

New Data Exposes the Corruption Behind the COVID Response

It's time for COVID accountability so this can never happen again



A MIDWESTERN DOCTOR

NOV 12, 2024



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COVID-19 was arguably the worst public health disaster in history, and as more and more are now realizing, most of that could have been prevented if the medical industry had been less greedy throughout the pandemic and not put profits before people. Because of this, the unconditional trust the industry made enormous investments to create and has relied upon for decades has been shattered (e.g., a [large JAMA study](#) of 443,445 American adults found that in April 2020, 71.5% of them trusted doctors and hospitals while in January 2024, only 40.1% did)

Over the last month, I have received a large number of requests to highlight some of the egregious conduct by our healthcare authorities throughout the pandemic. At the time, it did not feel like the correct time to publish it, but now it does (e.g., something can be done about it).

In this article, I would like to focus on a few critical areas that need to be exposed as we begin exploring the topic of COVID accountability—one of the key issues the Trump administration and the courts will have to address in the near future.

Journal Racketeering

When RFK Jr. was running for president, he stated he would prioritize addressing the widespread corruption in medical journals (where pharmaceutical companies bribe them to publish favorable literature) by threatening to go after them with racketeering charges unless they divorced themselves from the pharmaceutical industry:



While this has been a longstanding problem, it got far worse during COVID-19 as we repeatedly saw academic journals publish non-sensical studies that were used to shut down any competing COVID-19 therapies (e.g., the Lancet published a study that “proved” hydroxychloroquine was killing people which resulted in a global suspension of hydroxychloroquine trials—but almost immediately, the study was proven to be a hoax as the dataset it claimed to have had many signs of fraud and could have never been obtained, [resulting in the Lancet eventually having to retract it](#)).

As Pierre Kory has meticulously documented, this journal corruption resulted in:

- A continual stream of *doctored* articles in the top of medical journals “debunking” the use of ivermectin in COVID-19—all of which were widely sensationalized in the media.
- Medical journals refusing to publish anything suggesting the COVID-19 vaccines were dangerous and papers that somehow made it through then being retracted.



Pierre Kory's Medical Musings

Medical Journal Censorship Is The Proximate Cause of the Covid Vaccine Catastrophe

In this post, I want to further the historical record of massive censoring actions by medical journals on the unprecedented adverse vaccine data of the Covid vaccines. A Midwestern Doctor, my colleague and friend, has done a masterful job of detailing that history in regard to...

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- Additionally, scientific journals would publish highly misleading presentations of private data sources which were used to claim the vaccines were safe. The best example of this was the CDC's V-Safe data. This app was created to track the symptoms of vaccine recipients so their safety could be accurately researched, but then was never made public (until ICAN obtained it through lawsuits). Beyond the FOIA database [showing the vaccines were extremely harmful](#), we also determined that [the Lancet study](#), which was based on its data and used to prove the vaccines were "safe" was highly misleading and did not accurately present the V-Safe data.

Note: much of this censorship was made possible by the fact PubMed (the primary tool most scientists and doctors use to search the medical literature) has the discretion to choose which journals to index, and as a result, those willing to publish controversial research are not indexed and hence never seen (e.g., a clinical trial [on COVID-19 shedding](#) was done which demonstrated vaccinated individuals could harm unvaccinated people in their vicinity, but despite a year of work, that team still hasn't been able to get their study published in an indexed journal, so as a result there is "no evidence" shedding exists). For this reason, in addition to RFK's racketeering proposal, I believe a mechanism needs to be implemented to ensure that "politically incorrect" journals can be protected from PubMed censorship.

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Regulatory Corruption

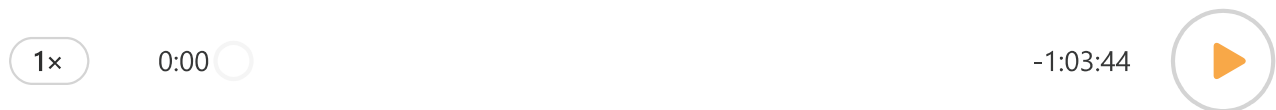
Throughout COVID-19 we've seen numerous red flags about the danger and ineffectiveness of the COVID-19 vaccines. Yet, regardless of the data or [how much the vaccines fail to live up to their promises](#), the FDA and CDC keep on approving and then mandating the vaccines while insisting they are safe and effective. This has made many suspect those agencies are corrupt, particularly since:

- The government accountability office interviewed employees at these agencies [who stated that](#) political interference caused their agencies to adopt policies that went against scientific evidence during COVID-19.
- [Leading scientists in the FDA's vaccine approval division resigned](#) as a result of being pressured by the Biden administration to approve an unnecessary COVID-19 booster.
- For the last three years [Steve Kirsch](#) (and others like [Clare Craig](#)), on record, have repeatedly tried to force the CDC and FDA to look at data disproving their claims the vaccines were safe and effective, but in each case their data was dismissed or ignored.
- One of the most telling stories came from Brianne Dressen, an AstraZeneca vaccine trial participant who was severely injured by the vaccine and then permanently abandoned by both AstraZeneca and the FDA (which led to her founding [React19](#), one of the only groups advocating for COVID-19 victims).

