

A photograph of a man in a blue polo shirt and dark trousers standing next to a large green replica of the Statue of Liberty. The man is smiling and has his right hand on the statue's crown. The background shows a retail store with clothing racks and a sign that says "I ♥ NY HOODIES".

The Chinese virus

**Killed millions and
scientific freedom**

**Peter C Gøtzsche
Institute for Scientific Freedom**

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1 State organised crime in China and China's long arm

In times of crisis, people tend to unite behind their leaders. They all too easily sacrifice their ideals in return for some perceived security, which includes accepting that there is only room for one "truth" at a time, which is the official one.

Some of the early victims of the COVID-19 pandemic, caused by the SARS-CoV-2 virus, were truth, science, honesty, decency, and respect for basic human rights.¹ The pandemic led to an endless row of vicious attacks on science, scientific freedom, and freedom of speech. This censorship was exercised by social media, medical journals, publishing houses, TV and radio stations, newspapers, governments, the drug industry, its paid trolls, scared citizens, and professional trouble-makers that enjoy making others suffer.

It is a dangerous path for our democracies when the state knows best and violates human rights in the name of the common good. History has shown that leaders who assure us that the situation is so grave that we must give up our freedom and ethical principles to gain security against an external or internal danger usually end up giving us neither freedom nor security, but absolute power to themselves.

As I shall explain in this book, it is fair to say that the SARS-CoV-2 virus that has so far killed 6 million people was "Made in China."² It is highly likely that the virus escaped from a laboratory in Wuhan and also that it was manufactured there.

But the Chinese Communist Party's cover up for their responsibility for the pandemic has been remarkably successful. To better understand how they got away with this, we may first take a close look at how this regime operates.

In 2016, the US Congress had a hearing, *The long arm of China: global efforts to silence critics from Tiananmen to today*. The 43-page document about the meeting is a chilling read.³

The Chinese Communist Party is a great threat for scientific freedom and freedom of speech all over the world. But people have not yet woken up to this fact and protested loudly about the West's appeasement of China's dictatorship for commercial reasons.

The regime's oppression, both within China and abroad, has worsened constantly since China's lifelong President Xi Jinping rose to power. Xi's government is engaged in an extraordinary assault on civil society and advocates for human rights and tries to roll back democracy and human rights norms globally.

The long reach of China extends to the United States. Some of the witnesses that were invited to testify declined based on legitimate fears about retaliations against their family in China. Dissidents living abroad regularly report that their family members are harassed, detained, and imprisoned in retaliation for their truth-telling about the regime's abuses.

It is a euphemism to call China's behaviour a violation of human rights, as this can be many things, e.g. vaccinating a person without informed consent. China commits organised crime systematically, which, according to US law, is the act of engaging repeatedly in certain types of offence, including obstruction of justice, obstruction of law enforcement, tampering with witnesses, political corruption, extortion, fraud, bribery, and embezzlement.

The regime's crimes include kidnapping in foreign countries, even of people who don't have a Chinese passport; torture, also of innocent family members; murder; absurd "confessions" on national TV after ill treatment and threats; illegal detention or prison sentences of family members to Chinese dissidents for months or years with no access to legal assistance, with no charges raised or with fabricated charges, in secret places far away from their homes, in solitary confinement,

and with no means of communication; and denying entry to China of people the regime doesn't like even for those wishing to visit dying family members.

In 2016, the Chinese government suspected that Wen Yunchao, a Chinese activist living in New York, was involved with the publication and distribution of an *Open letter calling on comrade Xi Jinping to resign from all party and state leadership positions*. The Chinese authorities kidnapped his parents and younger brother who went missing, and they warned his parents that Wen should confess what he knew about the letter. They said they knew he hadn't written it but believed he had something to do with spreading it. They promised that if Wen told them who wrote the letter and passed it on to him, and how he spread it around, he would not be held culpable, and it would not be held against his family. Otherwise, his younger brother might lose his job.

