

The Erosion of Medical Freedom

Our pandemic response has exposed critical problems, says physician

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by Conan Miller, The Epoch Times (Originally Appeared at theepochtimes.com on the September 20th, 2021)

In late 2020, vaccinations became available for COVID-19 under emergency use authorization. Back then, getting a shot was considered a matter of personal choice. Within a few months, however, that choice is deteriorating, as a number of employers, schools, and even the federal government now insist that the shot is a must for everyone.

With a pandemic of epic proportions, health authorities naturally want everyone on the same page, supporting the same strategy. And for COVID-19, that strategy is a shot. The more arms that take these jabs, the better the strategy is said to work. A major PR campaign constantly promotes the plan. It highlights the treatment's "safety and effectiveness," and strongly encourages everyone to get it.

But mere words don't seem to be convincing enough. In an urgent attempt to increase compliance for the experimental treatment, vaccine mandates have sprung up everywhere. These measures force those who face them to either take their shot, submit to regular testing, or face unemployment and restricted freedoms.

On Sept. 9, President Joe Biden announced a policy that would mandate the shot for most federal employees (postal workers, as well as members of Congress and their staff are exempt from the order). Biden also urged large private sector employers to draw a line in the sand—demand that their workers get the shot, or take away their job.

"We've been patient," the president said to Americans still holding out. "But our patience is wearing thin, and your refusal has cost all of us."

But many are determined to stand their ground. A recent poll found that more than 70 percent of the unvaccinated would quit their job before submitting to the vaccine.

So why do people still resist? In the February edition of the *Journal of Clinical Investigation*, Dr. Peter Hotez offers his insight. He characterizes vaccine refusers as misguided individuals mired in an anti-science ideology.

“The high death toll from SARS-2 coronavirus transmission was exacerbated by a medical freedom ideology linked to political extremism,” Hotez writes. “It is vital to U.S. public health and homeland security that we find ways to defuse anti-science organizations, messaging, and health consequences.”

Medical freedom is the notion that an individual has the right to determine what kind of medical interventions his or her body will be subjected to. And it has been an issue in the United States since long before COVID. One champion of medical freedom, Dr. Benjamin Rush, also happens to be an American Founding Father.

But experts argue that allowing such freedom, particularly during an age of advanced medical science, and especially during a pandemic, doesn't justify the great damage it can cause. Hotez, a professor of pediatrics and molecular virology and microbiology at the Baylor College of Medicine, says those in the medical freedom movement are jeopardizing everyone's well-being all because of misinformation. He traces the misinformation to wild conspiracy theories, the false promises of so-called miracle cures, and far-right propaganda.

Hotez highlights one survey that finds that Trump voters represent the most COVID-19-vaccine-hesitant group nationwide. But if this political group truly represents the driving force behind vaccine hesitancy, why does the former president praise the treatment any time he's asked about it? In August, Trump told Maria Bartaroma of Fox News that he was “very proud of the vaccines” that are “saving millions of lives throughout the world.”

According to Trump, Biden is the real reason people are now declining the vaccines.

“They don't take it because they don't trust Biden and they don't trust the Biden administration,” Trump said. “When I was president, you didn't have people protesting the vaccine. Just think back, everybody wanted to get it. We were giving out over a million jabs a day. We had that thing rocking.”

So what really drives people to decline the shot? And why have so many decided to take a stand for medical freedom during the worst public health crisis in history?

Dr. Elizabeth Lee Vliet, former director of the Association of American Physicians and Surgeons (AAPS) and president of the Truth for Health Foundation (an organization that aims to provide medically sound, research-based information on COVID-19), has been an outspoken advocate for medical freedom for decades. The *Epoch Times* talked to Vliet to understand why people still decline the vaccine despite the advice of top health experts and the mounting pressure of mandates.

The *Epoch Times*: What is medical freedom?

Dr. Elizabeth Lee Vliet: There are really two aspects to medical freedom. It is patient autonomy, and it's also freedom for the discussion of ideas and differing opinions.

A huge element of medical freedom that physicians historically have always defended is the oath of the physician: to carry out for the benefit of the patient to the best of their ability and judgment.

This is what the core principles of the physician-patient relationship have always stood for, until the 1960s when President Lyndon Johnson pushed through the Medicare/Medicaid Act. To get it passed, he promised that the government would not dictate treatment, would not set prices, and would not interfere with the physician-patient relationship.

All of this has been totally thrown out. The government sets the prices it's going to pay, decides what it's going to cover (in other words: dictates treatment for Medicare and Medicaid beneficiaries), and it dictates what the doctors can do.

In the 1980s, the managed care model was really taking off, and administrators and bean counters with no medical training decided what would be covered, what doctors could do for treatment, and how many treatments a patient could have. They intruded into all aspects of medicine, dictating what could be done.

When physicians signed contracts with these third parties—private insurance companies, government programs, and managed care companies—they all started dictating what doctors could do, and what patients could be allowed to have.