Originally when Dressen was injured, the NIH and the FDA were highly interested in what happened to her and wanted to help, but once they realized the scale of the injuries

the vaccines had caused, they switched to trying to sweep everything under the rug and deny that people like Dressen existed (e.g., the NIH [delayed publishing a study](#) which they had promised to because it showed the vaccines indeed caused neurological injuries).

Recently, I found a recording of one of React19's conversations with the FDA, which included Peter Marks, the director of the FDA's Center for Biologics Evaluation and Research (hence making him the individual responsible for vaccines and gene therapies). There, he repeatedly showed "empathy" for those who the COVID vaccines had severely injured, but simultaneously used every excuse imaginable to say there was not enough evidence to suggest a safety signal indeed was there.



I found this conversation noteworthy since it highlighted the behavior the FDA has demonstrated for decades, as while what Peter Marks said sounded "nice and appropriate on the surface," he was:

- Creating a series of impossible benchmarks that could never be met to determine that the vaccines were harmful.
- Did not seem particularly concerned about the fact that many of the individuals had been bankrupted by their injuries and could not get compensation because "there's no evidence the vaccine causes those side effects."

Note: Marks has also repeatedly ignored Steve Kirsch's requests to look at data that clearly demonstrated the COVID-19 vaccines were killing large numbers of people.

- Kept on stating that more research needed to be done and that the FDA and the NIH were working on it (which in FDA speak means **it will never get done**).

Note: this is somewhat analogous to how [the FDA repeatedly told Congress](#) they were not biased against DMSO, were eager to process any DMSO drug applications, and would do so in the near future, but simultaneously refused to have a different committee (rather than the one that had

already rejected each application) evaluate those applications. As you can imagine, decades passed, [and this never happened](#).

- Refused to ever stipulate what criteria needed to be met for a complication to be associated with the COVID vaccine (or define what “rare” meant), instead always saying it was someone else’s decision (e.g., their statistician who did not find the evidence strong enough).
- Was **not** familiar with much of the current literature on the evidence of the harms of the vaccine.

Note: in the DMSO saga, a journalist [who interviewed each successive FDA commissioner](#) was astonished by how little knowledge each successive FDA commissioner had about the toxicity of DMSO despite it being by far the most controversial drug in America.

Germany’s Regulatory Leaks

Recently, Germany’s RKI (which is essentially their combination of the FDA and CDC), who had continually promised to release their COVID-19 documents (but always heavily redacted them), had 10GB of internal data leaked by a whistleblower.

As this press conference shows, the leaks (which independent analysts have been going through for the last 4 months) essentially confirmed what many of us suspected about the COVID-19 response:



For example:

- At the time the lockdowns were implemented, [RKI leaders knew the seasonal peak in respiratory illness was on its way out](#). However, in their internal communications they stated: “You can see that the curve is slowly leveling off, but we should avoid drawing attention to this in our external communications, to encourage compliance with measures.” Likewise, [they also believed](#) COVID-19 was less dangerous than the flu and that there was no justification to keep children out of schools.

This meant the lockdowns were utterly unnecessary (as COVID would disappear on its own) and that the immense social and economic harm the lockdowns caused was societal sabotage.

- [They knew](#) there was no point in doing mass testing of asymptomatic individuals (as all this accomplished was drumming up fear about COVID-19 and wasting money on tests—which in America became a multi-billion dollar boondoggle).

Note: Scott Atlas MD repeatedly tried to convince the Whitehouse COVID task force of this same point, [but was constantly shut down by Deborah Birx and Anthony Fauci](#).

- Since there were no justifications for giving the vaccines to children (and many groups

were opposed to them), the [RKI put a lot of work into finding ways to effectively market them](#) (and dishonestly downplay the severity of the vaccine reactions). Given that the COVID vaccines have significantly injured (or killed) large numbers of children who were never at risk from COVID-19, this is also a critically important point going forward.

- The RKI knew there was never any evidence to support the vaccine mandates, as contrary to what they told the public (like the CDC), they knew vaccines did not prevent transmission.
- [They knew](#) their mask mandates were nonsensical and had the potential to make things worse.
- The German political leadership repeatedly pressured the RKI to do things it did not believe were scientifically justified during the COVID response. Likewise, documents also show there was international pressure (e.g., from France's president and NATO) to do so, again illustrating this was a globally coordinated effort.
- The courts have begun to recognize the testimony the health agencies gave in support of government overreach was invalid, as internally the agencies did not support what the government was telling them to publicly support (e.g., [a top RKI official admitted this in court](#)). This **will be an immensely important point going forward** as we search for COVID accountability and reestablish the separation of powers that our liberty and freedom depend upon.
- When the vaccines failed to work during the seasonal winter wave of respiratory illness in the winter of 2021-22, despite being aware of this vaccine failure, [the RKI chose to side with the government](#) and support the narrative that the winter wave of death was due to the unvaccinated.
- [They knew](#) as early as January 2021 of cerebral venous sinus thrombosis as a life-threatening complication of the AstraZeneca clot shot but 'forgot' to inform the public about this.
- The RKI repeatedly sided with the government because they feared being bypassed and becoming irrelevant.