Days before the 2014 anniversary of the Tiananmen Square massacre, and just before Xi Jinping visited the USA, Chinese government officials harassed Wen's parents who warned him not to criticise the government, especially not Xi. In 2015, around the next anniversary of the Tiananmen massacre, and again in 2016, during the annual sessions of China's National People's Congress and the Chinese People's Political Consultative Conference, Wen's New York home's WiFi network came under cyber attack, and he could not use the Internet properly.

The late Nobel Peace Prize laureate Liu Xiaobo, known as one of the "Four Gentlemen" of Tiananmen Square, staged a hunger strike in the final days of the student protests, hoping to prevent a military attack. He was sentenced to 11 years in prison.⁴ His widow Liu Xia has been under house arrest for years, although she has never been charged with a crime. She is ready to die at home in protest of her continued detention by Chinese authorities. She has suffered psychological hardship from her treatment.

Su Yutong is a Chinese journalist who fled to Germany after having been under house arrest in China.³ She published nearly 1,500 articles, mostly about human rights and political affairs in China, in Deutsche Welle, which is a state-owned international broadcaster funded by taxes that sends radio and TV in 30 languages.

In 2013, Deutsche Welle got a new director who hired Frank Sieren, a German businessman and long-term resident of Beijing. The Chinese Embassy had demanded that Deutsche Welle change, and in June 2014, Sieren published an article in German and Chinese that whitewashed the Tiananmen massacre by describing it as "a slip-up by the Chinese Communist Party." The piece sparked a public outcry from pro-democracy activists and massacre survivors, including Fang Zheng, who had both legs crushed by a tank during the massacre.

Su was a signatory to an open letter protesting Sieren's article and she spoke up against it on Twitter, which led to her dismissal in August 2014. Her former colleagues were moved to other positions and many of them decided not to touch "sensitive topics" while Sieren continued writing articles praising China. After Su was sacked, reporters from French Radio International told her that they were censored by the Chinese Embassy, which had put pressure on the radio station.

China has a Publicity Department of the Central Committee of the Communist Party of China, also known as the Central Propaganda Department. The Orwellian term for this in his novel *1984* is the Ministry of Truth.

The same month Su was fired, the director had a meeting in Beijing where he met with the head of China Radio International and promised that Deutsche Welle's coverage would fit into the guidance and direction set by China. Soon afterward, he announced a cooperative framework between Deutsche Welle and China Central Television.

China has pressed Thailand and Cambodia to repatriate Uyghur refugees and Chinese asylum seekers in violation of international law. Most of them disappeared in China, and some were given harsh sentences. In 2009, Dolkun Isa, a German citizen, was in grave danger of being repatriated back to China when he tried to enter South Korea to attend a human rights conference. He was put in solitary confinement for more than three days in the airport before the United States and the European Union intervened. Many of us distinctly remember the dramatic TV footage in the news and how awful it felt that a deeply criminal regime extended its powers to South Korea.

Hong Kong bookseller Gui Minhai was kidnapped in Thailand in 2015 and went missing in mainland China. He did not have a Chinese passport, only a Swedish one. In 2020, a Chinese court sentenced him to 10 years in prison for “providing intelligence” overseas, deepening diplomatic tensions as Sweden demanded that China release him.⁵ Four other people associated with his store disappeared in 2015.

The real reason for his ordeal is that he had published books critical of the Chinese leadership. In 2016, he reappeared on state television saying he had turned himself in over a drink-driving incident that took place a decade earlier. It was just too obvious that he must have been coerced into making this false statement. In 2019, Swedish Pen awarded Gui the Tucholsky prize for persecuted writers, named after Kurt Tucholsky who fled Nazi Germany for Sweden. China said Sweden would “suffer the consequences.”

Yao Wentian, a publisher from Hong Kong, was sentenced to 10 years' imprisonment in China for publishing the book, *Xi Jinping, China's Godfather*.³

China also exerts an undue influence on Western universities. In the 1980s, when an academic broke the story of coercive population control in China, he lost his doctorate at Stanford University because it was an unpleasant truth the Chinese government pushed back on.

Hundreds of Confucius Institutes proliferate around the world as an important part of China's propaganda strategy. They erode Western academic freedom, muzzling also US universities. The financial support that accompanies these centres for Chinese language and cultural education comes with strings attached. Sensitive topics, including Taiwan and Tibet, are excluded from the curriculum, and invitations for the Dalai Lama to speak at prominent universities are mysteriously withdrawn.

