparency couldn't possibly be a problem, right?

Just to be clear. Pfizer ran their own vaccine trial. Yes, the company that stands to profit from a vaccine did their own science and monitored themselves. I broke down the conflicts involved and more in another article, so I won't rehash that here.

Yet more keeps coming to light regarding the data there. Peter Doshi, writing in the BMJ, points out that later released FDA documents show 3410 total cases of suspected but unconfirmed COVID-19 not mentioned at all in the trial. Nor are the details of why 311 individuals from the vaccine group, but only 60 on placebo, were excluded for unidentified but "important protocol deviations."

Perhaps there is nothing nefarious going on…but why then the lack of transparency?

Let's move onto the rest. For the Moderna, AstraZeneca, Johnson & Johnson and other vaccines, it is all the same DSMB. Despite the secretive membership, some of these committee members have been disclosed.

Dr. Richard Whitley, covered in the last issue, is one such member. Recall that he is a board member of Gilead, a pharmaceutical company. Now, Gilead is not making a vaccine. But they are partnered with Pfizer, the makers of a vaccine. But that vaccine is not involved in this DSMB. So he is cleared of conflicts of interest. Completely "independent" right?

Dr. Susan Ellenberg was disclosed as a DSMB member as well. I found a disclosure statement from 2016 where she indicates personal fees (lectures and consulting income) from Bristol Myers-Squibb, Merck, Janssen, Otsuka, Chelsea Therapeutics, Salix, GlaxoSmithKline, InterMune, Sunensis, Takeda, Sarepta, Amgen, and Acadia. She's also received grants from AbbVie.

Are any of these conflicts relevant?

- Merck was partnered with Moderna in mRNA vaccines. Merck sold off their Moderna stock which shot up over 600% in 2020.
- Janssen is a subsidiary of Johnson & Johnson. Its vaccine seems to be near approval.
- GlaxoSmithKline, partnered with Sanofi, similarly expects its vaccine to rollout in 2021.

So Dr. Ellenberg has been paid directly by some of the companies she is now overseeing. But that was five years ago, so again she is "independent."

In other words, you should trust her completely because she's an expert. More importantly scientists are surely above the influence of money. Don't even think of the possibility that she'll receive further payments from these same companies in the future because of her role here.

The only other DSMB member I found disclosed is Professor Malegapuru William Makgoba. Digging up information on him is harder to do as he is based out of South Africa. I couldn't find any direct industry ties, though he's worked on a number of AIDS organizations.

But it doesn't end there. Who heads up the DSMB? None other than Dr. Fauci himself. He is the "designated senior representative" of this DSMB. His agency selected all the members.

Did you know that four NIAID scientists, the agency he heads, actually own part of the patents of the Moderna vaccine?

Public Citizen wrote in June last year, "The U.S. government may jointly own a potential COVID-19 vaccine…Our analysis is limited by a lack of transparency."

Understand that actually makes the government invested in more people getting this product.

In our Orwellian world it seems that "independent" has come to mean "dependent."

But you should "trust science" and roll up your sleeve. There's nothing to see here folks.

#76 How Astroturf Organizations Influence the World

“Special interests have unlimited time and money to figure out new ways to spin us while cloaking their roles. Surreptitious astroturf methods are now more important to these interests then traditional lobbying of Congress. There’s an entire industry built around it in Washington. What is astroturf? It’s a perversion of grassroots, as in fake grassroots. Astroturf is when political, corporate or other special interests disguise themselves and publish blogs, start Facebook and Twitter accounts, publish ads, letters to the editor or simply post comments online, to try to fool you into thinking an independent or grassroots movement is speaking. The whole point of astroturf is to try to give the impression there’s widespread support for or against an agenda when there’s not. Astroturf seeks to manipulate you into changing your opinion by making you feel as if you’re an outlier when you’re not.”

This comes from award winning investigative journalist Sharyl Attkisson’s presentation at TedX.

Another astroturf method is the use of non-profit organizations.

In the previous issue, one of the references was to a ProPublica article that discussed Fauci’s role in the DSMB overseeing vaccine development.

ProPublica has been a very useful news source for me over the years digging into medical corruption. As a non-profit organization they’re less tied into the economics that corrupts many other journalistic institutions (aka they’re not receiving millions in pharmaceutical advertising).

But that doesn’t mean they’re flawless. It doesn’t make them immune to astroturfing either.

The article referenced quotes a number of different people, from Kamala Harris to several leaders at the vaccine manufacturing companies.

One of the quotes in particular stood out to me. It was from Amy Pisani, executive director of the national nonprofit organization Vaccinate Your Family. She is quoted as saying, “(He’s) the sweetheart of the nation right now,” Pisani said. “I do think people have faith in Anthony Fauci.”

The quote is innocuous by itself. But I just had to dig in deeper. Who is Vaccinate Your Family?

So I head on over to their website and find their funding page. The amounts are not given but the supporters are.

2019 Sources of Funding include:
GlaxoSmithKline
Merck
Novavax
Pfizer
Sanofi

This includes four of the top six vaccine companies in the world. Do you understand what is happening here?

That quote reads very differently in the news if it is Amy Pisani, executive director of nonprofit Vaccinate Your Family as compared to Amy Pisani, spokesperson of vaccines companies.

Not only that, but this allows these big companies to receive tax breaks to manipulate public opinion that sells their product.

Vaccinate Your Family's funding also comes from the CDC itself, the so-called regulators of vaccines. But truthfully their the biggest customer of vaccine manufacturers, buying over half of childhood vaccines at least back in 2014 as reported by the NY Times.

(That kinds of makes the CDC itself a giant astroturf organization doesn't it?)

Amy Pisani's LinkedIn about page says, "To forward its agenda, Pisani enlists the support of elected officials and their spouses, concerned community leaders, and representatives of many national organizations. Pisani leads the group in legislative education, building alliances with like minded interests, and educating the public through various mediums, including the electronic newsletters, blog, facebook page and websites."

I guess it's good that they at least tell you it's an agenda they're forwarding.

Astroturf…it's what makes news, social media and politics go round.

#77 Several Effective Vaccines yet Zero Drugs for Treatment?

Several Covid vaccines have been created in record time. Dramatically quick. Yeah science!

And yet this amazing medical system the world over has been unable to come up with a SINGLE drug that could effectively treat the 'VID.

Isn't that amazing?

Think about that for a second…

Most people that get this dreaded virus, don't even know they have it. They're asymptomatic meaning no symptoms at all. Which is why we need to fear contact with non-sick people of course.

Of those that do develop symptoms most find it mild like a cold.

Unfortunately, some people are dramatically affected even long term. Less than 1% die almost exclusively those that are very old with other comorbidities.

But because we've been unable to successfully treat those that suffer, the only chance we have…is to vaccinate the entire world.

Is that logical?

Again, personally I stay clear of drugs unless they're needed. I trust my immune system to handle such viruses. But in the case here, some people definitely need some bigger interventions. So let's discuss drug treatments.

As has been covered, Remdesivir is a dud (see #44 and #74). It wouldn't have been put out at all except for the conflicts of interests involved which fueled Gilead's bottom line.

And if you believed the media, you'd know that hydroxychloroquine didn't work because of a successful yet fraudulent scientific and PR campaign against it. (See #45 and #73)

If you listen to the media…well, you probably haven't even heard of any other options. But they exist!

Dr. Pierre Kory, of the Front Line COVID-19 Critical Care Alliance, testified in front of the Senate a month ago about Ivermectin. "We have a solution to this crisis…It is a scientific recommendation based on mountains of data that has emerged over the last few months…It basically obliterates transmission of this virus. If you take it, you will not get sick."

It works prophylactically. It also works great in those hard-to-treat cases along with a variety of nutraceuticals such as vitamin C, vitamin D, zinc, quercetin, and melatonin, in something called the I-Mask+ Protocol.

Speaking of vitamin D, one study found that 82.2% of those that died from the disease were deficient in this critical nutrient. This is just one of many studies showing benefits for D in COVID.

Vitamin D is super cheap. It has tremendous effects with COVID and on virtually all other aspects of health and most disease. Yet how much are politicians, the scientific elite and news talking about this? Not a peep.

With those trillions spent couldn't we have shipped a bottle or two of Vitamin D to every man, woman and child? We could have…if public health was actually important to our governments.

A similar protocol, called Math+ is based on Methylprednisolone given intravenously, as well as the anticoagulant heparin. Then there is budesonide, an inhaled steroid, which Dr. Richard Bartlett found successful in his patients.

Of course, all of these doctors and scientists are being smear and discredited. The majority have been labeled Trump supporters as a means of doing so.

Is this because the efficacy isn't there?

Is it because their science is poor?

Nor will you likely see these on social media because such drugs are shadowbanned or outright censored just like this post will be.

"We are some of the most highly published physicians in our specialty. We've spent decades in academic medicine…Our group, every time we mention ivermectin, we've been put in Facebook jail…our Facebook page is shutdown" says Dr. Kory. "We are not propagators of misinformation."

Ah, but you are Dr. Kory!

Didn't you get the memo? Misinformation has been redefined. It is not incorrect information like you think it means. Instead, misinformation is what Big Tech, Big Pharma and certain politicians decide it is.

These treatments are misinformation because if there are successful treatments it is not necessary to vaccinate the world. And to certain people that is the only thing that matters.

#78 Bayer's HIV Infected Factor VIII

Bayer, the pharmaceutical giant broken off from Nazi war machine conglomerate IG Farben, seems to have held onto at least some of that ideology. Strong words I know but sadly what the evidence points too.

"In 1964 Bayer set up a foundation to honor Fritz ter Meer on his eightieth birthday with a donation of 2 million deutschmarks," writes Adam LeBor in Tower of Basel. "Ter Meer had handled IG Farben's negotiations with Standard Oil and oversaw the building of IG Auschwitz [the IG wing for slave labor of this infamous concentration camp]. Found guilty of war crimes, ter Meer was sentenced to seven years imprisonment in 1948. He was freed in 1950 and later joined the supervisory board of Bayer. Bayer's foundation honoring him was renamed in 2005 and existed until 2007."

We can find more examples of Nazi-like ideology within Bayer's actions, such as the story of Factor VIII.

Factor VIII was a blood clotting medicine used to treat hemophiliacs. It was made by Cutter Biological, a U.S. subsidiary of Bayer.

In the 80's it became clear that the drug was being made from the blood plasma of people who were infected with HIV. This virus transferred into the end product Factor VIII.

The exact numbers are impossible to know, but a CBS News report mentions an estimated 20,000 patients contracted HIV as well as hepatitis C.

Internal memos of Cutter managers state in January 1983, "There is strong evidence to suggest that HIV is passed on to other people through…plasma products." Yet they would publicly lie in June that year, "AIDS has become the center of irrational response in many countries…This is of particular concern to us because of unsubstantiated speculations that this syndrome may be transmitted by certain blood products."

Cutter found that heating the product would kill the virus. On November 15, 1984, the meeting minutes note "There is excess nonheated inventory."

John Hink, a Cutter employee said, “When we changed to the new, heated product, and the boss asked for a decision what to do with the stock of the old product, it was decided, instead of throwing it into the trash, we would rather sell it to other countries. And that led to the loss of human life and damages to human health.”

The FDA’s regulator of blood products was Dr. Harry M. Meyer Jr. He met with company officials stating, "It was unacceptable for them to ship that material overseas.” Despite this the issue was to be "quietly solved without alerting the Congress, the medical community and the public," according to Cutter's account of the 1985 meeting.

Some within Cutter questioned the decision. "Can we in good faith continue to ship nonheat-treated coagulation products to Japan?" a company task force asked in February 1985.

Yes, the bottom line ruled.

Cutter continued to sell this product in Asia and Latin America, while introducing a safer product in Western markets. New York Times quotes, Li Wei-Chun whose son died in 1996 at 23 years old from AIDS as a result of the tainted product. "They did not care about the lives in Asia. It was racial discrimination."

“These are the most incriminating internal pharmaceutical industry documents I have ever seen,” said Dr. Sidney M. Wolfe, director of the Public Citizen Health Research Group.

Meanwhile, Bayer said that the company “behaved responsibly, ethically and humanely.” Bayer never admitted they did anything wrong. But they did ultimately pay out around $600 million to settle lawsuits in 22 countries from those infected and the family members of those who passed away.

Part of the settlement agreement prohibited victims from speaking about it. “Why is Bayer concealing these payments? Why are the media not able to report on this precedent? It is outrageous that the companies who knowingly infected thousands of haemophiliacs are blackmailing the victims not to talk about this important development!” says Philipp Mimkes from the Coalition against Bayer-Dangers.

Would you believe the story twists and turns even darker? We’ll revisit this later.

#79 The Nazi History of IG Farben

Did you know that Bayer originally sold heroin as a cough suppressant including for use with children?

Did you know that Bayer developed methadone as a synthetic substitute for morphine, and it was originally called it Dolophine…in honor of Adolf Hitler?


Am. J. Ph.] 7 [December, 1901

BAYER Pharmaceutical Products

HEROIN—HYDROCHLORIDE

is pre-eminently adapted for the manufacture of cough elixirs, cough balsams, cough drops, cough lozenges, and cough medicines of any kind. Price in 1 oz. packages, $4.85 per ounce; less in larger quantities. The efficient dose being very small (1-48 to 1-24 gr.), it is

The Cheapest Specific for the Relief of Coughs

(In bronchitis, phthisis, whooping cough, etc., etc.)

WRITE FOR LITERATURE TO

FARBENFABRIKEN OF ELBERFELD COMPANY

SELLING AGENTS

P. O. Box 2480 40 Stone Street, NEW YORK

Last issue covered one of Bayer's many crimes knowingly selling Factor VIII which infected tens of thousands of people with HIV to support their bottom line. Now let us go back in time to explore more about IG Farben, of which Bayer helped form and came after.

In the 30's, IG Farben was the fourth largest company in the world, behind US Steel, General Motors and Standard Oil.

"Without IG Farben, Nazi Germany could not wage war," writes Adam LeBor in Tower of Basel. "Hermann Schmitz, its CEO, was one of Hitler's earliest backers. IG Farben designed, built and ran the company's concentration camp at Auschwitz, known as Auschwitz III, making Buna, or artificial rubber. Its managers oversaw tens of thousands of slave labourers in conditions of extreme brutality, forced to work until they died or were dispatched to the gas chambers to be killed with Zyklon B – a patent owned by IG Farben. Hermann Schmitz was also a director of the mysterious Bank For International Settlements, based in Basel. The BIS, which still exists, was a key point in the secret channels between the United States and the Nazis."

LeBor's book is centered around the Bank For International Settlements, and throughout we see just how connected all big industries are. Schmitz is another example of the interlocking directorate (see #50 and #51).

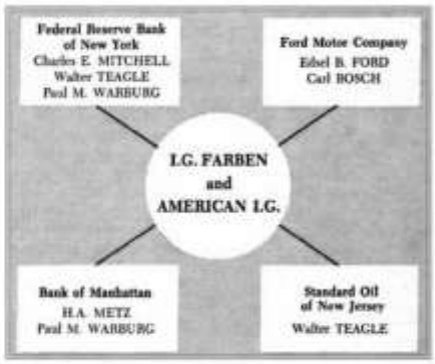
The connections into big business in the US were no small thing. Lebor continues, "The Standard Oil-IG Farben agreement set the pattern for a series of powerful cartels. John Foster Dulles carried out much of the pioneering legal work for these. Sullivan and Cromwell [where Dulles worked] represented General Analine and Film, IG Farben's American subsidiary [formerly American IG]. Dulles was a director of the International Nickel Company (INKO), the largest producer of the metal in the world. In 1934 INKO signed a cartel agreement with IG Farben…And so it went, all through the 1930s, as American financiers and lawyers—none more than John Foster Dulles—ensured that American money, commodities, and expertise flowed steadily into the Third Reich."

And here we see another important phrase worth remembering, 'cartel agreement.' When most people hear this word, they think of drug cartels…and that may be exactly right! Rather than competing at the highest levels, it is generally much more profitable to cooperate.