It escalated with the 2010 health care law, which put in even more draconian controls. It gave an exemption to the anti-kickbacks statutes that Congress had enacted when they had pharmacy benefits managers come into the picture who were paid to deny doctor-prescribed medicines to patients. These pharmacy manager middlemen get a kickback to choose something else at a lower cost to benefit the insurance carrier, a pharmaceutical company, or whoever they've contracted with.

These are all the behind-the-scenes intrusions of medical freedom.

The Epoch Times: What about the scientific discussion part of medical freedom that you mentioned? What right do we have to question expert medical advice?

Dr. Vliet: Fundamentally, the only way that true science progresses is with people asking questions, discussing ideas, testing hypotheses, accumulating and analyzing the data, and then looking for trends. It's looking at what is working, and what is not working.

The whole basis of the scientific method is asking questions, and having a discourse of ideas. Except in totalitarian governments like Nazi Germany, the Soviet Union, or communist China have we had any effort to control discussion in science.

The Epoch Times: Lately, I hear that people who stand up for medical freedom, whether it's doctors or patients, get labeled as anti-science or political dissidents. Why?

Dr. Vliet: That's how they attack people who question the status quo. That's how they attacked Galileo, Copernicus, or Ignaz Semmelweis, who made the observation that if you used a disinfectant before you performed surgery it would reduce infection. He was labeled a heretic.

Elizabeth Blackwell, the first American woman to go to medical school, espoused hand washing between the deliveries of babies. It's something so basic, but she was labeled a dissident. In the New York hospitals where the male gynecologists went from one mother to another and didn't wash their hands, they would deliver babies, infect the mothers, and they died. These doctors were the ones spreading disease, while Dr. Blackwell and her team were washing their hands, washing the sheets, and hanging them in the sunshine to disinfect them. She had a phenomenally better survival rate, but she was labeled the problem.

That's exactly what we've just seen in 2020. All of us front line doctors who were practicing good medical principles of evaluating the patient, using the tools at hand, and picking the things based on a track record of safety that works for viruses, inflammation, and blood clots, using medicines we've used every day of our career, were attacked.

Antivirals, corticosteroids, and blood thinners have been available my entire career and even longer. We use them every day in our career for all kinds of medical decisions, and suddenly in 2020, we were now labeled political dissidents and heretics because we used basic medicine to treat viral illness. This has been the most effective way to keep people out of the hospital. We have over 200 studies on hydroxychloroquine's effectiveness. We have over 60 studies on ivermectin's effectiveness, and we have controlled studies on the corticosteroids' and blood thinners' effectiveness.

While we were saving lives, all of the government spokespeople who were espousing the party line and criticizing us were the ones disobeying basic medical principles of early treatment and forcing everyone who got sick to wait until they were critically ill. They were sending patients to a hospital to be put on a ventilator, and that gave them a 30 percent risk of dying. They're guilty of causing an excessive number of deaths with policies that betray all the principles of medicine.

We have never treated illness of any kind at the end of the illness. We don't do it with cancer, heart disease, high blood pressure, or diabetes. With everything in medicine, the principle is to treat early. Screen for disease. Why do we do mammograms for breast cancer? Because you don't want to wait until stage four and try to save a woman's life. We look for abnormalities at the first sign of a lump. Why wouldn't we treat a viral illness at the very beginning?

So who is really practicing good medicine and speaking for the patients?

The Epoch Times: The medical freedom issue that everyone is acutely aware of today is the vaccine. First, it was a matter of personal choice. Now it's being mandated.

Dr. Vliet: And it's not experts who are demanding it. You look at employers who have no medical training saying you have to have an experimental shot before you come back to work. That has never been done in the history of vaccination. And certainly never with one where the risks have been deliberately suppressed for the public to know about them. This is the most egregious infringement on medical freedom that we've seen in my entire career. Never had we had such orchestrated suppression of risk information.

Just one example: Several lawsuits have been filed against Health and Human Services for the FOIA to disclose the death rate with these shots. VAERS (the Vaccine Adverse Events Reporting System) that the CDC ostensibly has in place is clearly not functional or, according to whistleblowers, they are deliberately not posting information.

Whistleblower affidavits are signed as sworn testimony and filed in federal court. These people will go to jail if they're found to be lying. They are saying that the deaths in one of the databases are over 45,000. And that doesn't count the Medicare/Medicaid database, or the CDC VAERS database. It's not the 12,000 deaths that the public can see. And that's just one aspect of the damage and the risk.

The Epoch Times: The numbers speak for themselves, but it's hard to imagine that health authorities would deliberately hide this from us.

Dr. Vliet: Normal people cannot comprehend such a design that harms people. That is not the history of our country. That is not the history of open discussion, scientific discourse, and medical decision-making between doctor and patient. That's not the foundation of our constitutional rights. And it is very hard for normal people who have grown up in a country under our Constitution and Bill of Rights to comprehend that this is an orchestrated plan that is calculated in suppressing medical information, and forcing people into mandated experimental shots in violation of every medical principle, legal principle, and the Nuremberg Code, which has been a code of medical ethics governing human experimentation since World War II. There were trials of doctors who experimented on prisoners of war in the Nazi concentration camps. People were hung for their crimes against humanity.