In 2014, the American Association of University Professors issued a statement calling on colleagues across the United States and Canada to reconsider their partnerships with these centres, stating that, “Confucius Institutes function as an arm of the Chinese state and are allowed to ignore academic freedom.” Perhaps it had an impact. In recent years, a quarter of the Confucius Institutes in USA have been shut down.⁶

In 2021, a Swiss university threw PhD student Oliver Gerber under the bus because he had tweeted critically about China.⁶ His professor was worried that her own ability to get a visa would be at risk. She said she had received angry emails from China. Later, when questioned about them by a journalist, she corrected it to one email from a Chinese researcher in Canada. His professor immediately closed his email account, and his planned 3-year research project was in ruins.

Gerber had been tweeting for just 10 days and had fewer than 10 followers, but he had been very outspoken, e.g.: “#CCP [Chinese Communist Party] made fighting #COVID-19 plan B. Only to be executed if Plan A - covering it up - fails. Those are the actions of paranoid cowards. They neither deserve my respect nor gratitude #ChinaLiedPeopleDied.”

Gerber's planned research was about environmental pollution, a highly delicate subject for China, but he wanted to understand the country and to do research there. China specifically

selects students from countries in which it has political interests, and he received a 3-year fellowship from the Chinese government to a university in Wuhan and went. This was before COVID-19.

A Chinese professor in Wuhan told him that his topic was “boring” - a euphemism for being too critical of the government. As part of his fellowship, he also had to attend classes, and he couldn't believe how much censorship there was in everyday university life in China.

There are close ties between Swiss and Chinese universities, with over 50 cooperation agreements. However, the warm relations may be cooling down. In 2020, the Swiss intelligence service warned that Chinese spies might be masquerading as students or researchers. The many links between Swiss universities and China were also taken up in the Swiss parliament.

Eager to gain access to Chinese markets, US social media have appeased China for many years and sacrificed freedom and their commitment to human rights and democracy.³ Google and other Internet search engines completely joined in with the repression and censorship. Its Chinese version, Google.cn, ensured that if Chinese people did a search on the Tiananmen Square massacre in 1989, they would only see pretty pictures.

Even this wasn't enough for the Chinese rulers. Google pulled its service from mainland China in 2010 after a sophisticated [cyber attack](#) reportedly backed by Beijing, and they redirected the traffic to Google.com.hk in Hong Kong, where the censorship rules didn't apply. LinkedIn blocked Tiananmen-related articles posted inside China or by members hosted on its Chinese site.

Yahoo, also a US company, provided China's security forces with personal information of Chinese political dissidents so authorities could jail them. In 2005, journalist Shi Tao was [sentenced](#) to 10 years imprisonment for allegedly “leaking state secrets abroad.” The so-called state secrets were Shi's notes about instructions from the government imposing restrictions on coverage of the 15th anniversary of the Tiananmen Square crackdown in 1989. Shi emailed his notes to the editor of a New York-based website. At the request of Chinese authorities Yahoo! Holdings (Hong Kong) Ltd. provided detailed information that was used to link Shi's personal email account and IP address with the message.

China has one of the most extensive and sophisticated censorship regimes in the world. The "[Great Firewall](#)" prevents users from accessing Facebook, Google, Twitter, Instagram, Snapchat, Yahoo, Slack, YouTube, BBC, *New York Times*, and *Wall Street Journal*, among others. Conversely, the Chinese government has been pouring large sums of money in buying up overseas newspapers and radio networks, often obfuscating that they are run by China, e.g. radio stations in Paris and one based in Washington, DC.³

The Chinese Embassy in Germany sent people to meet with Michael Brand, Chairman of the Committee on Human Rights and Humanitarian Aid in the German parliament. He had been denied entry to China because of his criticism of China's Tibet policy, and the Chinese demanded that he delete his articles on Tibet from his official website and to not attend a meeting with a Tibetan human rights organisation.