Britannica defines cartel agreement as an "association of independent firms or individuals for the purpose of exerting some form of restrictive or monopolistic influence on the production or sale of a commodity. The most common arrangements are aimed at regulating prices or output or dividing up markets."

John Foster Dulles would later serve as Secretary of State under Eisenhower. His brother, Allen Dulles, the head of the CIA, both continuing their corporate connections along the way.

These cartel agreements even led to IG Farben being the second largest owner of Standard Oil behind the Rockefeller family. The Department of Justice was investigating these companies for conspiring to restrain trade in 1941.



What does this have to do with medicine? Unfortunately, a whole lot. This is the mindset, the economic ideas that underlie our medical system.

Joseph Borkin, in his book The Crime and Punishment of I.G. Farben states, "The construction of I.G. Auschwitz has assured I.G. a unique place in business history. By adopting the theory and practice of Nazi morality, it was able to depart from the conventional economics of slavery in which slaves are traditionally treated as capital equipment to be maintained and serviced for optimum use and

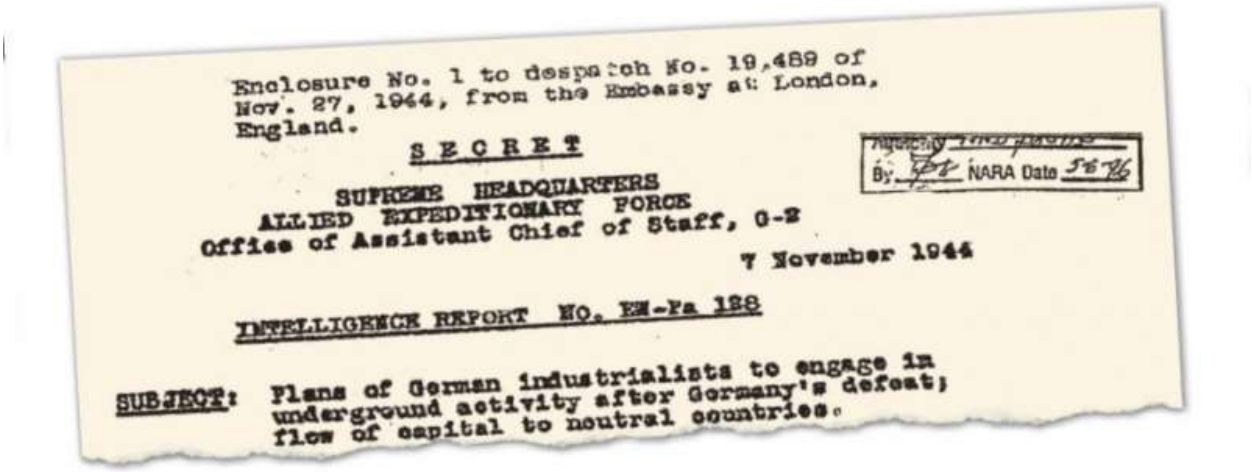
depreciated over a normal life span. Instead, I.G. reduced slave labor to a consumable raw material, a human ore from which the mineral of life was systematically extracted. When no usable energy remained, the living dross was shipped to the gassing chambers and cremation furnaces of the extermination center at Birkenau, where the S.S. recycled it into the German war economy—gold teeth for the Reichsbank, hair for mattresses, and fat for soap. Even the moans of the doomed became a work incentive, exhorting the remaining inmates to greater effort."

If these men were capable of such, do you see why they might not care if their product gives you HIV? Or why they would cover up dangerous side effects of drugs and chemicals they create?

Next time we'll see scary evidence that this was actually by plan…

#80 Nuremberg War Criminals Ran Pharmaceutical and Chemical Companies

World War II was almost lost for the Germans. The writing was on the wall. “On August 10, 1944, an elite group of industrialists gathered at the Maison Rouge Hotel in Stasbourg,” writes Adam LeBor in Tower of Basel. “Also in attendance was a French spy…The account of the meeting is known as the Red House Report. Germany had lost the war, the Nazi industrialists agreed, but the struggle would continue along new lines. The Fourth Reich would be a financial, rather than a military imperium. The industrialists were to plan for a ‘postwar commercial campaign.’ They should make ‘contacts and alliances’ with foreign firms but ensure this was done without ‘attracting any suspicion.’”



Enclosure No. 1 to despatch No. 19,489 of
Nov. 27, 1944, from the Embassy at London,
England.

SECRET

By NARA Date 5-8-76

SUPREME HEADQUARTERS
ALLIED EXPEDITIONARY FORCE
Office of Assistant Chief of Staff, G-2

7 November 1944

INTELLIGENCE REPORT NO. EM-Pa 128

SUBJECT: Plans of German industrialists to engage in underground activity after Germany's defeat; flow of capital to neutral countries.

I had never heard of the Red House Report until reading this book. Unfortunately, the evidence points to the goals of this “Fourth Reich” seemingly coming to fruition.

This was echoed by Donald MacLaren, an operative of the intelligence agency, British Security Coordination, who untangled connections between IG Farben, Standard Oil and other companies. MacLaren wrote, “Men who built such an elaborate structure and who thought so thoroughly of every contingency in the past are not likely to disappear from the scene without leaving a group of younger men who wait for the day when our backs are turned and our interest wanes to gather again their scattered resources of money and men to engage once more in an attempt of economic domination of the world.”

After the war, several trials were held at Nuremberg. One of which was specifically for the senior I.G. Farben officials. In 1947, 24 men were tried. The indictment reads, “All of the defendants, acting through the instrumentality of I.G…participated in…the enslavement of concentration camp inmates…the use of prisoners of war in war operations…and the mistreatment, terrorization, torture, and murder of enslaved persons.”

Only thirteen were found guilty but given light sentences. All of them were released by 1951 on the orders of John McCloy, US High Commissioner for Germany. And back to the business world they went.

Yet, IG Farben couldn't exist as it was. I.G. Farben was broken up into nine companies. "The dismantling was no punishment…BASF, Bayer and Hoeschst immediately reconstituted themselves, with the same staff working in the same offices and factories," writes LeBor. "The legacy firms said they had no obligations for IG Farben's sins, as they had not legally existed during the war. It was a shameless and completely successful legal maneuver."

Some restrictions were placed on these businesses at first, like no war criminals involved in management of the companies. But those rules faded in time.

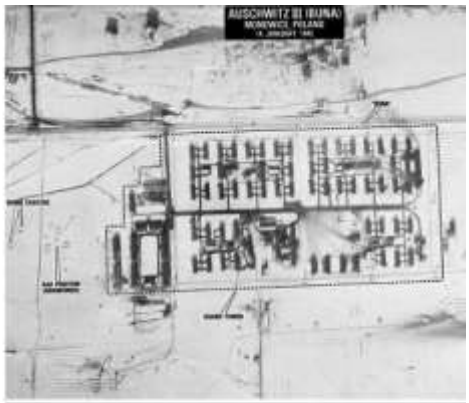
Joseph Borkin, in The Crime and Punishment of I.G. Farben, reports, "In the spring of 1955 the I.G. successor companies held their first annual stockholders meeting without the benefit of Allied supervision. Bayer, exercising its new freedom, promptly revised its bylaws to permit bearer shares. Henceforth, the owners of Bayer could be anonymous. This action was soon repeated by the other companies."

In other words, former Nazis could assume control once again and no one would know about it.

One example is Fritz ter Meer, a high-ranking scientist on I.G.'s managing board and chairman of the technical committee. He had been found guilty of slavery and mass murder, holding authority of the I.G. Auschwitz camp's construction, and personally visiting it twice.

He received seven years but got off in only three. In 1956, he was elected chairman of the supervisory board of Bayer which he remained on until 1964. He served on several other company boards, including several banks, as well.

Ter Meer is just one example. This doesn't even include all the Nazi's that our government brought into the US in Operation Paperclip.



As of 2020, Bayer is the fourth largest pharmaceutical company in the world. It's also in the pesticides, seeds and plant biotechnology business, especially since acquiring Monsanto.

Hoescht would later merge into what is now Sanofi, a pharmaceutical and vaccine company.

BASF is the largest chemical company in the world, in plastics, biotechnology, agriculture, oil and more.

Nowadays, Germany has the largest economy in the European Union. It is the fourth largest in the world behind the US, China and Japan. Their biggest sectors include biotechnology, genetic engineering, and pharmaceuticals.

How did we get to where we are today with our medical system and beyond? The Nazi's going back to business unfortunately is a compelling part of the picture.

#81 More on Bayer's Criminal Track Record

Over the past few issues, I've shown how Bayer knowingly shipped an HIV and hepatitis infected blood product, injuring and even killing thousands. That this company has Nazi roots, including actual war criminals serving on their board after the war. Now, let's look into more of their track record.

Bayer has settled more than 19,000 lawsuits for over $2 billion over Yaz and Yasmin, a hormonal birth control pill causing blood clots, gallbladder risks and heart attacks.

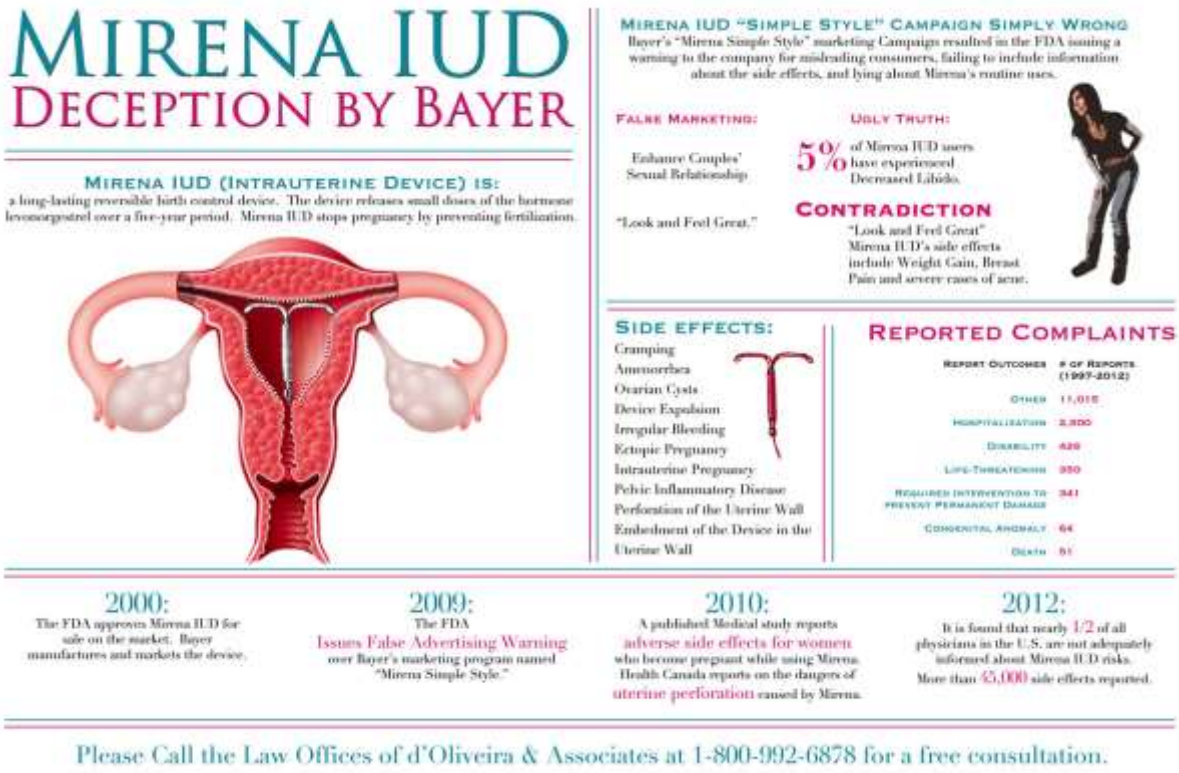
Peter Gotzsche wrote "When another Danish researcher published convincing data on two occasions showing that [Yaz] result in more blood clots than older pills, he was fiercely attacked by colleagues on Bayer payroll, and studies that didn't show the newer pills were dangerous were also financed by Bayer."

Former FDA commission Dr. David Kessler said that Bayer withheld vital information about the risks of Yaz from the approval process. And that the advisory committee was tainted with conflicts of interest.

In addition, Bayer aggressively marketed Yaz specifically for relieving…wait for it…acne. They had to run a $20 million campaign to correct this.

These are patterns. A legal agreement from 2007 over Bayer's drug Baycol also had to do with deceptive marketing. Baycol also involved $1.1 billion to settle 3000 death and injury claims.

About 4,600 claimants were paid $12.2 million to settle cases of organ perforation from Mirena, an IUD.



In August 2020, Bayer announce $1.6 billion to settle 90 of cases for Essure, another birth control device. Women in the Pennsylvania lawsuits said Essure “migrates from the [fallopian] tubes, perforates organs, breaks into pieces, and/or corrodes wreaking havoc on the female body.” The problems of this product were even featured in a Netflix documentary about medical device problems, The Bleeding Edge.

Between 2013-2017 Bayer was paying $2.5 million to 11,850 doctors consulting fees and more regarding Essure. These were legal payments, but as has been shown in previous issues, change how doctors prescribe and treat patients.

But Bayer hasn’t stopped only at legal payments. In 2008, they paid the DOJ $97.5 million for illegal kickbacks to diabetic suppliers which robbed Medicare of funds.

A $74 million class action lawsuit was settled that Bayer conspired with other manufacturers to keep low-cost generic versions of Cipro off the market.

In addition, Cipro and other fluoroquinolone antibiotics have been shown to increase aortic aneurysm and tendon ruptures significantly. More lawsuits allege that Bayer and other companies knowingly hid this information.

Gotzsche writes about this control of information. “In 2000, when a bacteriologist asked Bayer for a supply of pure ciprofloxacin for his research into antibiotic research, he was asked to sign a document stating that he would not publish without written permission from Bayer.”

Bayer withheld unfavorable safety data about Trasylol showing increased death, serious kidney damage, heart failure and stroke. As Reuter’s put it, “Bayer's failure to supply U.S. regulators with risk data for heart-surgery drug Trasylol was the result of misjudgement, not a cover-up, an independent counsel hired by the German drugmaker said.”

It was an accident that we sat on a huge study that didn’t show our product in a good light. Sure, we paid lawyers to say that, but it is still true! Nevemind that we’ve falsified data before, we didn’t hide anything here. Nevermind all this, including that we settled on conspiracy claims. Any criticism of Bayer is surely nothing more than a conspiracy theory!

There is more, but this is what I dug up in about an hour of research. I guarantee you that going deeper into the details would reveal much more.

This is how the company operates. When it is profitable to commit crimes, a company that has done so will absolutely continue to do so.

In 2020, Bayer made just under $50 billion USD. It’s the 102nd biggest company in the world according to Forbes.

Announced this February, Bayer has recently partnered with CureVac to produce mRNA vaccines. Bayer is now in the vaccine business too. Why not? It’s a fast developing and growing market with zero liability involved.

#82 The Whooping Cough Epidemic...that Didn't Exist

This story from 2006 is quite amazing, giving a helpful framework from which to view today.

An infectious disease expert at Dartmouth thought she had pertussis, aka whooping cough, based on a persistent cough she had.

At the medical center where she worked, other people began coughing too. She thought this might be the start of an epidemic…after all she was an expert in the area.

This led to massive testing, which in turn led to furloughing healthcare workers, hospital beds being taken out of commission, and widespread medical interventions as the epidemic spread.

Yet, later on, actual bacterial analysis confirmed that there was no pertussis bacterium involved.

"Not a single case of whooping cough was confirmed with the definitive test, growing the bacterium, *Bordetella pertussis*, in the laboratory. Instead, it appears the health care workers probably were afflicted with ordinary respiratory diseases like the common cold," reported the New York Times (all following quotes from this article too).

The New York Times

Faith in Quick Test Leads to Epidemic That Wasn't

Dr. Brooke Herndon of Dartmouth-Hitchcock Medical Center, shown at left this month, was told last spring that she appeared to have whooping cough. Jon Gilbert Fox for The New York Times

By Gina Kolata

Jan. 22, 2007

Dr. Brooke Herndon, an internist at Dartmouth-Hitchcock Medical Center, could not stop coughing. For two weeks starting in mid-April last year, she coughed, seemingly nonstop, followed by

So what caused the hysteria and the ensuing ramifications?