- The testing requirements given to the unvaccinated to enter Germany [had no scientific basis](#) and were purely political in nature.
- [The COVID-19 tests were highly inaccurate](#), so there was no justification in using them.
- RKI repeatedly wanted to downgrade the risk of COVID, [but was politically pressured not to and did not](#), hence prolonging the hysteria about the virus—something not that different from how, during Bush’s presidency [we constantly had notifications it was a red or orange terror alert day](#) despite no attacks ever happening (which is one of the many reasons why we believed COVID-19 was equivalent of the “Democrats War on Iraq”).
- There was strong political pressure (globally) to delay the approval of the COVID-19 vaccines until after the 2020 election. For context, during the pandemic, whenever Trump tried to propose any solution to COVID-19 besides a vaccine (e.g., hydroxychloroquine) [both the mass media and the FDA sabotaged it](#)—which was abhorrent as using repurposed drugs was always the only possible way to address the pandemic.

Trump nonetheless agreed to those rules (as he did not understand how unscrupulous these people were) and conducted a massive federal program to accelerate the development and deployment of the COVID-19 vaccines. However, at the last minute, Pfizer and the FDA delayed their approval until just after the election to destroy Trump’s chances of winning. This likely would have become forgotten history, but since Trump won 2024 with a coalition which wants to hold both the FDA and the pharmaceutical industry accountable for what they’ve done to the world, those previous actions in the 2020 election have nullified their ability to lobby the Trump administration to protect them. **This point is really important** and must not be forgotten in the coming days as fights over the future of the FDA break out.

Note: these RKI files are discussed further by three prominent Substack journalists [here](#), [here](#), and [here](#).

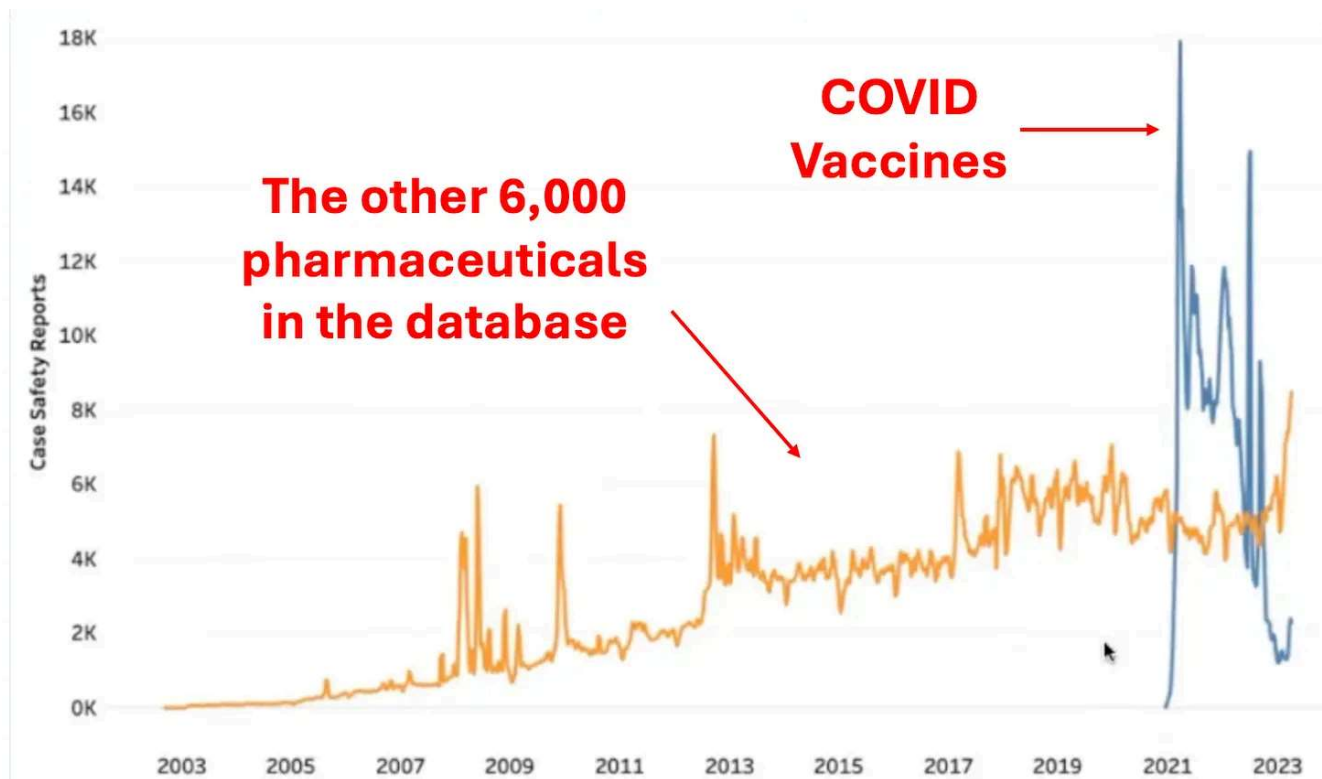
Vaccine Safety Database Corruption

Many people do not know that VAERS was created as part of the political compromise that created the 1986 Vaccine Act (which granted legal immunity to the vaccine manufacturers). [The specific rationale](#) for demanding the creation of VAERS was that doctors refused to report vaccine injuries, which regulators and drug companies then used to claim there was “no evidence of vaccine harm,” so a publicly accessible database to which anyone could submit reports to was needed. As a result, the medical establishment has continually tried to undermine VAERS (e.g., by chronically understaffing it). Still, it has been forced to keep it in place ([although reports often don't get processed into the system](#) and sometimes illegally get deleted).