The Nuremberg Code has governed the world of medical practice ever since, until now when it has just been thrown out the window. It's unacceptable, unconscionable, and it is causing death.

The interviews that physicians have done, at great personal risk, I will say, are not because we're being paid to speak out. We are trying to save lives.

The health of our bodies is our greatest asset. Because when that goes, what do you have? And how do you live your life if you've been paralyzed? There are people who have been permanently paralyzed from these experimental shots. We don't hear about it, because the press doesn't want you to know. But Sen. Ron Johnson had a press conference where he was allowing some of these people to talk about what had happened to them. I've had patients in my practice who have had devastating complications from these experimental shots. That's why the Truth for Health Foundation is committed to being the people's voice to bring these issues to the public.

And like I said, it's at great personal risk for all the doctors and scientists involved with this foundation as volunteers.

The Epoch Times: I know there are doctors like yourself who are going against the official line, but many doctors recommend this shot. If this is really about science, why do some doctors support it and others don't?

Dr. Vliet: For the most part, the doctors who are speaking out about the medical risk are independent physicians. They answer to the patient. They do not answer to a large hospital health system where the administrators are dictating what doctors can do and say.

Between 85 and 90 percent of doctors are not independent. This number increased after the Obamacare legislation in 2010. By design, it pushed physicians into employed roles where they are controlled by administrators running the health system. These doctors don't have as much freedom to advocate solely for the patient, they have two masters. They have their employers they have to answer to, while also trying to act in the patients' interest.

I have talked to doctors in more than a dozen states who are the primary care doctors for patients of mine where I'm a specialty consultant. And these primary care doctors tell me that they are told they cannot prescribe hydroxychloroquine or ivermectin. They're glad that I can do it since I'm independent.

I chose early in my career to resign from the insurance contracts that required me to choose between their guidelines and what I thought the patient needed. Many other doctors did also.

I think we're at a point where doctors need to search their soul and ask: "Am I going to advocate for my patients? Or am I just going to sit back and do what the administrator tells me to do?"

I think you will find a unified soul among all of these courageous front-line doctors. All of us made the choice that we are going to advocate for our patients as physicians have always done. We're going to honor our oath and do our best to save lives. That's the bottom line.

The Epoch Times: What kind of information does the Truth for Health Foundation report that the public doesn't get from mainstream sources?

Dr. Vliet: Our Aug. 4 press conference exposed whistleblower information and medical studies that had not been disclosed to the public about the risk of these experimental genetic therapy shots.

These shots meet the FDA regulation of gene therapy, which requires 15 years of safety monitoring. This has not been done and has not even been mentioned to the public. They are not traditional vaccines in the historical definition. Even traditional vaccines have two to five years of clinical trials and safety evaluations before they are rolled out for public use. These

experimental shots for COVID had two months of clinical trial data and then they suddenly gave them emergency use authorization and began mandating it and coercing people around the world. That's never been seen before. It's a deviation from normal practice, normal FDA regulations, and, as I said, the Nuremberg Code.

At our Aug. 19 press conference, our team of international reproductive medicine scientists and physicians discussed the specific damage to the ovary with the lipid nanoparticles that are coating these mRNA vaccines available in the U.S.

We now have a clinical study showing that the women who were vaccinated with the experimental COVID shot had rising antibodies to a placental protein over the time of that clinical study. This information lets us see that we just don't have antibodies to the spike protein, we see antibodies to the critical protein needed to make a placenta.

What happens potentially is that women may have a fertilized egg but when it reaches the uterus, the lining cannot respond to create the placenta. If the woman is vaccinated in the first trimester of pregnancy and these antibodies to the placental protein start rising at a critical time in early pregnancy, the miscarriage rate goes up. It's staggering when you think about the implications for people going forward.

All we're saying is stop the shot until the public can hear all of the data that has been hidden from them and then make a decision. Pregnant women are at lower risk of COVID illness, and the COVID virus is not known to cross the placenta. If the mother does get sick with COVID there are treatments that doctors have been using for years. They don't need to take the risk of an experimental shot that could cause a miscarriage.

Normally, we don't put pregnant women in that kind of risk situation.

Pregnant women who avoid drinking a glass of wine so they don't harm their developing baby are being told to take a gene-altering COVID shot that crosses the placenta. It can affect the developing baby, and the developing baby's brain. It crosses the blood-brain barrier for the mother and can cause neurological changes.

We have literally never ever pushed pregnant women to take a medical intervention that has not had adequate safety testing for pregnancy.

Suddenly, they are saying, "Oh, go ahead, it's safe." But we don't have the safety data. The clinical trials only ran for two months and they excluded pregnant women. Pregnancies run nine months, generally. So how in the world can we have safety data. You can't truthfully say it's safe.

If you tell people with any common sense that the real science is being covered up that shows damage to the ovaries, testicles, and the ability to form a placenta, they're going to see that this is a pretty bad hit to human fertility and reproduction.