Numerous countries, including the USA, have self-censored in relation to China's human rights abuses and its infiltration and disturbance of the freedom of the press in exchange for contracts with the Chinese government. Many Western scholars of China also practice self-censorship in relation to “sensitive” topics to ensure they can get a visa and continued funding.

Professional organisations also embarrass themselves. In 2014, the American Bar Association (ABA) invited the prominent Chinese human rights lawyer Teng Biao to write a book about China's politics, judicial system, society, and future. The book included his own experiences with disbar-

ment and being kidnapped and tortured. It was enthusiastically received by the ABA, which called it an important and ground-breaking book. But ABA was quick to kill it: "There is concern that we run the risk of upsetting the Chinese government by publishing your book, and because we have ABA commissions working in China there is fear that we would put them and their work at risk."

Teng also experienced to have a scheduled speech cancelled by a university in the United States for the same reason.

In a criminal dictatorship like China, where people are heavily and illegally punished if their actions embarrass the leaders, scientists who demonstrably did gain-of-function experiments in order to make non-deadly bat viruses deadly, which caused a worldwide disaster,² are not likely to tell us what they know. The censorship and repression are total.

Civilised societies also have censorship. The main argument for censorship during a serious pandemic is of a paternalistic nature. There is a lot of misinformation on the Internet, and many people cannot distinguish between reliable and unreliable information. It is therefore argued that more people will die if there is no censorship of the unreliable information.

This argument falls apart on closer examination.

First of all, we don't know if it is true. People who are sceptical towards government advice will become even more sceptical when they find out that information is hidden from them, which may fuel all kinds of silly conspiracy theories. It can also fuel anti-vaccination sentiments and thereby increase mortality. The vaccines against COVID-19 decrease severe cases substantially,¹ and those who die in intensive care units are predominantly the unvaccinated.

Second, censorship is problematic *per se*. Who are the judges and how can they know that they are right? Scientific results are often uncertain, and what might seem false at one point in time might prove to be true later.

Third, can censorship be appealed? The appeal mechanisms are sometimes a sham, if they exist at all. And it can be the same people who censored the information that will judge the appeal. This flawed system would not be accepted in a court room.

Fourth, we may compare censorship with retraction of a scientific article. It requires a lot to retract a scientific paper. Usually, fraud should have been demonstrated. Normally, we wouldn't dream of retracting an article just because some people abuse it for an unintended purpose, but COVID-19 has changed the norms. This is what Facebook does (see Chapter 6).

A small minority of people, around 2%, reject all vaccines and are totally resistant to rational arguments and findings from high-quality science going against their beliefs.¹ They are usually called anti-vaxxers, but I prefer to call them vaccine deniers.

There are fundamentalists on both sides. Some people, quite many in fact, say we should accept all vaccines without asking questions and without considering the specific situation we are in. This is unreasonable and will cause harm, as I have explained in my vaccine book.¹ As an example, the vaccine against Japanese encephalitis should rarely be used, even if you travel to areas where the disease is endemic. I call these people vaccine advocates, even though this term is too kind for those who are belligerent towards people that are more nuanced than themselves.¹

If you are rational, you will easily realise that it is not possible to be for or against all vaccines as a matter of principle. It would be like being for or against all people or all drugs.¹ Some are good, and some are bad. If we believe all people are good, it could cost us our life if encounter an evil person, and if we shun people because we believe they are all bad, we will have no life. The same

can be said about drugs. Some can save your life, and some take tens of thousands of lives unnecessarily and are best avoided.^{7,8}

I described in detail in my vaccine book that the scientists have lost the PR war on vaccines to quacks and fraudsters,¹ and shall repeat it briefly here, as it is so frightening.

A 2019 search for *vaccine* on Amazon showed that 15 of the 18 books and movies listed on the search page had vaccine denying content. The algorithms which power Amazon's recommendations and social media platforms are not designed to distinguish quality information from misinformation. And social media have a huge conflict of interest because the worse the misinformation, the more people will spread it, and the higher the income will be from advertisements. Harmful messages therefore thrive and spread.