“Now, as they look back on the episode, epidemiologists and infectious disease specialists say the problem was that they placed too much faith in a quick and highly sensitive molecular test that led them astray.”

If you’ve been following along in 2020-2021, you might guess the name of the test that resulted in these false positives...polymerase chain reaction or PCR.

But how could experts be so fooled? Well, pertussis symptoms are quite similar to symptoms of other common illnesses, especially early on. Runny noses and coughs occur from many things. (Sound familiar?)

A positive PCR test along with the symptoms was assumed to be accurate. This led the doctors to test people who did not have severe coughing to get ahead of the epidemic.

All workers were tested. Infants were tests. More false positives. “‘That’s how we ended up with 134 suspect cases,’ Dr. Kirkland said. And that, she added, was why 1,445 health care workers ended up taking antibiotics and 4,524 health care workers at the hospital, or 72 percent of all the health care workers there, were immunized against whooping cough in a matter of days.”

Knowing that any medical intervention have some risk, antibiotics causing disruption to the microbiome for instance, what were the iatrogenics of such a faulty test in this case? (Iatrogenics, damage by health intervention, discussed in issues #70-#71.)

“The big message is that every lab is vulnerable to having false positives,” Dr. Petti said. “No single test result is absolute and that is even more important with a test result based on P.C.R.”

Perhaps the most important quote from this article is the following…

“There are no national data on pseudo-epidemics caused by an overreliance on such molecular tests,” said Dr. Trish M. Perl, an epidemiologist at Johns Hopkins. “It’s a problem; we know it’s a problem. My guess is that what happened at Dartmouth is going to become more common.”

The good news is that this problem was ironed out in the 13 years since. Pseudo-epidemics, a thing of the past...

...Oh wait, the problem was not fixed, despite the top experts knowing about it.

When the New York Times runs an article talking about the same subject for current events, Dr. Fauci admits there’s a problem, the WHO admits there’s a problem with the PCR testing of the current pandemic, and yet nothing is done to change how it is done you know there’s something going wrong.

Do you believe it is as simple as ineptitude?

Knowing the patterns of the past, I don’t. It’s almost as if someone could possibly benefit by there being more fear and panic than is necessary.

But that would be conspiracy thinking and that must be dismissed despite any evidence of such because we all know conspiracies never exist.

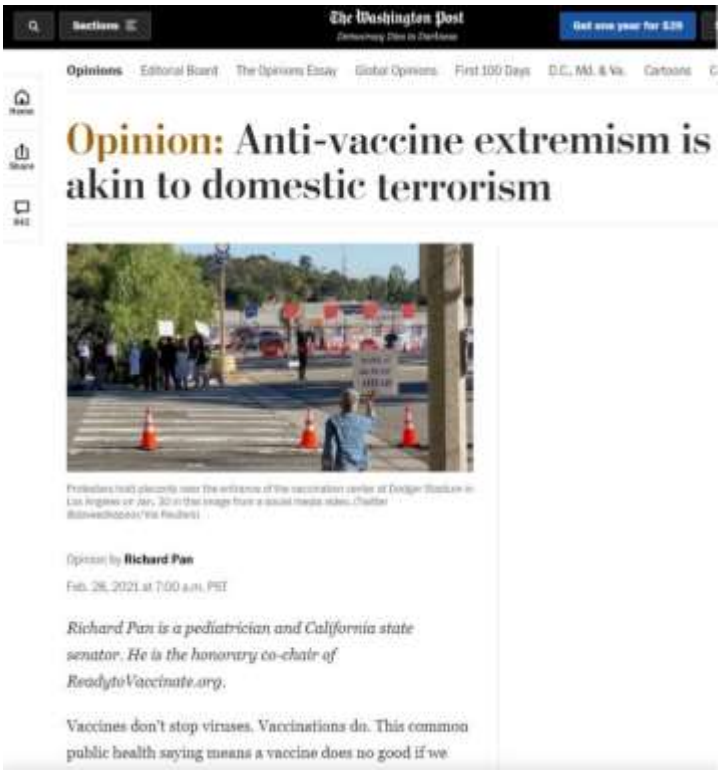
Understand this doesn't mean that some people aren't getting really sick. That is absolutely occurring. But the ramifications of a faulty test exacerbate things. There can be something real and dangerous going on AND it can be completely blown out of proportion at the same time. These are not mutually exclusive.

In summation, PCR testing is a historically proven way to make a mountain out of a molehill.

#83 I am Not a Domestic Terrorist

Months ago, I warned that this was the coming message.

“Anti-vaccine extremism is akin to domestic terrorism”



That’s the titled from an opinion piece in the Washington Post from Richard Pan, California state senator and pediatrician.

Do you agree with him?

Should anyone that doesn’t want to get the recommended medical intervention be labelled a domestic terrorist?

Do you believe me to be a terrorist?

Seems harsh to me. But now we’ve seen the opening salvo of this messaging, it will only increase from here.

He states, “the overall goal of vaccinating a large majority of the U.S. population may ultimately be hampered by the anti-vaccine movement unless steps are taken to limit its impact.”

First off, the term anti-vaccine is its own spin. I am not anti-vaccine. I am pro-vaccine choice. I believe that you should have the choice to get vaccines you want. And I believe that I should have that same choice. Simple as that.

That anyone that doubts taking a single vaccine is labelled anti-vaccine is ridiculous. The CDC has an adult schedule, and I don't know ANYONE that actually follows that. For those that think our government scientists can do no wrong, why aren't you following that?

For example, you do know you could potentially spread measles now, which Pan speaks about outbreaks of in his article, don't you? This is because your childhood shots most likely no longer protect you.

That we're now being bullied into taking an experimental medicine is similarly ridiculous. Trials are still ongoing, only emergency use authorization has been granted, so yes, that is the definition of experimental.

As a medical intervention, there's a cost-benefit analysis involved. I believe that people should be able to judge that for themselves, not financially conflicted politicians, scientists and regulators especially.

Yet Pan takes it to his own level of extremism. "This campaign to deny potentially lifesaving vaccines to those seeking them, and to poison public opinion against vaccinations, could result in countless American deaths. That is akin to domestic terrorism."

What is the goal of this rhetoric? It is to continue to marginalize the so-called anti-vaxxers so that greater steps can be taken against them.

"A major weapon of anti-vaccine extremists is the ability to organize disinformation campaigns on Facebook and other social media. Corporate owners of these platforms can moderate and close down groups that promote disinformation and endanger lives. Why don't these companies treat anti-vaccine activists the same way?"

The Center for Countering Digital Hate literally has a hitlist for social media accounts. Bannings from social media, aka digital assassinations, are happening left and right. This hitlist is already outdated.

"Getting vaccinated is a patriotic act. So is speaking up to support public health efforts. Let's not allow extremism, division or fear to slow the efforts to end this deadly chapter in our nation's history."

Is this article not an example of extremism?

Does it not spread fear and division by itself?

Just like we were misled by government officials into the war in Iraq with sweeping patriotism, Pan would have you blinded by thinking of your neighbor as a terrorist.

The fact is that the most so-called anti-vaxxers do nothing more than peacefully protest and post messages online.

If this is terrorist activity, well, call me ISIS.

Yet this is just a step in the direction they ultimately want to go. The message will evolve. Anyone that refuses the vaccine will be participating in bioterrorism in time according to their messaging.

The terrorists must be locked up. Their children must be taken away and given to the state for their protection of course. And don't forget to be a model citizen and snitch on your neighbor, comrade.

Even if you are diehard pro-vaccine, do you really think my daughter is better off without me? Understand, this will be screamed by some in the near future.

If you've been following along, you can guess that Pan is financially conflicted. He received $95,150, more than any other Californian lawmaker, in his 2013-2014 campaign, from Big Pharma. This was in addition to shadow money being used to help elect certain politicians.

ReadyToVaccinate.org of which Pan is co-chair, mentioned in the WaPo article, has very little information on the website. In the footer it indicates "Paid for by ProtectUS Now." There is no link to that organization but digging around it can be found at ProtectUs.org. It's an extremely thin website as well. I can guess where funding is coming from but despite digging can't prove it here.

But we can find patterns in his past. According to his LinkedIn, Pan has served on AMA, California Medical Association, and American Academy of Pediatrics. All of these organizations receive pharmaceutical funding.

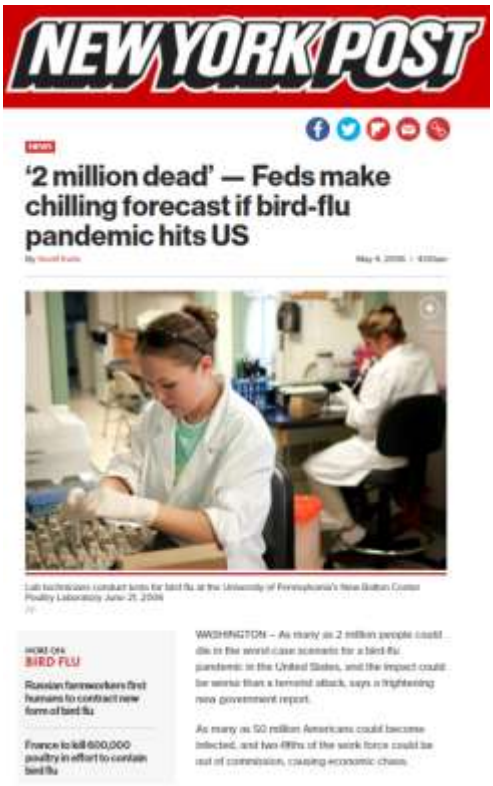
That's where I think this message stems from. But regardless of if Pan is doing it for the money or actually genuinely believes it himself, my question to you is this…

Do you consider this message to be an act of terror?

#84 The Bird Flu ~~Pandemic~~ Profit

Do you remember the Bird Flu scare of 2005? Probably not, as it didn't amount to much.

President Bush's top health adviser Mike Leavitt said that the pandemic could cause nearly two million deaths in the US alone!


NEW YORK POST

NEWS

'2 million dead' — Feds make chilling forecast if bird-flu pandemic hits US

Lab technicians conduct tests for bird flu at the University of Pennsylvania's New Bolton Center Poultry Laboratory June 21, 2006

MORE ON BIRD FLU

Russian farmworkers first humans to contract new form of bird flu

France to kill 600,000 poultry in effort to contain bird flu

WASHINGTON – As many as 2 million people could die in the worst-case scenario for a bird-flu pandemic in the United States, and the impact could be worse than a terrorist attack, says a frightening new government report.

As many as 50 million Americans could become infected, and two-fifths of the work force could be out of commission, causing economic chaos.

Yet very few people died. Globally it was a total of 95 in 2005 and 115 in 2006.

Even so, the scare was tremendously profitable to certain companies and individuals. And to those profits we will look.

CNN reported "the federal government is emerging as one of the world's biggest customers for Tamiflu." The drug here was oseltamivir, sold under the brand name Tamiflu. In July 2005, the Pentagon purchased $58 million worth of Tamiflu. The Department of Health and Human Services announced they'd order up to $1 billion worth of Tamiflu. Other countries the world over were following suit.

This stockpiling of drugs must have been based on sound science, right? Before diving deeper into the money, let us look into the science of this treatment.

(Tamiflu was also used for the normal flu and Swine flu as well. We looked at shenanigans in the latter briefly in #68.)

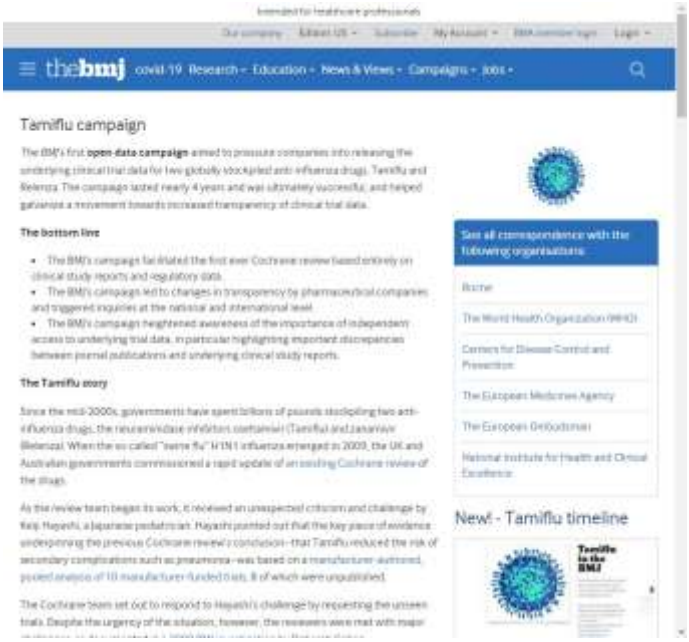
Was it worth stockpiling this drug? Sadly, this story shows how health science really works.

This occurred because of a few scientific studies and papers that shared the benefits of the drug. The positive signal was there. Of course, it turns out these were funded by drug companies and ghostwritten. Within the review cited as evidence most of the data was unpublished data that was not publicly available.

So Tamiflu is approved and earns a great reputation based on cherry picked data funded and done by the drug companies.

At some point someone calls them on that fact that the data is not publicly available. This led to Professor Tom Jefferson of the Cochrane Review that sought to update its research, getting access to this data.

Governments the world over, the WHO, the CDC, the EMA (European Medicines Agency) are all recommending Tamiflu "based on the science" but it turns out not a single one of them has vetted the underlying data. Understand that should be their job to do…that is unless their job is spreading pharmaceutical propaganda because they are in fact captured agencies.



Meanwhile, Jefferson was continually stonewalled. Roche, manufacturers of Tamiflu, who owns said data, requires the signing of a secret confidentiality agreement, saying you can't publish unless we say you can. The agreement even says, "not to disclose the existence or terms of this Agreement."

Only after tremendous public pressure occurs, calling out officials publicly, is the data finally released. Remember, this stonewalling is occurring under the threat of a pandemic!

Finally, a Cochrane review is conducted. Here is their conclusion regarding Tamiflu:

"Given that oseltamivir is now recommended as an essential medicine for the treatment of seriously ill patients or those in higher risk groups with pandemic influenza, the issues of mode of action, lack of

sizeable benefits, and toxicity are of concern. This is made worse by the record and stated intentions of governments to distribute oseltamivir to healthy people to prevent complications and interrupt transmission on the basis of a published evidence base that has been affected by reporting bias, ghost authorship, and poor methods. We believe these findings provide reason to question the stockpiling of oseltamivir, its inclusion on the WHO list of essential drugs, and its use in clinical practice as an anti-influenza drug."

In other words the benefits are small and potentially don't even exist, meanwhile there are significant risks.

Jefferson likens scientific data to icebergs. Often what we see is just the small tip of what is there. And many times, what is hidden below the waters is done so for a reason.

Just confounding scientists wouldn't be sufficient if that was the only play. It takes political power to pull off moves like this. To one of the biggest profiteers of Tamiflu, Donald Rumsfeld, we turn next…

(Oh and don't worry, these loopholes have all been closed. Pandemics can't possibly be hugely profitable for anyone today…That's sarcasm if you couldn't tell.)

#85 Donald Rumsfeld, Pharma Profiteer

It is on Donald Rumsfeld that we focus today. Here is a partial timeline highlighting his roles in government and the public sector, with a focus on pharmaceutical companies (military-industrial companies not included as that is a whole other topic).

- Illinois Congressman 1963-69
- Ambassador to NATO 1973-74
- Chief of Staff to President Ford 1974-75
- Secretary of Defense (Ford) 1975-77
- CEO, President and then Chairman of G.D. Searle & Company 1977-85
- Board of Directors of Amylin Pharmaceuticals 1991-96
- Chairman of Gilead Sciences 1997-2001
- Secretary of Defense (Bush) 2001-06

Searle was a pharmaceutical company. Naomi Klein, in *The Shock Doctrine* writes, "[H]e used his political connections to secure the controversial and extraordinarily lucrative Food and Drug Administration (FDA) approval for aspartame (marketed as NutraSweet); and when Rumsfeld brokered the deal to sell Searle to Monsanto, he personally earned an estimated $12 million."