Once COVID started, VAERS did what it was supposed to do. It not only showed that the COVID vaccines were incredibly dangerous but also revealed a variety of subtle patterns in the vaccine injuries that researchers were able to replicate in other vaccine adverse event databases. Nonetheless, the FDA and the CDC ignored all of that ([in a manner almost identical to what they did a decade before](#) with the previous “most dangerous vaccine” Gardasil).

While similar issues occurred in other countries, since the laws requiring the databases weren't as stringent, some rather concerning details occurred in Europe that investigative Substack journalist [Sonia Elijah](#) recently shared with me. Specifically:

1. The EMA (Europe's FDA) adverse event reporting system portal is designed to make it impossible to pull significant amounts of data from it. Recently, [a researcher figured out how to bypass this restriction](#) with a programming script, and discovered far more adverse reactions had been reported for the COVID-19 vaccines than every other pharmaceutical product combined.



It also showed:

- [That since 2023](#), there has been an explosion in reports of two drugs (Keytruda and Inflectra), one of which is used for challenging cancers and one which is used for challenging autoimmune disorders. This in turn, suggests the COVID-19 vaccines led to an increase in their use, particularly since the diseases they treat are [some of the most commonly reported side effects of the vaccines](#).

- The most commonly reported side effect of the COVID vaccines was...COVID-19—which as I discussed in a recent article, is also what we've observed (and [what has been seen in other databases](#)), and I believe is due to the COVID-19 vaccine causing immune suppression, which causes a latent COVID-19 infection. This is particularly frustrating since the default way to cover up vaccine side effects is to attribute them to COVID-19 (e.g., in the COVID vaccine trials, the injuries were attributed to COVID-19 even when the individual tested negative for it and in the meeting I shared above, Peter Marks insisted that the MISC which occurred 1-2 days after vaccination was more likely to have been due to COVID infections that had happened months beforehand).

Note: disease provocation is a longstanding problem with vaccines (e.g., it [was well recognized to](#)

[cause polio and typhus](#)), and was best demonstrated with the HPV vaccine ([as it made existing HPV infections much worse and more likely to become cancerous](#)).

- The EMA's data showed heart attacks were one of the most common adverse effects of the vaccine, but unlike pericarditis and myocarditis, they never made it onto their warning labels.

2. In December 2021, [a Dutch member of parliament](#) called for an investigation into the excess deaths that were occurring in the Netherlands (as there was a Dutch database that could assess this), and it was unanimously accepted in parliament. However, the Dutch government chose to defy their parliament by stalling the request and, as forensic investigators recently discovered, by simply deleting the data.

In the process of the government's decision to transfer all the Covid vaccination records to the Dutch Statistics Bureau, over 870,000 records were systematically deleted of people who had received their first dose of a Covid vaccine and subsequently died or emigrated (between the period of January 2021 and January 2024).

3. After this shocking discovery, [the same methodology was applied to the EMA's database](#) (made available through the script), where it was discovered that 40% of the serious case safety reports (e.g., hospitalization and death) from the Covid vaccines from October 2021-November 2022 had been removed from the European Medicines Agency's database (whereas reports for no other pharmaceutical had been tampered with). Furthermore, many case safety reports were retroactively modified after their data lockpoint (which was not supposed to happen).