Facebook's autofill suggestions for *vaccine* steers users toward misinformation, and *vaccination* leads to vaccine denying propaganda. The top 12 groups were all against vaccines, led by two misinformation groups, Stop Mandatory Vaccination and Vaccination Re-education Discussion Forum with more than 140,000 members each.¹ The ads on Facebook from the former have included blatantly false statements such as "vaccines kill babies."

Users seeking information about vaccines on YouTube, owned by Google, are similarly nudged toward misinformation, much of it designed to frighten parents. A UK study found that half of all parents with small children were exposed to misinformation about vaccines on social media. Even when users find scientifically sound content, such as a video uploaded by the Mayo Clinic (the top search result for *MMR vaccine*), YouTube's "up next" algorithm recommended users to watch a vaccine denying video. YouTube's practice of recommending videos based on watch history leads users to even more misinformation.

I have browsed many homepages and have noticed that many people, including doctors, make fortunes by propagating deadly misinformation. Some doctors are even against using antibiotics, and some tell people that, instead of getting vaccinated, they should use homoeopathy or eat some fancy supplements or herbs they happen to sell themselves.¹

Many quacks describe themselves as being holistic. After having challenged some of them to explain what they mean, I have realised that it is a euphemism for saying: "I don't know what I am doing but I am surely making a hell of a lot of money by fooling people."

The pervasive misinformation has dire consequences. Many people, including our most defenceless citizens, our children, have died unnecessarily because of it.

Already before the COVID-19 pandemic, social media had begun treating harmful misinformation as a special category meriting additional scrutiny and mitigation by fact checkers. These efforts have been intensified during the pandemic.

Fact checkers have a role in warning against misinformation. But, as for all interventions in healthcare, we should consider the balance between benefits and harms. We don't know where this balance is, and we do not like introducing new interventions in healthcare without knowing that they do more good than harm, on average.

Do social media do more harm than good? I don't think anyone has a qualified answer. What if there was no censorship on social media and we just let all the ignorant fools and conspiracy lunatics have their say? As you will see later, fact checkers can get things terribly wrong, and as other human beings, they can be unwilling to admit their mistakes and correct them, even when their censoring has led to blockage of important information.

With very few exceptions, like when Facebook allows murder scenes to be shared (see Chapter 6), I am firmly against censorship. History has shown that censorship is an important impediment

for scientific progress. Moreover, it can never be fair. It leads to arbitrariness, absurdities, bitterness, and injustice.

Interestingly, censorship can even backfire when people turn attention away from their misdeeds by posing as martyrs, which *Retraction Watch* illustrated:⁹

Ronald Kostoff and colleagues published a paper about the COVID-19 vaccines in September 2021 where [they claimed](#) that “A novel *best-case scenario* cost-benefit analysis showed *very conservatively* that there are five times the number of deaths attributable to each inoculation vs those attributable to COVID-19 in the most vulnerable 65+ demographic.”

It defies reason that many more old people would die from the vaccine than from the infection. A commentator wrote that basic statistics was abused; sources were misquoted; and standard knowledge and practice were misrepresented extensively to confirm a desired result. The pivotal numbers claimed in the article differed by a factor of 5 million from the best estimates of a harm versus benefit analysis for the vaccines.

Kostoff said that, given the blatant censorship of the mainstream media and social media, only one side of the COVID-19 vaccine narrative was reaching the public. Furthermore:

“Any questioning of the narrative is met with the harshest response. Front-line people (doctors, nurses, etc.) who are attempting to shed light on this situation are being fired, losing licenses, and having their reputations and finances destroyed. I went into this with my eyes wide open, determined to identify the truth, irrespective of where it fell ... I don’t want to get into the business of responding to tweets/ Facebook/ Instagram etc. criticisms of our paper. I could spend the next five years doing that, given the unlimited resources of those who are going all out to discredit our findings.”

In *The art of always being right*, philosopher Arthur Schopenhauer describes the deplorable tactic Kostoff used to get off the hook this way:¹⁰

“If you are being worsted, you can make a diversion - that is, you can suddenly begin to talk of something else, as though it had a bearing on the matter in dispute and afforded an argument against your opponent ... it is a piece of impudence if it has nothing to do with the case, and is only brought in by way of attacking your opponent.”