Understand that the FDA tried to do its job at first. Chief Counsel Richard Merrill recommended to the Justice Department Attorney Sam Skinner that a grand jury investigate Searle for "apparent violations of the Federal Food, Drug, and Cosmetic Act…the False Reports to the Government Act…for their willful and knowing failure to make reports to the Food and Drug Administration."

That's when Rumsfeld stepped in. In backroom deals he helped to get President Reagan appoint a new FDA commissioner, Dr. Arthur Hull Hayes. Hayes overruled the FDA scientists doing their actual job, allowing NutraSweet to come out.

But it is later on that I mostly want to focus. Gilead sciences held the patent for Tamiflu (which was licensed to Swiss company Roche for production and distribution) which we discussed last time raking in millions despite faulty science backing its effectiveness.

Normally when you take a government position, you're required to divest yourself of potential conflicts of interest. This is because we know that conflicts of interest have the power to sway government policy. Yet, according to Klein, to take the Secretary of Defense position under George W. Bush, Rumsfeld was so "weighed down by the holdings in various disaster related industries that he claimed it was impossible to disentangle himself."

In the end, he simply refused to divest himself of Gilead his entire term in office, holding somewhere between $8-$39 million worth of stock.

Instead, he recused himself during meetings that discussed such issues like bird flu. As if no one he was working with would be possibly help take care of his interests.

In July 2005, the Pentagon purchased $58 million worth of Tamiflu. HHS announced they'd order up to $1 billion of Tamiflu.

Rumsfeld's stubbornness paid off handsomely. When he started as Secretary Gilead shares were worth $7.45. When he left office, they were $67.60.

"Donald Rumsfeld has made a killing out of bird flu," reads the first line of a news article by The Independent. So did Gilead who "made a loss in 2003, the year before concern about bird flu started. Then revenues from Tamiflu almost quadrupled, to $44.6m, helping put the company well into the black. Sales almost quadrupled again, to $161.6m last year."

Most people don't know history. If you didn't know that pandemics were such profitable business you would assume that it was actually about health. You can argue that that is important to these people, but you can't deny that profits play a big role.

Gilead and others profited from the Bird Flu pandemic.

Gilead and others profited from the Swine Flu pandemic. Tamiflu sales reached almost $3 billion in 2009.

Gilead profited from the current pandemic (their drug Remdesivir covered in issues #44 and #74).

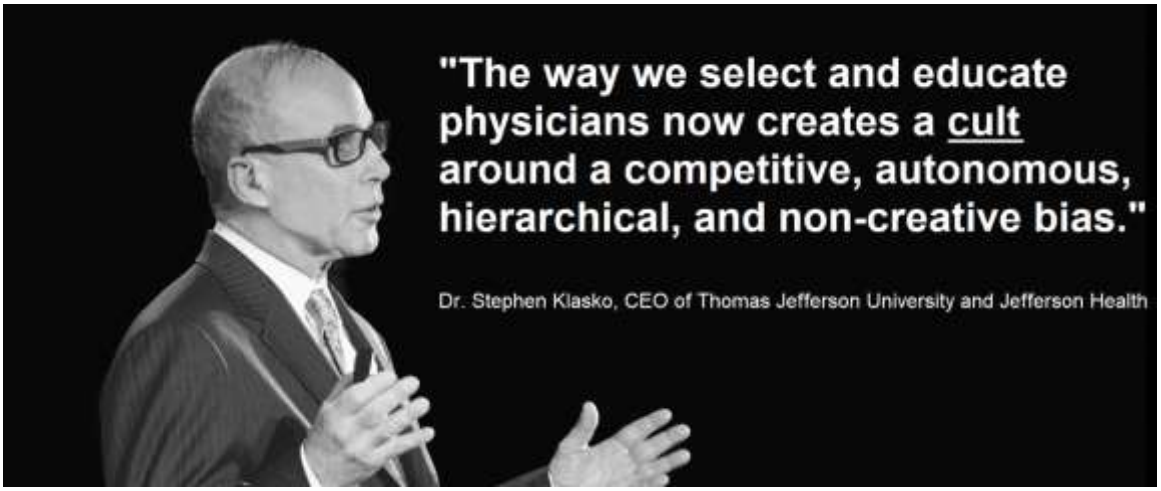
When you have friends in high places, you can get very profitable government deals done. Just make sure those friends have their pockets filled as well. It's what makes government go round.

#86 The Doctor Cult

“Our medical education system is skewed towards things that don’t matter. It’s focused on rote memorization instead of treating the whole person,” writes Dr. Marty Makary in The Price We Pay: What Broke American Health Care – And How to Fix It. “Moreover, medical school barely touches on the business of medicine. Nowhere in my training was I taught about pricing failures, overtreatment, or middlemen…Perhaps the biggest omission of medical education today has to do with the fact that most of our problems in public health are self-inflicted. Despite best intentions, medicine’s limited view of healing has resulted in some of our greatest health challenges, including the opioid crisis, antibiotic resistance, medical errors and medicine’s trail of financial toxicity.”

This book is an honest look at the flaws of the profession and our disease care system.

Perhaps one of the most telling pieces is what Dr. Stephen Klasko, CEO of Thomas Jefferson University and Jefferson Health found when he aimed to reform medical education.



Dr. Klasko “learned that the way we select and educate our physicians is akin to joining a cult. He identified four fundamental traits that get ingrained early: a competitive bias, an autonomy bias, a hierarchy bias, and a noncreativity bias.”

Doctors are trained in a way that is like joining a cult!

That’s not my opinion, but the opinion of a doctor and expert in medical education.

We can see this hierarchy bias bleed over into culture at large. Doctors are at the pinnacle that can’t be questioned by the like of the common man or woman. “How dare you Google your health symptoms, when I spent over a decade in medical training!”

And that noncreativity bias certainly helps to disregard any alternative method that wasn’t covered in the decade of cult programming…I mean medical training.

Or negative health consequences (iatrogenesis) of such treatments that are swept under the rug. If my medical training didn’t cover it, it couldn’t possibly be true.

Dr. Makary himself provides a good example of how deadly such cultish behavior can be.

“For most of my surgical career, I gave out opioids like candy. I was unaware that about 1 in 16 patients became chronic users...My colleagues and I didn’t realize we were fueling a national crisis. But today opioids are the leading cause of death in America of people under 50 years of age.”

Like a good cult member, he was following the authority’s practices without question. “As a medical student and surgical resident…I was taught to give every patient a boatload of opioid tablets upon discharge. The medical community at large ingrained in all of us that opioids were not addictive and urged us to prescribe generously. And that’s exactly what we did.”

We’ve touched on the opioid crisis many times, primarily in issues #20-#24. One of the things pointed out there was how extremely poor science about opioids being non-addictive was used to get doctors to prescribe like this, when the companies knew the truth as internal documents reveal.

Yes, the pharmaceutical companies spend large sums to influence the cult programming of doctors. They do it on purpose because of how it effects their bottom line.

Makary mentions this fact, though about a different subject entirely in the book. “Many times in my medical career, I have witnessed one person’s opinion or estimate become ‘evidence’ simply because their estimate gets published as a pretty PDF in a medical journal…I call it the pseudoscience bandwagon effect.”

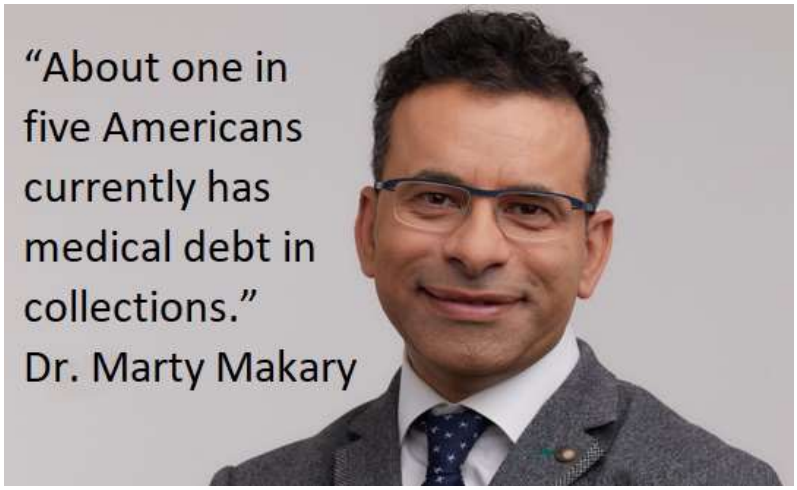
And if this occurs, the doctors largely fall in line because they’re trained to not question authority!

In other words, cults are full of such pseudoscience.

I applaud Dr. Makary for his efforts to reform the system he is within. And as a former cult member, I feel he is still missing some of the bigger picture. But he certainly has brought some damaging information to light. More in the next issue…

#87 Destroying Financial Health for Healthcare

“About one in five Americans currently has medical debt in collections and half of patients with certain medical conditions, such as women with stage 4 breast cancer, now report being harassed by a collection agency for their medical bills,” writes Dr. Marty Makary, in The Price We Pay: What Broke American Health Care – and How to Fix It.



Makary shares the story of a little town called Carlsbad, New Mexico. In this town, one out of five people had been sued by the local hospital! And many had their wages garnished as a result.

It got so bad that people would drive over an hour to the next town over, even for emergencies, to go to the hospital there which charged about fifteen times less.

Was this hospital an isolated incident of bad behavior? Carlsbad Medical Center was owned by Community Health Systems, which owned 119 hospitals in 20 states. Digging up online court records, it was found that many of these hospitals were filing thousands of lawsuits against patients across many of these states.

The record was held by Mary Washington Hospital. In 2017, they sued 4,300 patients. They garnished the wages of 1,756. Over five years they had sued 24,200 patients. And get this…their website read, “Out not-for-profit status drives us to be the kind of organization that provides care to those in need regardless of their ability to pay.”

Actually, this seems par for the course when you recognize that many non-profits and foundations are used for other than the most noble purposes.

According to Makary, many hospitals do not engage in this practice thankfully. But of those that do, 37% filed over 20,000 lawsuits against patients.

This is just one extreme of the whole healthcare system with price gouging left and right. The fact is that virtually all the stakeholders within modern medicine continue to profit from the system. And this is why it not only continues but gets worse.

Understand that it is overly complicated at least partially on purpose to protect such profits.

Even without lawsuits, hospital bills are out of control. They inflate their prices which causes insurance companies to ask for bigger discounts, and on and on these balloons. The insurance companies pass on the inflated costs to their customers.

Furthermore, there is zero price transparency. “When you go to a restaurant and ask for a menu, you might be alarmed if the waiter or waitress were to respond by asking, ‘Who’s your employer?’ If you then learned that the prices on your menu were much higher than those on menus given to other customers you’d conclude it’s a dysfunctional market. Yet this is exactly what happens when you need medical care in our status quo system today,” writes Makary. “Making real prices public would infuse much-needed competition into health care’s bloated $3.5 trillion market.”

There are countless other examples within the book like insurance brokers kickbacks which sometimes are six figure sums. Almost half of businesses buy insurance through brokers. These incentivizes the selling of expensive plans.

Then there are pharmacy benefit managers (PBMs), often owned by the insurance companies, which charge heavily inflated prices for prescriptions.

And helicopter ambulance rides. The use of these has dramatically ramped up over the years. This occurred as private companies bought helicopters from the hospitals and directly charged patients, which insurance typically wouldn’t cover. Then they aimed to drum up customers. “In Ohio, EMTs began observing multiple helicopters landing at the same car accident site, each jockeying for the business to transport patients. In one instance, seven helicopters arrived at a car accident scene, apparently looking for customers.”

Was it even necessary to fly? “An analysis by the University of Arizona of more than 5,200 trauma patients concluded that ‘nearly one-third of patients transferred by helicopter were minimally injured.’”

Some other options are emerging. But this gives even more incentive for you to seek to opt out of the dysfunctional system. Poor health outcomes that cost ridiculous amounts of money are double bad. There has to be a better way.

#88 21-45% of Medical Treatment is Unnecessary

“A detailed report released by 21 Washington State physicians who are part of the nonprofit Washington Health Alliance found that 45% of Washington State health care services were unnecessary. In total, they found that 600,000 patients in Washington underwent medical services they didn’t need, costing an estimated $282 million in one year,” writes Dr. Marty Makary.

45%!

Just under half of medical treatment was unnecessary at this location. When you factor in that all treatments have possible side effects and other consequences, this number becomes even more grotesque.

Makary mentions an anonymous survey which 2,100 doctors responded to. They estimated 21% of everything done in medicine was unnecessary.

A lower number than 45% but still a hefty 21% of everything. Almost a quarter of modern medicine is at best useless, at worst detrimental.

Keep that in mind as the amount of health interventions are ever expanding.

One example is health screening which “can be a double-edged sword. It can be a powerful tool to detect disease and prevent tragedy. But it can also be a business model to recruit patients for treatments they don’t need.”

The diagnostic tests of modern medicine is hailed as some of its greatest achievements. If cancer can be caught early it can be dealt with, right? Yet we can look at many examples of where this goes awry.

Mammography involves blasting the breasts with X-ray radiation. A Cochrane Systematic Review shares, “If we assume that screening reduces breast cancer mortality by 15% and that overdiagnosis and overtreatment is at 30%, it means that for every 2000 women invited for screening throughout 10 years, one will avoid dying of breast cancer and 10 healthy women, who would not have been diagnosed if there had not been screening, will be treated unnecessarily. Furthermore, more than 200 women will experience important psychological distress including anxiety and uncertainty for years because of false positive findings.”

Those are some pretty atrocious numbers.

The British Medical Journal published a reported following 90,000 women over 25 years and found no difference in mortality from doing the screenings vs. not.

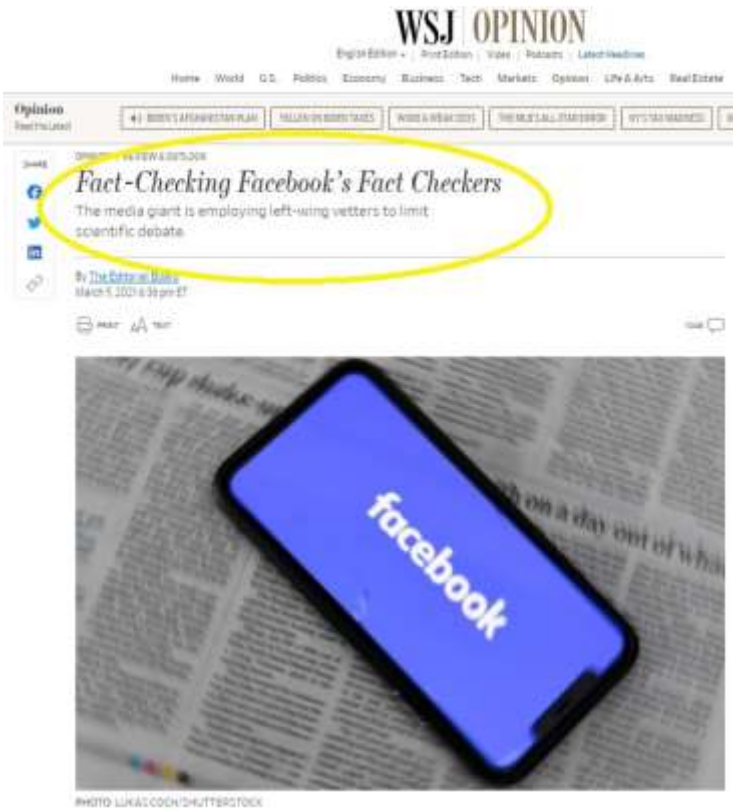
When diagnostics can be this dangerous, there must be something wrong with the system.

Lately, Dr. Makary has made the news talking about herd immunity.