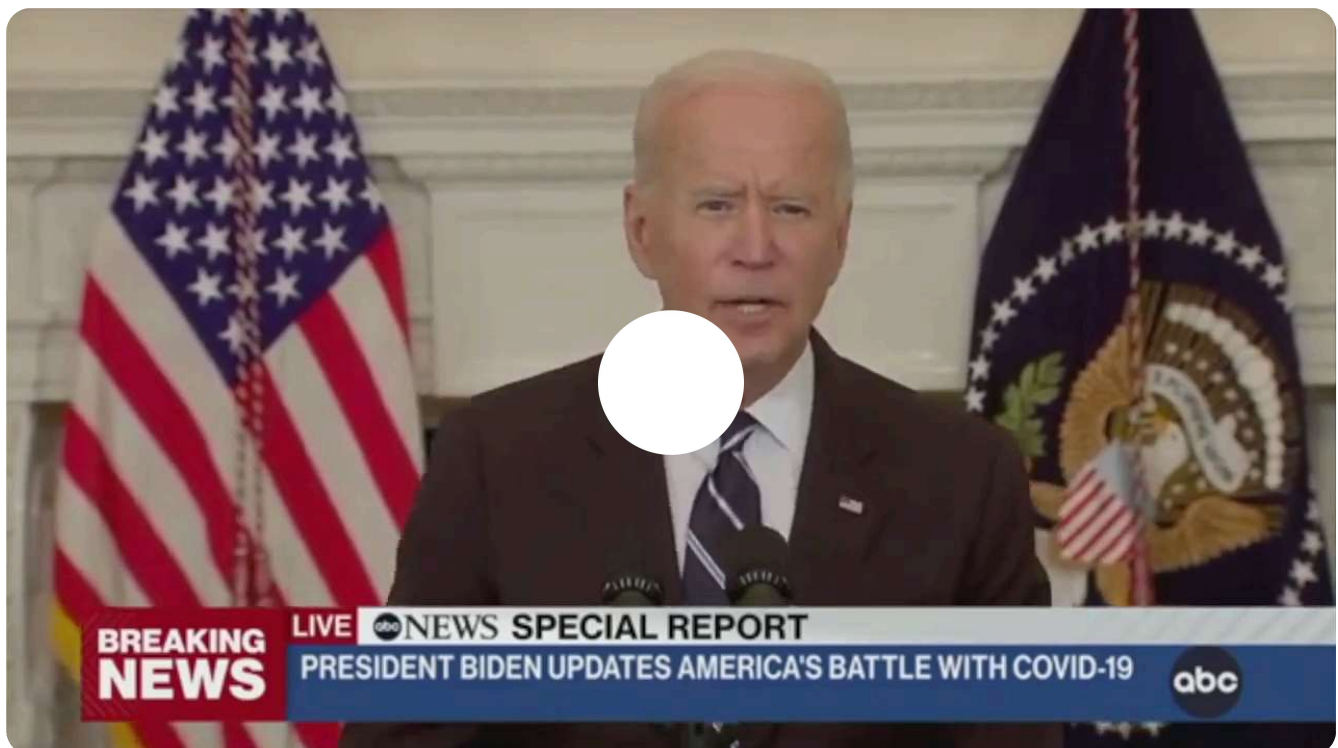
Vaccine Discrimination

One of the more disturbing aspects of the COVID vaccine marketing scheme was that it encouraged inciting hatred towards the unvaccinated to pressure them to vaccinate so they would not spread COVID-19. This of course, didn't make sense as beyond it being clearly known by January 2022 that [the vaccines not preventing transmission in the first place](#) (and arguably [making one more likely to spread COVID-19](#)), the argument

invalidated the justification for the vaccines in the first place (as how can they “work” if they don’t protect you from someone who is unvaccinated).

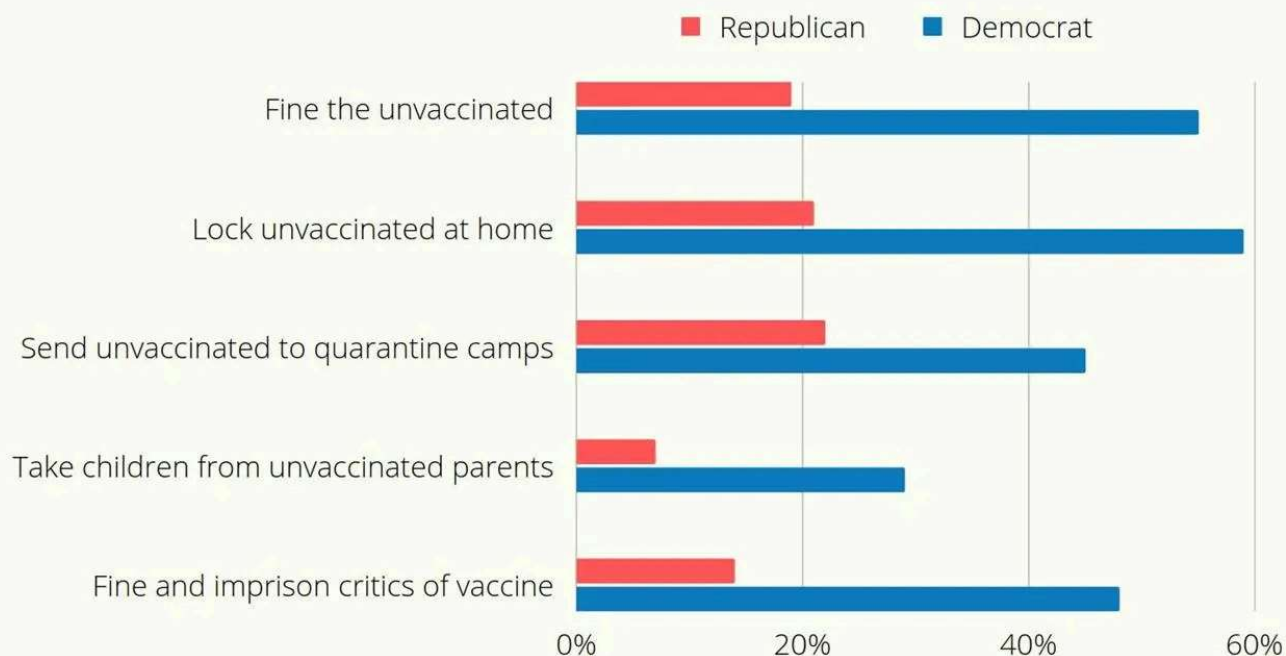
Sadly, since most propaganda is based on emotion rather than logic, this logical contradiction didn’t matter (and in fact had been beta-tested with the pertussis vaccine as grandparents had been told they could not visit their grandchildren without vaccinating—despite the pertussis vaccine being unable to prevent transmission).

This really kicked into gear [on 9-9-21](#), when due to lagging vaccine sales, Biden ramped up the marketing campaign by declaring the unvaccinated a danger to society and the enactment of his illegal mandates (which he justified with numerous “facts” [which were known to be false at the time he gave the speech](#)). Many of us were horrified by this speech as it contained the same type of language that has been used to enact horrific policies against “undesirable” groups throughout history.



Sadly, this ploy not only worked (forcing many of us to either be fired or injured from a vaccine they needed to take so they could put food on the dinner table for their families), but also incited widespread hatred against the unvaccinated (e.g., [doctors refused to provide essential care to the unvaccinated](#)).