Kostoff played martyr by talking about censorship even though his article wasn’t censored. Some people, particularly ardent vaccine deniers who feel they have been censored, will be sympathetic to his false argument. People are rightfully suspicious of censorship, and the only way to deal with it is not to have it. If we censor, we not only lose the argument and the possibility to debate; we lose trust, which is far worse.

In December 2021, the editors who published Kostoff’s paper raised an [expression of concern](#) about the validity and scientific soundness of the research and started an investigation. The last time I checked it, in March 2022, Kostoff’s paper had not been retracted.

The censorship we have seen during the pandemic in scientific journals and newspapers has been highly unidirectional. Researchers critical of lockdowns and face masks have been torpedoed and smeared. One of them wrote in an email: The moment we let some young adults in Facebook decide what is true or false, we are doomed.

In the current climate of intolerance, self-censorship is common. Excellent scientists have given up their work on COVID-19 after having been harassed and humiliated, usually by ignorant lay people inhabiting the gutters on social media, but often also by journalists, politicians and other scientists who should know better. The term “misinformation,” often used by fact checkers, may itself contribute to a flattening of the scientific debate. Scientists who voice unorthodox opinions

are worried about facing “various forms of slander or censoring ... they say certain things but not other things, because they feel that will be censored by Twitter or YouTube or Facebook.”¹¹

If you speak up, it may affect future funding of projects and the ability to publish scientific papers. I have experienced this type of censorship many times. When submitting my work to medical journals, in many different fields, I have often encountered peer reviewers who referred to something I had written or said in a lecture, which was irrelevant and therefore a classic Schopenhauer diversion. They do this to protect their own interests, often with success because few journal editors read the manuscripts. They only read the peer reviews and reject articles on this basis.

The COVID-19 pandemic has restricted our way of thinking freely that came with the Enlightenment during the 17th and 18th centuries. People who have an open mind and peacefully ask questions and suggest alternative versions of the “truth,” have been severely punished. There is not much difference to the religious intolerance of the Middle Ages. The modern version of heretics or witches is anti-vaxxers, and it takes very little to be so labelled even for people like me who praise vaccines as being life-saving.

In this book, I rarely use academic titles, for two reasons. Firstly, an argument should speak for itself and should not be given weight according to whether the person advancing it is a professor or an uneducated person. Second, titles create distance and superiority, which I dislike. In the UK and the USA, doctors who take the phone say, “Hello, this is Dr Anderson,” if that is their last name. This is very rare in my country, Denmark. When Nobel Prize winner Harold Varmus was recently interviewed, he said that when he became director of the National Institutes of Health (NIH), he told his staff that his first name was not doctor but Harold and that he preferred to be called Harold.

John Ioannidis has provided a brilliant description of how the pandemic has changed the norms of science, to its great detriment. Here is a summary:¹²

Billions of people worldwide suddenly became interested and overexcited about science without having been taught the fundamental norms of the scientific method. Scepticism has not been at the forefront. Even the best peer-reviewed journals often presented results with bias and spin. Broader public and media dissemination of scientific discoveries was largely focused on what could be exaggerated about the research, rather than the rigour of its methods and the inherent uncertainty of the results.

Many of the spurious experts dismissed evidence-based approaches, like randomised trials and collection of accurate, unbiased data, and the disdain for reliable study designs was sometimes even celebrated.

Social and mainstream media have helped to manufacture this new breed of experts. Anyone without credentials could suddenly be cited as an epidemiologist or health policy specialist by reporters who knew little about those fields but seemed to “know” which opinions were true. Conversely, some of the best scientists were smeared as clueless and dangerous by people who believed themselves fit to summarily arbitrate differences of scientific opinion without understanding the methodology or data at issue.

During the pandemic, requesting better evidence on effectiveness and adverse events was often considered anathema. This dismissive, authoritarian approach “in defense of science” may sadly have enhanced vaccine hesitancy and the anti-vax movement, wasting a unique opportunity that was created by the fantastic rapid development of COVID-19 vaccines.