“Dr. Fauci has said that we don’t have good data on natural immunity. That is largely because his own National Institutes of Health has done little to answer this and other important clinical questions. The NIH and CDC, which together receive more than $40 billion a year from taxpayers, should have focused on answering the most basic Covid-19 clinical questions that affect Americans. If we say we’re going to follow the science, then we need to be willing to consider all the data,” wrote Makary in an opinion piece published in the Wall Street Journal.

As a result, Facebook fact-checked and censored Makary saying it was misleading.

The WSJ responded with an article titled “Fact-Checking Facebook’s Fact Checkers.” Their editorial board wrote, “Scientists often disagree over how to interpret evidence. Debate is how ideas are tested and arguments are refined. But Facebook’s fact checkers are presenting their opinions as fact and seeking to silence other scientists whose views challenge their own.”



There is a difference between science and either propaganda or ideology shrouded in scientific clothing.

Ask yourself why would our biggest scientific institutions not ask the most basic scientific questions? Do you really think that it is ineptitude? No…conflicts of interest and specific agendas better explains this rationale.

What do we do when a significant chunk of medicine is unnecessary or harmful?

And what happens when certain groups get to hold onto ideas labeling them as beyond scientific question?

Just another example we're we are over-intervening to the detriments of both our financial health and actual health.

#89 Vitamin D vs. Vaccine

Is health really the concern? This is the question that lies at the foundation of the current pandemic.

And there are many ways to show that health is NOT the number one concern. Take the case of Vitamin D. A meta-analysis published this March looked at 39 different studies. "[M]ost of them indicated a significant relation between [Vitamin D] and SARS-CoV-2 infection, COVID-19 composite severity, and mortality."

Did you catch that?

Here's perhaps the most important point recapped. "Based on the findings, [vitamin D deficiency] is associated with increased risk of SARS-CoV-2 infection."

Yes, there are limitations in this data like in any science, but it appears that vitamin D may not only lower severity of COVID but may lower risk of infection in the first place.

If you're not infected, this means that you would be less likely to spread it to others, aka the foundation of every supposed mass intervention we've engaged in for over a year now.

Once again, more research is certainly needed on this. Just imagine if the NIH and WHO had actually been concerned with health, how much more science there would be on the subject too.

But then again, this effect of stopping infection is not clearly demonstrated by the science on the vaccines either. In fact, from what I gather there is more evidence in vitamin D then in these new vaccines.

And it's not like this information is new. A search on PubMed for "vitamin D covid" turns up 559 results, the earliest of which go back to first quarter 2020 showing we had some actionable data early on.

Let's compare…

Trump's Operation Warp Speed spent $12.4 billion dollars to bring vaccines to market quickly. We have wall-to-wall news coverage now telling people to get the vaccine. The Biden administration just signed a $1 billion awareness campaign (*cough* propaganda) to convince people to get vaccinated.

How much was spent shipping bottles of vitamin D to every man, woman and child in the country? How much would that have cost? One bottle of 240 count NOW Vitamin D-3 (5000 IU's) cost $10.47 retail on Amazon. Let's just assume that the government could acquire that at wholesale for only 50% off though certainly a better deal could have been struck.

The USA has a population of 330 million people. $10.47 * 50% * 330,000,000 = $1.72755 billion.

Moderna alone received over $4 billion (even though their technology was also designed and funded by the government and they'd never brought a product to market before).

Moving on, even if we didn't supplement the population, how much was the importance of vitamin D discussed by our top scientists and politicians? Zero.

Where is the $1 billion vitamin D awareness campaign? Even $10 million?

Trust the science and save lives, right?

How much news coverage has vitamin D gotten regarding COVID in the news? There's probably been a little bit though I can't say I've seen any.

Literally the only mention I ever saw from a main official Fauci in an interview on Instagram with actress Jennifer Garner in which he said, "If you are deficient in vitamin D, that does have an impact on your susceptibility to infection. So I would not mind recommending, and I do it myself taking vitamin D supplements."

Fauci admits it makes you less likely to be infected, but this is the only time he's ever mentioned it when asked a direct question. This is curious at best.

Instead, what we've seen is policy that actually seems aimed to cut down people's vitamin D. This nutrient is naturally formed on the skin with sunlight.

What have we seen? All the stay-at-home orders. The beach and park closures.

And the fact that for many people the face is the only spot that sees sunlight on their bodies. Well, masks take care of that!

Vitamin D has zero side effects unless you're overdosing it, which is possible just like it is with water. Sun exposure can of course be overdone but it is far more underdone these days.

Meanwhile, vaccines have side effects at the normal recommended dose. The worst of these is death. The most common is sore arms and COVID-like symptoms for a short period of time.

Vitamin D is not only protective of the disease-of-the-year, but pretty much every acute illness and many chronic ones too. Vaccines protect you against one single disease (and can't even handle the new variations well.)

Of course, vitamin D is not the only thing that should be done. Far from it. But the lack of this information being spread by our government, scientists, journalists, and even censorship of this information by Big Tech shows that health is far from the primary concern.

I don't know about you, but I choose to be #vaccinatedbysunlight.

#90 Free Donuts and Beer with a Side of Health Hypocrisy

Vaccinate for your health and the health of others…and get rewarded with free donuts for the year!

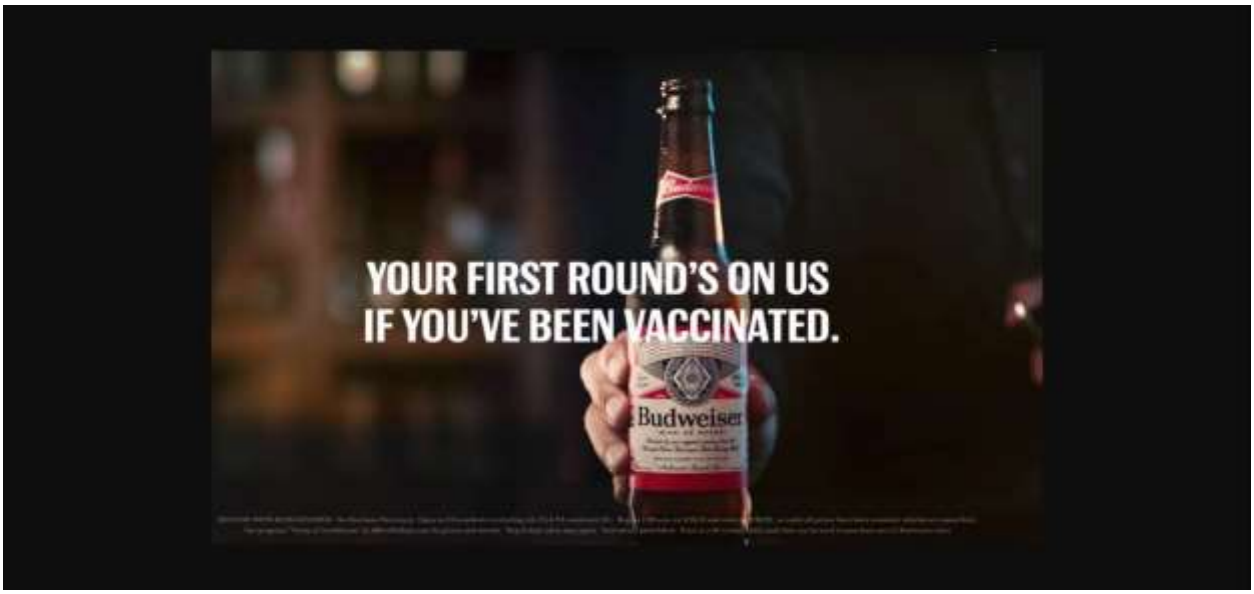
What are the number one, two and three comorbidities of COVID?

Hypertension, obesity and diabetes. All three of these are correlated with eating process sugary and fatty foods.

Is it really about your health?

Lest you think everyone sees through this hypocrisy, many people are proudly promoting their shots and donuts on social media.

Others, such as Budweiser, have jumped on the giveaway bandwagon.



A brand-new paper titled "Physical inactivity is associated with a higher risk for severe COVID-19 outcomes: a study in 48440 adult patients" just came out.

The authors concluded, "Consistently meeting physical activity guidelines was strongly associated with a reduced risk for severe COVID-19 outcomes among infected adults." Those severe accounts included hospitalization, admission to the ICU and death.

What did our government and leading scientists tell people to do?

Close the gyms. Close the outdoors. Tell people not to leave their house unless they absolutely must.

To those who lambasted me and others for saying being healthy is the best bet against this disease rather than such restrictions, well here we are over a year later.

Have you become healthier and more fit in all that time?

Again, is it really about your health?

The Great Barrington Declaration has said that our COVID interventions are damaging and dangerous to both physical and mental health. It has garnered the signatures of 14,112 medical and public health scientists, 42,914 medical practitioners and 787,596 citizens the world over.

But the medical science is settled, right?

The lockdowns have clearly not worked but more are coming. That's right. It's because we didn't lock down hard enough!

Don't you dare compare the US (which has had lots of restrictions) with Sweden, Japan or pretty much all of Africa (which had little restriction comparatively and have better outcomes).

CJ Hopkins writes in The Covidian Cult, "These narratives are invariably paranoid, portraying the cult as threatened or persecuted by an evil enemy or antagonistic force which only unquestioning conformity to the cult's ideology can save its members from…The point is the atmosphere of paranoia and hysteria the official narrative generates, which keeps the cult members (or the society) compliant. In addition to being paranoid, these narratives are often internally inconsistent, illogical, and … well, just completely ridiculous. This does not weaken them, as one might suspect. Actually, it increases their power, as it forces their adherents to attempt to reconcile their inconsistency and irrationality, and in many cases utter absurdity, in order to remain in good standing with the cult. Such reconciliation is of course impossible, and causes the cult members' minds to short circuit and abandon any semblance of critical thinking, which is precisely what the cult leader wants. Moreover, cult leaders will often radically change these narratives for no apparent reason, forcing their cult members to abruptly forswear (and often even denounce as "heresy") the beliefs they had previously been forced to profess, and behave as if they had never believed them, which causes their minds to further short circuit, until they eventually give up even trying to think rationally, and just mindlessly parrot whatever nonsensical gibberish the cult leader fills their heads with."

It's pointless to wear masks became masks save you an others became you should wear two or three of them to best protect yourself…even after getting vaccinated.

Two weeks to flatten the curve (all about not overloading hospitals) became lockdown until a vaccine is ready and is becoming until 100% of the population is vaccinated.

Cult ideology is the best way to view what is going on. Yet the cult is not an isolated group of fifty people. The cult has gone mainstream culture.

#91 Big Tobacco in Vaccines?!?

Judge Gladys Kessler oversaw the RICO case against all the large tobacco companies, aka Big Tobacco. In 2003 she issued her decision in a 1,683-page opinion that gives a good overview of how big corporations can act.

"[O]ver the course of 50 years, defendants lied, misrepresented, and deceived the American public, including smokers and the young people they avidly sought as 'replacement smokers,' about the devastating health effects of smoking and environmental tobacco smoke."

The companies "suppressed research, they destroyed documents, they manipulated the use of nicotine so as to increase and perpetuate addiction…and they abused the legal system in order to achieve their goal—to make money with little if any regard for individual illness or suffering, soaring health care costs, or the integrity of the legal system."

Despite the RICO case…despite the knowledge and documents made public…Big Tobacco is still in operation and still extremely profitable.

…And now they are in the vaccine business!

You read that right. The same companies that lied, cheated and killed people to make money are now bringing you a life-saving vaccine.

Both flu and Covid-19 vaccines are being developed by British American Tobacco (BAT), through their US based subsidiary Kentucky BioProcessing (KBP).

BAT was the one that wouldn't dare mention the word cancer internally, so they used the code word ZEPHYR. BAT denied science behind cancer, nicotine's addiction and secondhand smoke. BAT was caught red-handed destroying damaging documents. BAT was found guilty in the aforementioned RICO case.

And now they're diversifying.

"KBP has been exploring alternative uses of the tobacco plant for some time. One such alternative use is the development of plant-based vaccines," says Dr. David O'Reilly, the director of scientific research at BAT.

It's a plant-based vaccine so it must be better for you, right? Would you like a plant-based vaccine to go with your plant-based diet? That's some marketing language for you there!

The facts are that it's nothing native to tobacco. But instead, scientists inserted viral genes into the tobacco plant to grow antigens and extract them out.

"Moving into human trials with both our Covid-19 and seasonal flu vaccine candidates is a significant milestone and reflects our considerable efforts to accelerate the development of our emerging biologicals portfolio," said O'Reilly.

U.S health regulators have given them the greenlight for phase 1 human trials on both KBP's Covid-19 and flu vaccines which have begun.

Based on our "warp speed" timelines these could hit the market late 2021 or early 2022.

Lest you think that Big Tobacco has reformed their old ways, the Bureau of Investigative Journalism reported this year, "BAT has told regulators around the world that its new products, including heated tobacco and oral nicotine, are for current adult smokers. But…it has launched an aggressive £1bn marketing campaign that leans heavily on social media, concerts and sporting events, which could have the effect of encouraging young people to pick up a potentially deadly tobacco habit that still kills 8 million people a year, notwithstanding long-established rules aimed at preventing this."

Maybe, just maybe, Big Tobacco being involved in the vaccine game might get a few more people to realize it is more about customers and profits then anything else.

Even if you've trusted vaccines completely before, now a RICO-guilty company, aka organized crime, is getting into the business. It's official.

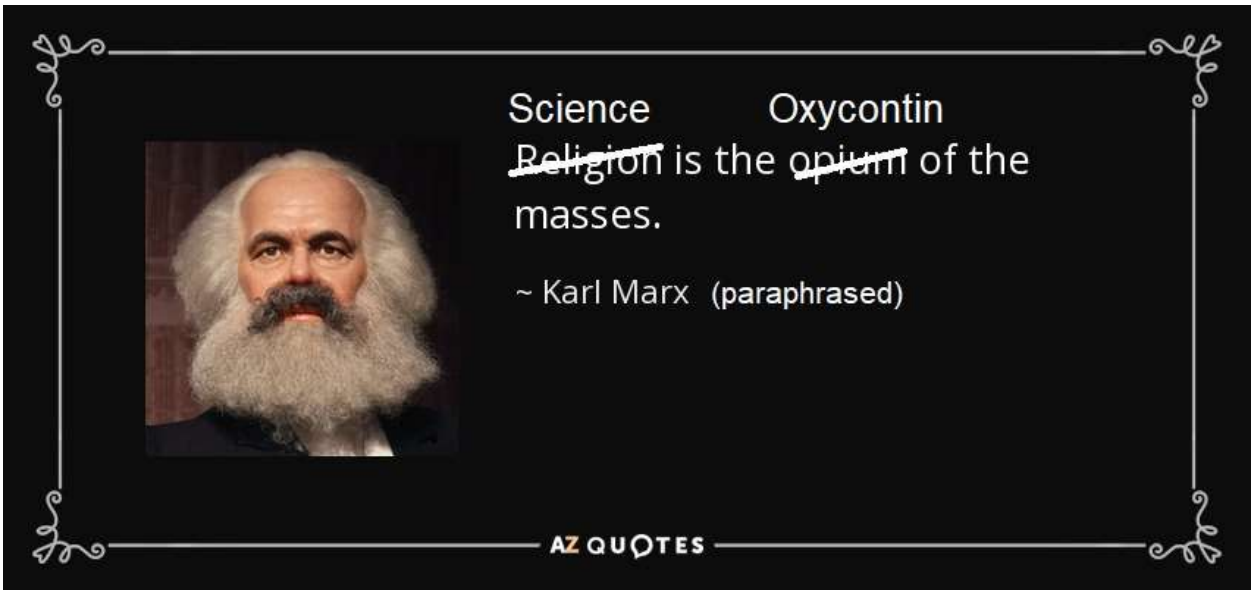
#92 Tru$t $cience

"Religion is the opium of the people," said Karl Marx.

Religion has been chipped away over the years by science and the materialist paradigm. Yes, we can find plenty of beneficial aspects in what science accomplished. I'm not denying that, nor covering that here. Instead, my focus is on examining the dark side of science.

As of now, Science has become the replacement of religion for many.