Democrats in January 2022



Source:

https://www.rasmussenreports.com/public_content/politics/partner_surveys/jan_2022/covid_19_democratic_voters_support_harsh_measures_against_unvaccinated

COVID Vaccine Trials

Since clinical trials are so expensive to conduct, pharmaceutical companies are incentivized to protect their investment by exaggerating efficacy and covering up side effects—particularly because they are never reprimanded for doing so (e.g., recently I discussed [the almost horrific degree of clinical trial fraud](#) that successfully concealed how incredibly dangerous the HPV vaccine was). The most egregious examples I've seen of this are:

- [Multiple whistleblowers](#) (and examinations of the trial reports themselves) have demonstrated that the trials were not blinded.
- [Vaccinated patients who had COVID-19 were often not PCR tested](#) for COVID-19 (which invalidated the entire point of the trial as the vaccine's efficacy was based upon not having a positive PCR test for COVID-19).

- Many individuals who were seriously injured by the vaccines [were told their injury was unrelated to the vaccine](#), denied medical care for the injury, and then had it written up as a benign symptom (e.g., “functional abdominal pain” rather than permanent disability or “lymphadenopathy” rather than T-cell Lymphoma) even when outside (pro-vaccine) doctors agreed it was conclusively linked to the vaccine. Likewise, [a trial investigator](#) testified that adverse reactions in the vaccinated were deliberately not reported.

Remarkably, despite numerous trial participants and trial investigators complaining to the FDA about this ([with proof of the accusations](#)), the FDA did nothing except notify Pfizer about [the whistleblower](#) (who was then promptly fired). She has since engaged in a protracted lawsuit against Pfizer for fraud against the United States (which the government sadly has resisted).

The clinical trial fraud is particularly important, as that data was what convinced doctors and lawmakers around the world that the vaccines were indeed safe and effective, gaslighting those who reported injuries and blatantly discriminating against the unvaccinated.

COVID Lawsuits

As the public realizes the vaccine mandates were a case of vast governmental overreach and not legal, there have been increasing pushes for litigation (e.g., [multiple conferences have been held](#) to create the framework to hold accountable the organizations who pushed the mandates).

Gradually, those lawsuits have begun to succeed—which is important as each one sets a precedent for others. For example:

- [On January 13 2022](#), the US Supreme Court ruled that Biden’s workplace vaccine mandate was illegal. For reference, this mandate was justified by OSHA’s responsibility to protect workers from workplace hazards and the COVID-19 vaccine preventing transmission—when in reality, they not only didn’t but were the most significant workplace hazard American workers have faced in history.

Biden's Vaccine Mandates

Age	Q2 2021	Q3 2021	Q4 2021	Q1 2022
0-24	119%	127%	110%	91%
25-34	131%	178%	131%	125%
35-44	133%	200%	156%	136%
45-54	119%	180%	151%	143%
55-64	114%	153%	141%	137%
65-74	108%	131%	125%	122%
75-84	106%	119%	121%	121%
85+	92%	104%	105%	103%

Excess Mortality by Age

- [On October 24, 2022](#), the New York Supreme Court reinstated (with back pay) roughly 1,700 city workers who had been fired for not vaccinating because the COVID-19 vaccine did not prevent transmission, and there hence was no justification for firing them.
- In [July 2024](#), the military settled a class action lawsuit with 36 members of the Navy's Special Warfare community who had been discharged for not vaccinating.

Note: on [August 21, 2024](#), Trump pledged to reinstate members of the military who had been discharged for not being vaccinated with back pay.

• In 2021, BART (a San Francisco Bay Area public transit system), voted 8-1 to institute a vaccine mandate for their employees—despite it being known at the time the vaccine was not effective in preventing transmission and that it did not cover the circulating strains. As a result, employees with religious exemptions to vaccination were fired rather than being given an accommodation. Six of them sued, and on [October 25, 2024](#), a Federal Jury unanimously sided with the terminated employees, collectively awarding them 7.8 million dollars. I asked Yale epidemiologist Harvey Risch (who testified as a witness at the trial) for his commentary on it, part of which was as follows:

Thus in retrospect, as I had discussed in my testimony as an epidemiology expert for plaintiffs in the BART case, the jury appears to have eventually appraised the circumstances accurately: the small numbers of religiously exempted employees did not pose a major infection transmission risk in comparison to the large BART workforce or to the even larger BART ridership—patrons who themselves were not required to be vaccinated in order to ride the BART trains.

In the case initial verdict form, the jury unanimously concluded, for each of the six plaintiffs, in response to the question, “Has BART proven that the plaintiff could not be reasonably accommodated without undue hardship?” they wrote, “NO, not proven by BART.” That is, the fact that such individuals “could” pose infection transmission risks, did not establish an undue hazard that they “would” pose infection transmission risks. According to the rules laid out by the EEOC, rationality prevailed over fear in this case. One hopes that this legal precedent informs the many similar cases pending, of employees, students and service members irrationally and unjustly terminated because of fear, not evidence.

His full summary of the legal events (which are pertinent for anyone else in a similar situation) are attached below:



The Triumph of Rationality Over Fear-Harvey Risch,
MD, PhD
570KB · PDF file

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• In August 2023, a Blue Cross Blue Shield employee sued them for denying her (valid) religious exemption to the COVID-19 vaccine and then terminating her (as she would not vaccinate). On [November 8, 2024](#) a federal jury sided with her, awarding her 12.7 million in damages.

Note: there are also larger lawsuits occurring (e.g., from state Attorney Generals) that are seeking criminal penalties against those complicit in enacting the disastrous COVID-19 policies.

Presently, much of what's happening is occurring in the background, so many are not aware of these lawsuits.

Vaccine Exemptions

One of the fascinating things about our era is how often the abhorrent actions of Nazis and Hitler are cited to justify a political stance (e.g., not electing Trump) by people who engage in activities quite similar to what were seen in Nazi Germany. For example, [in a previous article](#), I highlighted how the (sometimes lethal) medical discrimination the unvaccinated faced was quite similar to what the Nazis did to their Jewish citizens.

One central question which always comes up in these discussions is if an individual would have been willing to take on the personal risk of hiding those the Nazis targeted in their house or would have ratted out a neighbor who did just that. Regrettably, I have come to conclude that the people who are the most outspoken about doing the former (hiding them) in reality may have done the latter (reporting them).

For instance, during COVID-19, Harris's running mate Tim Walz [set up a hotline](#) where neighbors could report neighbors who violated his lockdowns ([who could then face fines or jail time](#)), and [thousands of reports were received](#).

This understandably put ethical doctors in a challenging situation—giving the vaccine violated every oath they stood for, but failing to do so opened them up to severe professional consequences. For example, to lay the stage for the mandates, [California pioneered a strategy](#) of mandating vaccines in schools unless the child had a medical

exemption and then making doctors who wrote “inappropriate” medical exemptions immediately lose their medical licenses, creating a climate of fear where ethical California doctors were not willing to write medical exemptions.

Note: since all vaccines are “safe and effective” any medical justification for an exemption will always be rejected. To illustrate, I had a friend who had a previously documented life threatening anaphylactic reaction to PEG, but nonetheless was not exempted from the PEG containing COVID vaccines. Likewise, I had a friend who had an anaphylactic reaction to the first COVID vaccine and was not exempted from the second one (keeping in mind that previous anaphylactic reactions are one of the only recognized contraindications to vaccines). Worse still, I heard of a patient who was hospitalized at a California ICU from vaccine myocarditis. Still, no doctor there was willing to take on the risk of writing a workplace exemption from the second vaccine.

As a result, many healthcare workers felt they were ethically compelled to write fake vaccination cards, either for their immediate peers (a lot of healthcare workers got fake vaccines) or for their patients. In a few cases however, they got caught (e.g., [a data-entry specialist was sentenced](#) to three years probation for inputting false vaccination records for 14 state employees).

In one of the most well-known ones, a German nurse [was suspected](#) to have injected roughly 3,600 people with saline rather than the vaccine, and ultimately [was able to avoid criminal penalties](#) (e.g., jail time) for doing so. What I found particularly interesting about this case was that healthcare authorities urgently instructed those who had received the saline shots to immediately be vaccinated so they could be protected from dying from COVID-19, but “a spokesperson for Lower Saxony's health ministry [said] there was no indication that severe COVID-19 infections occurred as a result of saline injections.”

Another individual, Dr. Michael Kirk Moore is a 59-year old Utah plastic surgeon (along with 3 co-defendants who assisted with the process), at the behest of the CDC, was charged with defrauding the government because his team allegedly:

- Disposed of more than \$28,000 worth of government-provided coronavirus vaccines.

- Administered saline shots to minors – at the request of their parents – so children would think they were receiving a COVID-19 vaccine, ultimately producing at least 1,937 doses worth of fabricated CDC COVID-19 vaccination record cards.
- Charged a small fee for many of these cards (e.g., 50 dollars being donated to a health freedom charity—which for context is less than the process would have costed his office to do).

Dr. Moore currently faces 15 years in prison and has attempted to get the charges dismissed by arguing he could not ethically give the vaccines to children (thereby invoking the [necessity defense](#)) and that the State of Utah (which has not sanctioned Dr. Moore) rather than the Federal government had the jurisdiction to charge Dr. Moore.

Unfortunately, on October 14, a judge rejected those arguments, and the case is now moving to trial. I reached out to Dr. Moore to ask him about his case. He emphasized to me that he was placed in a challenging situation but chose to do it (at great personal risk and significant financial cost—as he lost money on each vaccine card given) because he felt it was a grave violation of his medical oath to give this vaccine to children who had significant risk and no benefit from receiving it.

Dr. Moore's case again illustrates how hard the current medical system makes it for doctors to do the right thing (unless it's done covertly for their colleagues), and it is my sincere hope that increasing awareness of the harms and lies surrounding the COVID-19 vaccine will motivate the incoming administration to drop these charges.

Conclusion

Typically, two things can create change within the American political system— new laws being passed or punitive lawsuits, which cause governments and businesses to implement policies and procedures to prevent them from happening in the future.

I feel incredibly hopeful both of these will happen in the near future, and it is my intention to do what I can to push for their implementation. However, I also believe a somewhat unique opportunity exists to do significantly more now.