These days we might paraphrase Marx with "Science is the Oxycontin of the people."



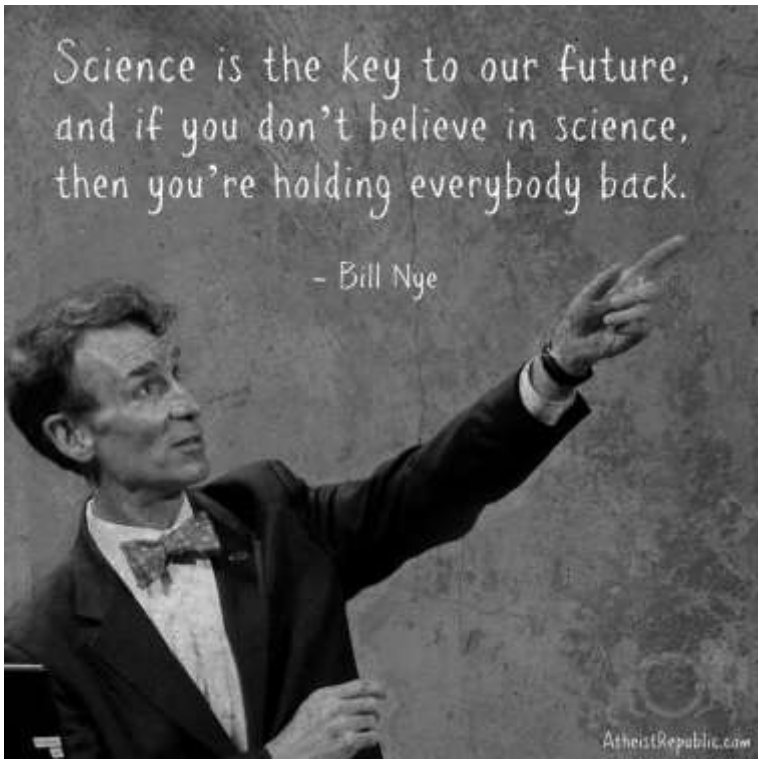
And yes, it is Science with a capital S. I've seen many high priests of Science do this now, just like you have a capital G in God.

"The good thing about science is that it's true whether or not you believe in it," says Neil deGrasse Tyson. Exactly which science are you referring to Tyson? Because a gross generalization like that is, dare I say, far from scientific.

This is because Scientism has not banished religion…so much as taken its place as one of the most powerful religions. Move over Pope, we've got Fauci and Neil Ferguson now!

The mass public who are the true believers don't really believe in science (many never have read a single scientific paper themselves) they simply parrot what the "High Priests of Science" say.

Contrast this to what Isaac Asimov had to say. "Science is uncertain. Theories are subject to revision; observations are open to a variety of interpretations, and scientists quarrel amongst themselves."



You can hide a lot behind a slogan of "Trust Science" if you have influence over the media. And powerful corporations have successfully done exactly this (covered in # 47-51, 68 & 76).

The facts are that much of the time it is not science but instead $cience that we are asked to believe in.

A basic understanding of history of industry shows that you shouldn't tru$t $cience blindly. Why? It's quite simple. If there is money to be made from a $cientific position, then money will influence it.

Should we have believed the $cience spouted by Big Tobacco and it's allies that tobacco didn't cause cancer and wasn't dangerous to smokers and those in their vicinity? The $cience they produced which for decades helped them get away with turning this into a debate?

Should we have believed the lead industry who fought with their $cience to keep poisonous lead in gasoline for decades?

What about the asbestos industry paying $cientists to say their product was completely safe?

Should we believe Du Pont and the EPA for decades about the safety $cience of Teflon?

Or the soda companies such as Coca-Cola influencing $cience about weight loss to not focus on sugar?

All of those are widely accepted even by the mainstream. Let's cover some that are reaching the tipping point…

Should we believe Monsanto (now Bayer) that the $cience is settled regarding the safety of glyphosate (Roundup)?

Certain countries have banned Roundup, not to mention many other agricultural chemicals used, that are still deemed safe in the USA. Should we trust our scientists or theirs? How do you actually choose if you're just "trusting science"?

What about GMO foods from Monsanto? Can we trust their $afety science when we learn they successfully stopped independent scientists from even being able to do any research on GMO's? How do we believe the FDA here when they say the "science is settled" when we find they did no safety science to begin with but only relied on what Monsanto told them?

Or the fracking industry hiding its paying universities to publish $cientific research that it benefited from?

Should we believe the old $cience that shows that fluoridation is safe? Or the now 64 studies showing it has negative effects on neurodevelopment and IQ? (#35-36)

That's just a few examples across industries. Let's move onto Big Pharma…

Should we have believed Merck about the safety of Vioxx (#7) when we later found they modified the safety $cience to get the drug approved? Should we believe their own scientists who said they falsified the science of the efficacy of the Mumps vaccine?

Should we have believed Johnson & Johnson or Purdue Pharma about the low risks of addiction as shown by $cience in opioids? (#20 and #21)

Should we believe the $cience of Pfizer given their track record with Trovan (#56) and them being the biggest of the criminals according to fines paid of all Big Pharma (#32)? Should we believe their $cience of vaccine safety and efficacy today?

Should we believe in the safety $cience behind FDA approved drugs when many FDA scientists themselves say the science is inadequate and the agency is compromised? (#57-58)

How can you trust science with this pattern of malfeasance?

You can't…

That is unless when you are saying "trust science", it's not because you actually understand how science works, but instead have a religious, or dare I say cultish, belief about it.

We don't need people to believe in science. That's not our problem. We need people to understand conflicts of interest and be able to discern science starting from that place.

#93 Facebook Aims to Influence Your Medical Decisions

Documents obtained by Facebook whistleblowers show proof that the Big Tech company is aiming to control what you think by manipulating comments.

These new leaked documents come from Project Veritas. This outfit is typically dismissed as right-wing disinformation agents. Yes, they're conservative but this current issue of vaccines and health is apolitical (or at least ought to be).

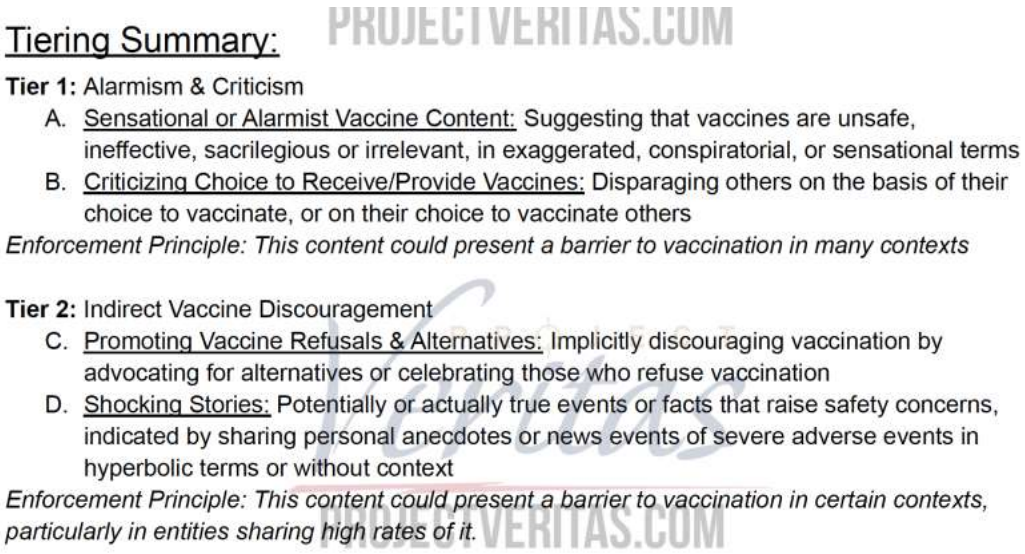
As for disinformation, well, you can look at the documents themselves that come from Facebook. Facebook's only reply to this leak was their policy is publicly available.

Considering whistleblowers come under tremendous threats (see #55) it is worth looking at what they're saying. And indeed, since writing this article originally one of the whistleblowers was found out and suspended from Facebook.

This is by no means novel to the people that have been following such actions for years. But is does shed new light on how specifically they're doing it. We've learned about shadow banning in the past. Now we've got comment demotion.

The goal of the experiment discussed in the documents is to "Drastically reduce user exposure to vaccine hesitancy (VH) in comments".

Examples are given in the document showing a CDC post and comments. Comments that are positive towards vaccines get promoted up towards the top. Comments that are negative towards vaccines get demoted when they otherwise would be ranked highly.



Tiering Summary:

Tier 1: Alarmism & Criticism

A. Sensational or Alarmist Vaccine Content: Suggesting that vaccines are unsafe, ineffective, sacrilegious or irrelevant, in exaggerated, conspiratorial, or sensational terms
B. Criticizing Choice to Receive/Provide Vaccines: Disparaging others on the basis of their choice to vaccinate, or on their choice to vaccinate others

Enforcement Principle: This content could present a barrier to vaccination in many contexts

Tier 2: Indirect Vaccine Discouragement

C. Promoting Vaccine Refusals & Alternatives: Implicitly discouraging vaccination by advocating for alternatives or celebrating those who refuse vaccination
D. Shocking Stories: Potentially or actually true events or facts that raise safety concerns, indicated by sharing personal anecdotes or news events of severe adverse events in hyperbolic terms or without context

Enforcement Principle: This content could present a barrier to vaccination in certain contexts, particularly in entities sharing high rates of it.

The most damning info is this line which falls under Tier 2: Indirect Vaccine Discouragement. "Potentially or actually true events or facts that raise safety concerns, indicated by sharing personal anecdotes or news events of severe adverse events in hyperbolic terms or without context."

In other words, they don't care for the TRUTH, as long as it fits the agenda of getting more people vaccinated.

What exactly is that context that they want you to provide? Is it something along the lines of "It sucks that this person died after the same day as a vaccine but it can't possibly be linked because overall vaccines are safe and effective"?

You can't even point to VAERS, the government run database of vaccine adverse reports that is supposed to help ensure vaccines are safe, without "context".

They even document that they are manipulating like counts. "For the vaccine hesitant comments, we are demoting, we are reducing -2.64K likes." There it is in black and white.

[Tier 2] Indirect Discouragement

- Promotion of Vaccine Alternatives: Promotion of vaccine alternatives
  - INCLUDES
    - Promoting alternatives to vaccination, such as:
      - ☐ Suggesting that getting COVID-19/natural immunity is 'better' for another person vs. getting the vaccine
        - "*Just skip the vaccine and trust in herd immunity*"
      - ☐ Minimizing the risks of the disease against which you can get vaccinated
        - Suggesting that vaccines aren't necessary given low COVID death rates

They say that promoting alternatives will be "discouraged" even though natural immunity has always worked better than vaccine-induced immunity. You're also will be demoted for saying that the vaccine isn't important because of the low death rate of COVID.

You are not allowed to criticize people for getting a vaccine, "Criticizing Choice to Receive/Provide Vaccines." But you can bet this double standard does not run the opposite way. I can be criticized for my positions (in fact, looking at Facebook you can see that vaccine positive posts get boosted up.)

Tier	Tier Name	Description	Mapped to B2V Tiers
T0	Violations of Policies: Coordinating Harm	Vaccine Interference: Coordinating (statements of intent, calls to action, representing, supporting or advocacy) OR depicting, admitting to, or promoting interference with the administration of a vaccine, including an event, group, page, account, etc dedicated to this purpose. Vaccine Explicit Discouragement: Calls to action, advocating, or promoting that others not get a vaccine, including an event, group, page, account, etc dedicated to this purpose. It is only when calling for *unspecified groups of people* to refuse a vaccine; not specific individuals or groups of people (i.e. "you", "Sarah", or "the elderly")	
		B2V Tier 1	B2V Policy
T1	Alarmism & Criticism	Criticizing Choice to Receive/Provide Vaccines: Disparaging others on the basis of their choice to vaccinate, or on their choice to vaccinate others	B. Criticizing Choice to Receive/Provide Vaccines
		Exaggerated Conclusions/Denialism: Content about vaccines and vaccination that suggests or implies that vaccines are unsafe, ineffective, sacrilegious or irrelevant	A. Sensational or Alarmist Vaccine Content
		Conspiracy Narratives: Content using conspiratorial language in reference to vaccination efforts where it suggests there is some purposely hidden widespread health harm, secret, or truth that people are being let in on	
		B2V Tier 2	B2V Policy
T2	Indirect Discouragement	"Shocking, possibly true" Unproven or Severe Side Effects or Death: Content that discourages vaccination based on personal anecdote OR news articles of unproven or severe vaccine side effects, including claims of death	D. Shocking Stories
		Promotion of Vaccine Alternatives or Rejection: Content that directly or indirectly discourages vaccination through promotion of vaccine alternatives or celebration of those who refuse vaccination	C. Promoting Vaccine Refusals & Alternatives

Recognize that these documents show just ONE experiment. Facebook is running who knows how many others. They possess some of the most powerful AI in the world, this algorithm changes what you see and what you don't.

I would encourage people to go watch the movie The Social Dilemma, and then recognize how that ties into this information. Combine what has been covered here with Facebook's incentivizing vaccination and you have behavioral manipulation at its 21st century best.

This is manipulating what you see, which in turn manipulates your thoughts and behavior. Do you trust this direction they're manipulating you in?

Is it really the best thing for public health?

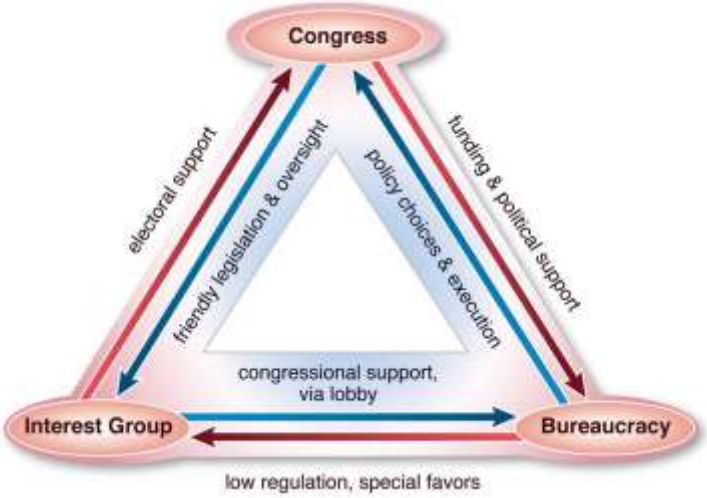
What about Facebook's censorship of Ivermectin, scientifically shown to be effective with a tremendous safety record? (See #77)

What else are they manipulating you in?

The ironic thing is that this kind of thing is why vaccine hesitancy is actually on the rise. Bad science, not being transparent, and covering up information are all great ways to get people to trust you less.

#94 What are Iron Triangles?

Iron triangle is another phrase to add to your lexicon similar to captured agency, revolving doors, interlocking directorate and more. In fact, it's another descriptor of how the first two work.



Dr. Paul M. Johnson, professor of the department of political science at Auburn University, defines iron triangles as "The closed, mutually supportive relationships that often prevail in the United States between the government agencies, the special interest lobbying organizations, and the legislative committees or subcommittees with jurisdiction over a particular functional area of government policy. As long as they hang together, the members of these small groups of movers and shakers tend to dominate all policy-making in their respective specialized areas of concern, and they tend to present a united front against 'outsiders' who attempt to invade their turf and alter established policies that have been worked out by years of private negotiations among the 'insiders.'"

To put it another way, you could say that such people conspire together to support their own interests. But then you'd be talking about conspiracy theories and we all know that's not okay.

Regulation typically starts with public support over some issue. But over time, regulatory agencies come under capture. This is because the industry is the one that controls information that is essential to the regulatory process.