For example, every person I've talked to in the financial and pharmaceutical industries has said that the only thing that really deters criminal behavior is the real threat of criminal prosecution (e.g., going to jail). Typically they will only bend the rules to the point they are afraid a real risk of criminal prosecution exists. As such, one pharmaceutical executive was quite explicit with me—unless criminal penalties are put on the individuals in the industry, this behavior will never stop. In almost all cases, this is never on the table (as the corporate structure is designed to shield its members from prosecution). Still, I believe the current political climate makes this possible. Consider for example, how many people saw [this recent post](#):



KanekoaTheGreat ✓
@KanekoaTheGreat

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Between 2006 and 2019, 9 out of 10 FDA commissioners went on to work for the pharmaceutical companies they were in charge of regulating.

Approximately 65% of the FDA's drug review budget comes directly from the pharmaceutical industry.

Americans are the sickest people on the planet, and our health agencies are blatantly compromised.

RFK Jr. and the MAHA movement will benefit Republicans, Democrats, Independents, and all people on the planet.

Mark McClellan
On the left is the former FDA commissioner in charge of regulating Johnson & Johnson. On the right is a current member of the Board of Directors of Johnson & Johnson.

Scott Gottlieb
On the left is the former FDA commissioner in charge of regulating Pfizer. On the right is a current member of the Board of Directors of Pfizer.

Stephen Hahn
On the left is the former FDA commissioner in charge of regulating Moderna. On the right is the current



Robert F. Kennedy Jr

40 million views!

10:08 AM · Nov 8, 2024 · 40M Views



Secondly, many of the foundational structures of our healthcare agencies naturally encourage corruption and health disasters. Fixing that will require radical changes, but I believe RFK Jr. is one of the best suited people to do so. As such, one of my goals in the near future (and what I've tried to lay the foundation for over the last year) will be to lay out the policy changes I believe need to be implemented to Make America Healthy Again, much of which I strongly suspect RFK Jr. already aims to implement.

It's hard for me to put into words how angry and distraught I am about what happened with COVID-19 (hence why I gave so much of myself to this publication). However, at the same time, I believe ultimately nature always corrects itself. To some extent, the

incredible greed of the pharmaceutical industry was a blessing in disguise because it was so egregious it created a situation akin to “killing the goose that laid the golden eggs” and woke up the public to what they’ve been doing for decades, at last giving us a way to reverse the steadily increasing corruption that has consumed our healthcare agencies and society.

Furthermore, this outrage is not unique to the United States, and many other political movements have also formed to oppose this wave of medical tyranny (e.g., a significant portion of the data we have on the harms of the COVID-19 vaccines [was obtained by a German political party](#)). Consider for example, this 2023 speech by the Prime Minister of Slovakia, where he condemned the WHO’s overreach, the corruption in his government, and the treatment of those who questioned by the vaccine:



Or this later speech (he gave shortly [before barely surviving two gunshots in the abdomen and one in the shoulder](#)), where he declared his government would investigate and prosecute the corruption within Slovakia’s government that allowed the COVID-19 disaster to happen:



In turn, it is my belief that if serious actions are taken against the COVID-19 cartel in America and their misdeeds are publicly exposed, it will ignite a global campaign against this corruption. All of this is a very unique opportunity I never expected to see in my lifetime, and I sincerely thank each of you for helping to make this possible.

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nathan jones 22 hrs ago

Doc. long time fan, first time responder.

one of the things that you forgot to mention was that prior to 2020 the CDC had on its website that the way to treat a respiratory coronavirus infection was by nasal irrigation, saline sprays, neti pots, etc to physically reduce the viral load in the upper airway. in May of 2020 a study from Vanderbilt showed that using saline with covid patients worked 100% of the time to make it non lethal. (60 subject all over 65, tested pos, had symptoms, and they were all better in under a week.)

by June of 2020 we had a pretty good idea that using xylitol or iota carrageenan nasal sprays would be effective at reducing transmission. Studies done in early 21 showed that xylitol nasal sprays used 3 times a day reduced transmission by 62% over the saline placebo. We already know that saline is effective at some level at preventing covid...

we also knew that people with periodontal issues were 8X more likely to be hospitalized and die if they got sick from covid...

So where was public health? When they should have been out there discussing hygiene solutions they were instead silencing the people that were. Most of the companies in the saline nasal spray business received warning letters from our government warning us not to share the published data. most of them submitted and allowed themselves to be self-censored like a bunch of cowards...some stood up and fought back.

nasal hygiene though is not only for covid...most of the pathogens that enter your body enter through the nose, followed by the mouth. so maintaining a healthy oral and nasal microbiome is pretty important.

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13 replies by A Midwestern Doctor and others



SteveInFlorida 22 hrs ago

Calling the shots "vaccines" is a mistake - it suggests that there is something positive that the shots can do. There is not. Nothing stated in the article is new - it simply shows how long it takes the "masses" to wake up to the fraud. Clearly, covid was, and is, a eugenics program, conducted in plain site. There were NO clinical trials. Read the following three SubStacks to understand the depravity and evil concerning covid; there is nothing related to human health offered by the HHS, CDC and the US Military:

<https://bailiwicknews.substack.com/>

<https://sashalatypova.substack.com/>

<https://denisrancourt.substack.com/>

Facts: There was NO pandemic. There were NO clinical trials. Covid is a premeditated eugenics murder program. This has been known for YEARS. Unless the EUA laws, including the PREP act (legalized murder) are repealed, the murders will take place again. The hospital death protocols still exist today.

Peace.

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30 replies by A Midwestern Doctor and others

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