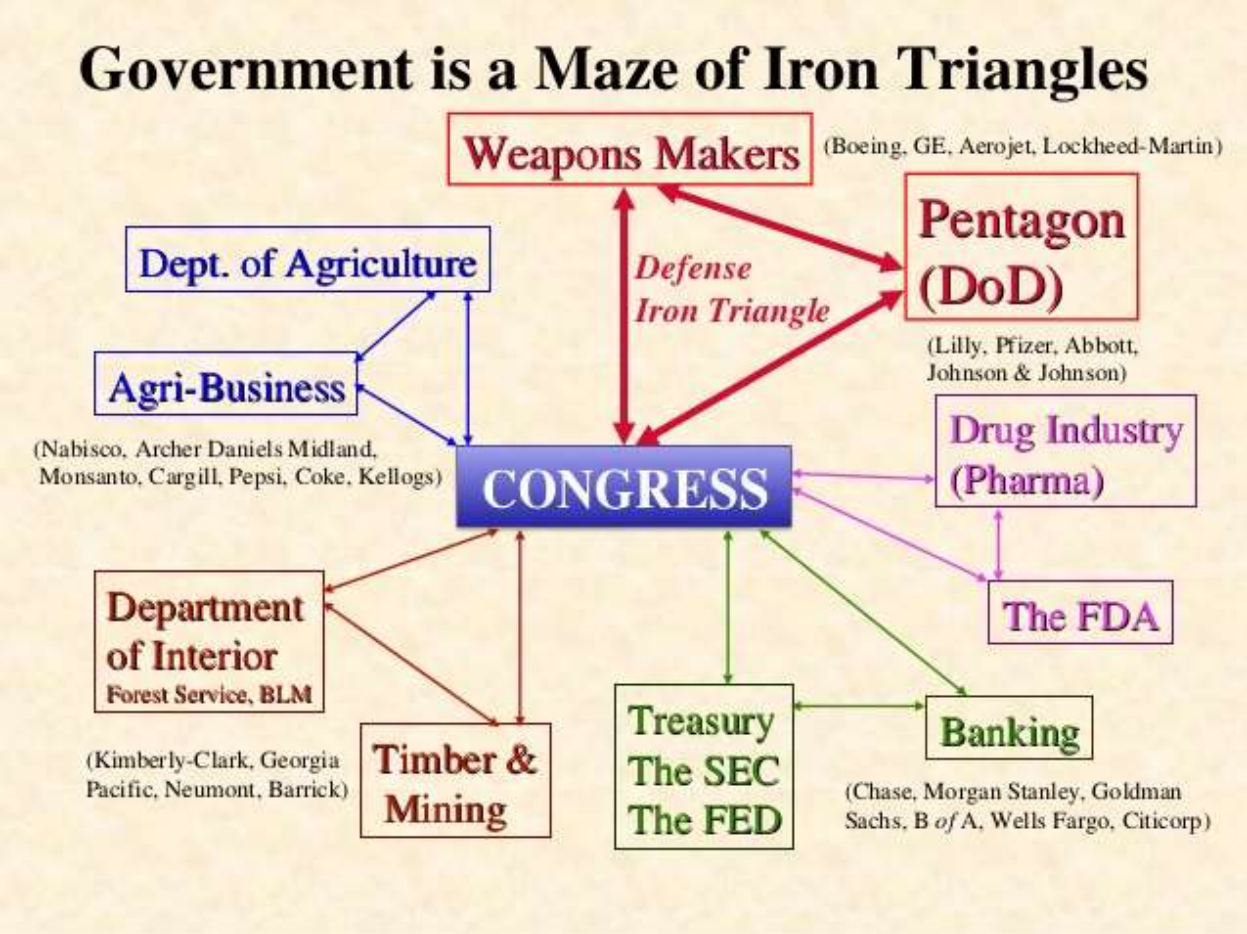
The industry often has the top experts for the specialized topic at hand, that regulators must rely on.

Besides that initial public support, few people will pay much attention to the regulatory process as it continues over the years. (Only small genuine activists groups do, but their funding and resources can't really compete with industry.) This allows the industry ties to strengthen over time, aka typically the regulatory agency becoming more corrupted.

Add to the fact that agency heads are typically appointment by the president. This means top down of these hierarchies can come under financial influence. An industry funds a presidential race. To thank

them for doing so an appointment to head an agency that supports industry very often (almost always?) occurs.

This iron triangle of connection of self-interests is why this happens in every single industry and the regulators of that industry. Big Tobacco were pioneers in this. Financial institutions even before that. The economic incentives make it worth influencing no matter where you are.



Understand that a single law or regulation can make or break a company, or at least be the difference in billions. More so than marketing to the public, this "marketing" to Congress and regulators through lobbyists, interest groups and more is significantly more critical to the industry surviving and thriving. Thus, it is worth spending lots of money to do so.

Since the regulators work with and depend on industry this allows them to build stronger relationships. When their regulatory job ends, we see that very often they can get a more lucrative position in the industry they're an expert in. This opens up the revolving door…but only if they were helpful to the industry previously of course.

Note that the revolving door occurs between all three spokes of iron triangles. Lobbyists often become part of Congress or vice versa. As industry experts, they even write the bills that are made law. (See #41 for one of the most egregious examples of this in action. See #33 for some of the stats around pharmaceutical lobbying, the largest payer in the iron triangle game.)

“The structure of the triangle is remarkably stable, as long as the incentives stay the same, and no new actors enter to confuse the flow of such incentives,” writes Barry Mitnick, Professor of Business Administration and of Public and International Affairs and University of Pittsburgh.

The proof is widely available if you step beyond the PR shield that denies this is a problem. This is how our government actually works.

Unfortunately, the positions of control (i.e. the tops of the hierarchies) are influenced by these relationships much more than many people think. This includes so many of our scientific institutions. (See #29 and #30 for an examples of the Scientific Revolving Door.) And least seen of all, thus extremely powerful in behind-the-scenes influence, non-profits too. (See #53)

It’s why over one third of FDA scientists themselves lacked confidence in the agency regarding their job of drug safety. (See #57)

I find it funny that people can see it, even say it’s obvious in certain places…but refuse to see it elsewhere.

Question to ponder: How many examples across how many industries would you need to see before you recognize the more accurate default position is that any government agency is more interested in supporting industry rather than the public?

#95 The Appeal to Authority Fallacy

“What could you possibly know, you’re not a doctor or a scientist!”

“You’re just a personal trainer.”

“You are a snake oil salesman selling supplements!”

“I’m not going to listen to anything you say as there is no way I will believe your online research over the world’s top experts.”

Over the last year and a quarter, I’ve encountered these kind of comments countless times in sharing these articles and more. Today I want to shift gears and talk a bit more about the psychological.

This “appeal to authority” can be a logical fallacy.

ThoughtCo.com describes this as “A fundamental reason why the Appeal to Authority can be a fallacy is that a proposition can be well supported only by facts and logically valid inferences. But by using an authority, the argument is relying upon testimony, not facts. A testimony is not an argument and it is not a fact.”

Here's the problem. We DO need to rely on experts much of the time. This is a useful heuristic (guiding rule of thumb) that allows us to function in life.

In many ways we must trust experts. Yet, it is important to note that heuristics can lead us astray. Just because in 90%+ it is useful doesn’t make it always right. So how do you know when to apply it?

They continue, “Now, such testimony might be strong or it might be weak. The better the authority, the stronger the testimony will be and the worse the authority, the weaker the testimony will be. Thus, the way to differentiate between a legitimate and a fallacious appeal to authority is by evaluating the nature and strength of who is giving the testimony. Obviously, the best way to avoid making the fallacy is to avoid relying upon testimony as much as possible, and instead to rely upon original facts and data.”

What is interesting to me is how people use the appeal to authority to stop critical thinking.

“Expert XYZ says this and therefore I believe them. They are the expert and I am not.”

Again, a useful heuristic but this conclusion is fallacious because it is incomplete.

The thing is there are just about ALWAYS contrarian experts with every bit the same level of legitimate authority that say the opposite.

If you're doing an appeal to authority, why are these authorities automatically thrown out? It seems to be a case of two things:

1) Those authorities are censored or smeared (ad hominem attacks) in order to discredit them so they become unqualified as an equal expert
2) Unconscious decision ahead of time of what you want to believe and thus finding the experts to back that up

Understand that neither of these deal with facts and logic.

Very often it is a case of both of these. Believe ahead of time your point of view, and then it becomes easier to believe the smearing of anyone that opposes that view.

Over this series I've shown countless examples of "the experts" having various financial incentives behind their opinions.

Upton Sinclair said "It is difficult to get a man to understand something, when his salary depends upon his not understanding it." This speaks to the blind spots that even well-meaning experts can have when money is at play.

Science is held up as the ultimate arbiter of truth. And yet we see that industry funded science overwhelmingly supports industry beneficial conclusions while independent science does not.

The last issue discussed "Iron Triangles" and how expertise, aka authority, is largely captured and controlled by industry. The industry experts are the experts that even the regulators come to trust.

I don't see any easy way out of this. The answer lies in looking at multiple different experts and their presentation of the data itself. This takes tremendous time and effort, which is why people use the expert heuristic and fall pray to the appeal to authority fallacy.

If what is otherwise a legitimate authority is incentivized to believe some position, that makes them less legitimate. Again, this makes following the money a critical piece of deciphering which experts are legitimate and which are not. Still, it's only one piece.

Combining that with taking in multiple viewpoints and looking at the facts and data itself seems the only way out to me.

#96 FDA Advisors Resign Over "Indefensible" Alzheimer's Drug Approval

Biogen's Aduhelm (generic name aducanumab), at a price tag of $56,000 per year, was just approved by the FDA to treat Alzheimer's. This was the first drug approved to treat Alzheimer's in 18 years.

Yet all is not normal. The FDA advisory panel who oversaw this did not recommend approval. Ten of eleven panel members said that the research showed no effectiveness. The one other member was uncertain.

The advisors were nearly unanimous in saying this drug did not work.

You see for normal drug approval you need two Phase 3 clinical trials showing positive results. In neither of these trials did Aduhelm show benefit. In fact, both trials were stopped early because the independent data monitoring committee showed it wasn't working.

It was only later, after the trial was ended, that Biogen played with the data in one of the two trials to show a positive result.

That positive result relied on a surrogate end marker of reducing amyloid plaque versus actual results in the patients. Surrogate end markers are often easier to get results within studies, whereas they do not necessarily mean anything to the patients treated. Sometimes they're useful and sometimes they're not. Yet here in these trials we saw there was no difference in the primary endpoint.

Even so this surrogate benefit was shown in just one trial, while the other showed no such thing.

Despite the committee's near complete rejection of the data, the FDA approved the drug. And now three members of the committee have resigned in protest.

Dr. Aaron Kesselheim, a professor of medicine at Harvard Medical School and Brigham and Women's Hospital, said approval was the wrong call, "because of so many different factors, starting from the fact that there's no good evidence that the drug works."

Another advisory member who resigned was Dr. David Knopman, clinical neurologist at the Mayo Clinic. He wrote to the FDA, “Biomarker justification for approval in the absence of consistent clinical benefit after 18 months of treatment is indefensible.” Also, he has said he didn’t “wish to be part of the sham process.”

The third person to resign was Dr. Joel Perlmutter of Washington University who called the FDA’s approval “egregious.”

"This decision has shaken the foundations of the scientific process and methods," said Dr. Jason Karlawish, who ran one of the trial sites for Aduhelm. "It's a disturbing set of events, scientifically, clinically, politically.”

If not from scientific results, why did it get approved? As always, it is useful to follow the money. Very often we see conflicts of interest in the FDA’s advisory boards (see #57). But that’s just one place these can occur.

The Alzheimer’s Association was in favor of the drugs approval. They wrote to the FDA saying, “While the trial data has led to some uncertainty among the scientific community, this must be weighed against the certainty of what this disease will do to millions of Americans absent a treatment…we urge approval.”

This is not surprising. In 2020 alone, the Alzheimer’s Association received $275,000 specifically from Biogen, and millions more from other pharmaceutical companies. (See #65 for more details on how many medical associations are funded by Big Pharma.)

This approval was done under the FDA’s Accelerated Approval Program. This is where the FDA itself receives funding from the drug company to accelerate the process. (See #62)

So who led the decision? The director of the FDA’s Center for Drug Evaluation and Research (CDER) is Dr. Patrizia Cavazzoni. She came through the revolving door, previously working for Pfizer, Eli Lilly and Sanofi in various executive roles from 2000 to 2017 before moving to the FDA.

She wrote in an FDA press release announcing the decision. “We determined this drug favorably modifies a key pathological process, reducing the amount of amyloid plaque in the brain of patients…We believe the data supported accelerated approval.”

She’s the new head of the drug approval branch of the FDA.

Public watchdog group, Public Citizen, has called for Cavazzoni’s resignation, along with FDA Commissioner Janet Woodcock and CDER’s Office of Neuroscience Director Billy Dunn.

Michael Carome, the director of Public Citizen’s Health Research Group wrote to HHS saying “The FDA’s decision to approve aducanumab for anyone with Alzheimer’s disease, regardless of severity, showed a stunning disregard for science, eviscerated the agency’s standards for approving new drugs, and ranks as one of the most irresponsible and egregious decisions in the history of the agency. The primary beneficiaries of the agency’s action are Biogen and its shareholders, who undoubtedly are ecstatic about their soon-to-be-reaped windfall profits from sales of the company’s exorbitantly priced but ineffective drug. The damage caused by the FDA’s reckless approval of aducanumab to the agency’s credibility as a

science-based regulatory agency and to public health — and potentially to the financial sustainability of the Medicare program — cannot be overstated."

As part of the approval the FDA said Biogen must complete another clinical trial. But they have nine years to complete it. A lot of money can be made on a $56,000 drug in that time before that is done.

Most of the cost will be shouldered by Medicare, aka by taxpayers. Though in addition, the Kaiser Family Foundation estimated that co-pays could be $11,500 for many people.

To give perspective, compare and contrast this tiny amount of data for this drug to the huge amounts of scientific research available for, say, ivermectin (#77) regarding treating COVID. Yet in these no level of proof is viable for the FDA for those off-patent inexpensive drugs, because of the new drugs available.

Compare and Contrast

Aduhelm	Ivermectin
Brand New Never-Before-Used Drug	Safe Medicine Used for Decades
Treating Alzheimer's	Treating COVID
One Single Trial with Surrogate Endpoint	64% Improvement in 31 Randomized, Controlled Trials
12 FDA Advisors Say Data is Insufficient	Recommended by FLCCC & Other Doctors Across the World
Granted Accelerated Approval	Denied Emergency Use Authorization for COVID
$56,000/year treatment	~$20-$40 for a Month's Supply
	Censored in Media and Big Tech

Yet for something worth billions any amount of torturing the data to win approval appears to be fine.

When you understand that billions of dollars are on the line, this FDA's decisions begin to make a bit more sense. This is regulatory capture at its peak.

Sadly, this is mostly business as usual at the FDA, just a further step towards complete corruption.

#97 How Surrogate End Markers Fall Short

In the previous issue we examined how the FDA approved Aduhelm for treatment of Alzheimer's based on a single trial that didn't show any clinical benefit but did show improvement in a surrogate end marker in a single trial.

Most people not being familiar with how science is done, I figured this area was worth diving into further as this is not a new phenomenon.

The FDA says regarding trials: "Clinical outcomes are the most reliable clinical trial endpoints…Surrogate endpoints are used instead of clinical outcomes in some clinical trials. Surrogate endpoints are used when the clinical outcomes might take a very long time to study, or in cases where the clinical benefit of improving the surrogate endpoint, such as controlling blood pressure, is well understood. Clinical trials are needed to show that surrogate endpoints can be relied upon to predict, or correlate with, clinical benefit. Surrogate endpoints that have undergone this testing are called validated surrogate endpoints and these are accepted by the FDA as evidence of benefit."

In other words, good science is hard and takes a long time. Thus, this short cut born out of Science's near complete reliance of reductionism. If we measure a single molecule in the body, can that tell us the result? As long as that measurement is causally linked to the outcome we want, that works fine.

But biology being biology (meaning complex rather than simplified reduction) these surrogate markers don't often work as well as we want them too.

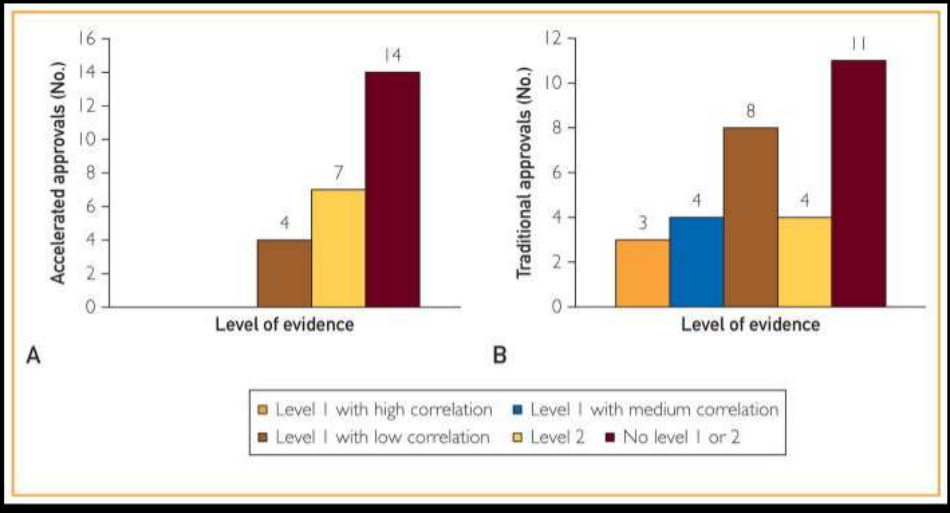
That's just me with my opinions of how the world works. Let's look at how well these surrogate end markers and the drugs that move them work in the real world.

Vinay Prasad, assistant professor of medicine at Oregon Health & Sciences University found, "between 2008 and 2012 the US Food and Drug Administration approved most uses of cancer drugs without evidence of survival or improved quality of life (67%, 36/54). Among the 36 such approvals, only five (14%) uses were shown later to improve survival compared with existing treatments or placebo after a median of 4.4 years on the market."

In short, two thirds of oncology drugs were approved based on surrogates, yet future research showed only 5 of the 36 drugs had any survival benefit. He mentions another study in Europe where the numbers were virtually the same.

A later study found, "Between January 1, 2009, and December 31, 2014, the FDA approved marketing applications for 55 indications based on a surrogate, of which 25 were accelerated approvals and 30 were traditional approvals. We could not find any formal analyses of the strength of the surrogate-survival correlation in 14 out of 25 accelerated approvals (56%) and 11 out of 30 traditional approvals (37%)."

Look at that image. The FDA says it only uses validated endpoints in its normal approval process, or "reasonably likely surrogate endpoints" for accelerated approval products.



See this image and copyright information in PMC

FIGURE 2 The strength of evidence between a surrogate-survival correlation for accelerated (A) and traditional (B) drug approvals based on surrogate end points. Level 1 studies were scored based on a modification to criteria proposed by the Institute for Quality and Efficiency in Health Care: low correlation ($r \leq 0.7$), medium correlation ($r > 0.7$ to $r < 0.85$), and high correlation ($r \geq 0.85$). No level 1 or 2 means that we could not identify a single association study in the literature. Where multiple level 1 studies exist, the median r was used for scoring.

To me that would mean the orange and blue bars which are far and in between. Going with low correlation or no correlation does not make for a good surrogated. So it's no wonder this dismal track record is found.

They conclude, "Most new cancer drugs are approved on the basis of surrogate end points…The present study suggests that the use of surrogate end points for drug approval often lacks formal empirical verification. This practice should be reconsidered."
It seems that surrogate end markers have primarily been used in cancer. With Aduhelm, this likely marks the period when it starts being used for many other drugs.

Surrogate end markers, another way to pass off $cience for the medical industry and their revolving regulatory pals.

#98 The National Institutes of Health: Public Servant or Private Marketer?

Way back in issues #28 and #29 I showed previous pieces from David Willman reporting for the LA Times that the NIH was compromised, due to the changing of a rule regarding conflicts of interest by the then head of the scientific agency, Harold Varmus. In short, Varmus made it so that scientists could receive outside money from companies.

I just came across a follow-up piece by the same journalist that had such a great title, relevant to today, that I used it here: “The National Institutes of Health: Public Servant or Private Marketer?”

As discussed, Varmus went through the revolving door to become CEO of Sloan-Kettering. In his spot as head of NIH entered Dr. Elias A. Zerhouni.

Zerhouni was beset with controversies as this information regarding conflicts of interest came to light. He said it wasn’t a problem. He said they’d restrict such conflicts more so. In the end, he did relatively little to correct the problem.

Contrary to what Zerhouni said, the proof shows that NIH scientists were getting paid according to their specific duties at the NIH.

Focused on most in the article is Dr. H. Bryan Brewer Jr. who was a leader at the NIH. From 2001 to 2003 he received $114,000 in consulting fees from four companies who all made cholesterol medication. Dr. Brewer served on NIH’s National Cholesterol Education Program which issued guidelines for cholesterol in 2001. These guidelines called for the wider use of statin drugs.

Not disclosed at the time of the recommendations was that eight of the nine authors had financial ties to pharmaceutical companies that sold statin drugs. This recommendation was key to the now over $1 trillion in revenue that statins have made.

It was only when other doctors, such Dr. David L. Brown, chief of cardiology at the State University of New York called them out that financial disclosures were added to the recommendations. Dr. Brown said the NIH panel was “in the pocket of the drug companies.”

Too little, too late.

Most of these consultancy deals were kept confidential at the NIH, despite it being a public institution. Others were not even approved by the NIH. A report by the U.S. Office of Government Ethics “found that 40% of the 155 outside payments to NIH employees it sampled randomly had not been approved in advance or accounted for within the agency.”

Dr. Philip R. Lee, who served as an assistant secretary of Health, “Damn it, if you work for NIH, you’re not working for a drug company, you’re working for the public. When you have people who have a split allegiance, undisclosed to the public, to me it is just unthinkable.”

This piece even features Congressman Billy Tauzin who was chairman of the House Energy and Commerce Committee that was a one-time critic of these NIH deals. See #41 for how Tauzin flipped

sides and helped pass a Medicare bill that put more money in the pockets of the industry. As a reward Tauzin was hired by PhRMA, that industry's powerful trade group at a high salary.

But he's not the only one. "Rep. James C. Greenwood (R-Pa.), who led three hearings this year on NIH conflicts of interest, had criticized the agency for allowing its scientists to use 'a swivel chair' to make government decisions while taking drug company fees. In July, Greenwood announced that he would give up his position as chairman of the Energy and Commerce subcommittee on oversight and investigations and retire from Congress to become president of the Biotechnology Industry Organization — a group that urged policymakers this year not to prohibit NIH scientists from paid consulting deals."

Dangling carrots in front of your would-be enemies gives powerful incentive. This can help you win not just in that battle, but many battles to come as you've turned an enemy into a future ally.

What happened to Dr. Elias Zerhouni? If you have been following along you can take a guess…through the revolving door he went. In 2009 he became head of R&D of drugs and vaccines at Sanofi-Aventis. He also was appointed to boards of biotechnology and medical device companies. In addition, he stated the Zerhouni Group, which according to LinkedIn, "brings real-world experience, deep-content expertise, and creativity to our clients in Government, the Boardroom, and the Laboratory."

And of course, as all roads seem to point back here, Zerhouni worked for the Bill & Melinda Gates Foundation (as has Varmus).

The current head of the NIH, Francis S. Collins became the head after Zerhouni. The conflicts of interest covered in the ethics of the NIH has not really changed in all this time.

#99 Vaccines and Billions in Profits

I got into a debate with a friend recently. He stated one of the myths that the PR people are pharmaceutical firms work hard to seed into people's heads (that's why they're paid handsomely for their efforts).

"When it comes to pharmaceutical companies making the coronavirus vaccines, these are not big money makers for these corporations. The vaccines are free to us. If it was about profit, they wouldn't waste their time with vaccines."

Let's lay to bed once and for all this fallacy.

They're raking in billions. Just because they're free to us, doesn't make them free. The government is paying for it, which amounts to you and I paying for them through taxes and hidden taxes, aka inflation today especially through money printing.

The New York Times reported Pfizer making "hundreds of millions" in profit from the $3.5 billion in revenue from its vaccine.

CNN Philippines reported that these vaccines had made nine new billionaires. They wrote, "BioNTech, which received €325 million ($397 million) from the German government for the development of the vaccine… BioNTech made a net profit of €1.1 billion ($1.3 billion) in the first three months of the year, largely thanks to its share of sales from the Covid-19 vaccine, compared with a loss of €53.4 million ($75.9 million) for the same period last year."

"Moderna's Covid-19 vaccine sales hit $1.7 billion in the first three months of this year." This is Moderna's first and only product ever to be in the marketplace.

What's more, "Goldman Sachs expects Moderna to make $13.2 billion in Covid-19 vaccine revenue in 2021."

That's pretty great especially when you consider most of the technology that went into that product came from public funding. The NIH (you know our main scientific institution that has conflicts of interest as discussed in the previous issue) has an economic stake in this vaccine doing well.

Even one's like J&J that are giving them at cost right now are looking at future earnings as this is most likely going to be a yearly shot like the flu vaccine.

But let's rewind in time a little bit.

Here's a fun projection from a WHO report by Senior Advisor and Health Economist Miloud Kaddar on "Global Vaccine Market Features and Trends"

The vaccine market "Tripled in value from USD 5B in 2000 to almost USD 24 B in 2013. Global market projected to rise to USD 100 B by 2025." At that time there were more than 120 products in the development pipeline.

Specifically, vaccines are "becoming an engine for the pharmaceutical industry" with a "new business model emerging".

A growth factor for the vaccine market is "Higher prices, improved profitability for the industry (blockbuster vaccines)" with a blockbuster being a pharma term for any drug that makes more than $1 billion a year.

Here's a quote from The Warren Buffett Stock Portfolio by Mary Buffett and David Clark. Do you believe that Warren's daughter-in-law might know a thing or two about profits?

"The vaccine business is particularly attractive because an individual shot (or jab) costs GSK [Glaxo Smith Kline] approximately $1.50 to manufacture and it sells to national vaccine programs for approximately $9 a shot...a very healthy profit margin that improves with each and every new disease that the company develops a vaccine for. Consider this: GSK's profits rose 10% with the 2009 Swine Flu outbreak."

Yes, the drug companies do make more off of other drugs in comparison. But that's now. With liability free products we can clearly see why there's more incentive for the companies to expand in this area.

When I presented this irrefutable evidence that vaccines were profitable, my friend wouldn't admit it, just switching gears.

"Companies that create vaccines should get paid. Why not?"

No, I don't have a problem with companies profiting. My own companies seek a profit too. But I do have a problem if companies use those profits to influence politicians, journalism and the scientific process itself to do so.

#100 Zip Code vs Genetic Code

Can we call genetic determinism dead and move on yet? Please?

I was reading Bessel Van Der Kolk's The Body Keeps the Score and the following quote stood out to me. (Fantastic book by the way if you're interested in trauma and healing at all.)

"In today's world your ZIP code, even more than your genetic code, determines whether you will lead a safe and healthy life."

How much money has been spent on genetic research?

How much more money is being spent on high-tech gene therapies today?

And yet your zip code is a better indicator of health.

This isn't to say genetics aren't important at all. They are useful. I've looked at my genes and learned some things that I found useful for my health.

But I also know my zip code…95062.

And I'm blessed! As it turns out far more by that zip code then by my genes!

This doesn't simply mean you should move in order to get healthier…though that can be considered.

Instead, it shows just how much environment (physical, cultural, social, economic, etc.) impacts your health.

Much more so than genes do.

This means that if we spent money on healing the environment (again physically, culturally, socially, economically, etc.) we've be getting a bigger bang for our buck than the billions spent on genetics.

Another simple example. How tall will you be? Statistically, a tape measure of your two parents tells you far more than anything in your entire genetic code.

A paper titled “An epigenetic ‘smoking gun’ for reproductive inheritance” states that “98% of the inherited human diseases are unaccounted for by Mendelian genetics.”

There are a couple of diseases that are the result of a genetic mutation. This is literally a handful. Everything else, while influenced by the genes, is influenced even more so by other factors. That paper shows how maternal smoking influences disease…in granddaughters and grandsons.

Epigenetics is basically encoded environment.

Your genes being the most important aspect of your health is a falsified idea, a thousand times over.

Yet, we keep at it. The promises are ever in the future. CRISPR will save us! Scientists hope it can be used to remove HIV and cancer. Use of this technology is finding that cutting and pasting genetic code in one place is creating “collateral damage” and that “that huge chunks of DNA were unintentionally being deleted, rearranged and otherwise mutated so severely that cells lost function in about 15 percent of cases.”

Forge ever ahead. We need “information therapy” for “rewriting the genetic code” and “hacking the software of life” as described by Dr. Tal Zaks of Moderna in a 2017 TedX Talk.

A lot of debate has occurred over the mRNA vaccines on whether or not they alter your DNA. Even if they don’t, the fact is that DNA vaccines that do are being developed.

It’s science, they claim.

No, it’s technology and that’s different. If we looked at the science of public health, we’d find that your zip code matters much more than your genetic code.

Based on how little all this genetic research has delivered to our health, do you think it is worth pegging everything on continuing down this path?

Or might we switch gears and see that there are other routes that deliver better results for far cheaper?

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About the Author

Born without genetic gifts, a weak and scrawny Logan Christopher sought out the best training information in his pursuit of super strength, mind power and radiant health. Nowadays, he's known for his famous feats of pulling an 8,800 lb. firetruck by his hair, juggling flaming kettlebells, and supporting half a ton in the wrestler's bridge. Called the "Physical Culture Renaissance Man" his typical workouts might include backflips, freestanding handstand pushups, tearing phonebooks in half, bending steel, deadlifting a heavy barbell, or lifting rocks overhead.

Far from being all brawn and no brain Logan has sought optimal performance with mental training and sports psychology which he has explored in depth, becoming an NLP Trainer, certified hypnotist, EFT practitioner and more. That's also how he got started in the field of health and nutrition which inevitably led to Chinese, Ayurvedic and Western herbalism.

His personal philosophy is to bring together the best movement skill, health information, and mental training to achieve peak performance. He is the author of many books and video programs to help people increase their strength, skills, health, and mental performance. Discover how you too can become super strong, both mentally and physically, at www.LegendaryStrength.com and find the superior herbs to support all aspects of your performance at www.LostEmpireHerbs.com.

Books by Logan Christopher

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- Mental Muscle
- The Master Keys to Strength and Fitness
- Deceptive Strength
- The Indestructible Body
- Practicing Strength and Movement
- The Ultimate Guide to Handstand Pushups
- The Ultimate Guide to Pullups and Chin-ups
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- Secrets of the Handstand
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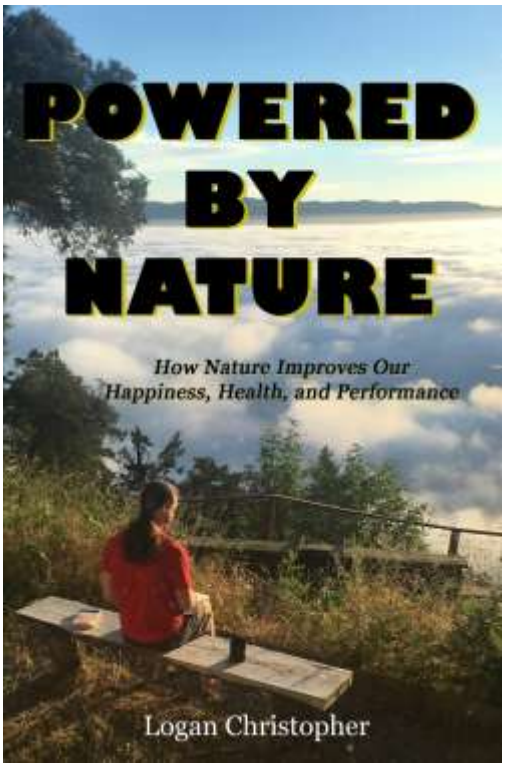

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