Big Tech companies increased their wealth hugely from the virtual transformation of human life during lockdown and developed powerful censorship machineries that skewed the information available

to users on their platforms. It was an upside down world where consultants who made millions of dollars from corporate and government consultation were given prestigious positions, power, and public praise, while unconflicted scientists who worked pro bono but dared to question dominant narratives were smeared.

In the authoritarian version of public health, the dominant narrative became that “we are at war.” When at war, everyone has to follow orders. If a platoon is ordered to go right and some soldiers explore manoeuvring to the left, they are shot as deserters. Scientific scepticism had to be shot, no questions asked. It even became a dirty war. Opponents were threatened, abused, and bullied by cancel culture campaigns in social media, hit stories in mainstream media, and bestsellers written by zealots. Statements were distorted, turned into straw men, and ridiculed. Wikipedia pages were vandalized. Reputations were systematically devastated and destroyed. Many brilliant scientists were abused and received threats during the pandemic, intended to make them and their families miserable.

Politics had a deleterious influence on pandemic science. Anything any apolitical scientist said or wrote could be weaponized for political agendas. Tying public health interventions like masks and vaccines to a faction, political or otherwise, satisfies those devoted to that faction, but infuriates the opposing faction.

A scientist cannot and should not try to change his or her data and inferences based on the current doctrine of political parties or the reading du jour of the social media thermometer. Many excellent scientists have had to silence themselves in this chaos. Their self-censorship has been a major loss for scientific investigation and public health.

There was absolutely no conspiracy or preplanning behind all this. Simply, in times of crisis, the powerful thrive and the weak become more disadvantaged. Amid pandemic confusion, the powerful and the conflicted became more powerful and more conflicted, while millions of disadvantaged people have died and billions suffered.

The many new overnight experts who don't know what they are talking about are loved by the media. I wrote in a newspaper that after four years with US President Donald Trump and one year with the same Danish “expert” on TV virtually every day, uttering trifles anyone could have said and always being worried, I needed a new remote control because I had used the mute button so much that it had stopped working.

BMJ's new Editor-in-Chief Kamran Abbasi agreed with Ioannidis:¹³ “Dissent is under threat. To disagree is to affront. To protest is to break the peace. To argue is to fight. Disagreement, protest, and argument help us get nearer to the truth, and marginalising them is against the very essence of science and democracy. This is happening today, all around us, and the pandemic has moved us further, faster, and for the worse.”

2 Censorship in scientific journals and lack of access to knowledge

Science is about creating new knowledge. Good science is based on the best possible methods and is self-critical. Even though you might have celebrated that you are the first person in the world to demonstrate what you found, you have more work to do. Perhaps your results could be explained by some other mechanism than you thought? Perhaps you made an error?

Some scientists don't stop with their first experiment. They vary the experimental setup and try hard to see if they can overthrow what they just found before they submit their results for publication.

It may seem masochistic to the non-scientist. But this is real science. And now, when you have done your utmost to reject your findings and believe your results are both new, reliable, and important, the editors of any scientific journal relevant for your study will be most happy to publish it, right?

Not so. This is how it should be but isn't. The essential issue in science is not about getting the science right, but about who holds the power, and which interests they have and want to protect. Therefore, if your results are ground-breaking and likely to rock the boat, you are in deep trouble.

This has never been clearer than during the COVID-19 pandemic, which I sometimes abbreviate to the COVID-19 panic. The panic stifled the necessary scientific debate and science itself, to a remarkable degree. This is what my book is mainly about, but I shall also give examples from other areas of medicine and from other fields.

The protection of turfs is deeply rooted in our biology. In a flock of apes, there is only room for one leader at a time. Females are attracted to powerful males that therefore spread their genes more than other males. This is why we are plagued by so many dominant, tyrannical, and psychopathic leaders and why most of these are males. In my 40-year research career, the gender ratio has been about 9 to 1 when I was treated badly by people who did not like my results.

It is very hard for people to accept that someone smarter than them has shown their research or long held beliefs to be wrong, as it threatens their self-image and position in the power hierarchy. They often strike below the belt to prevent the unwelcome science from getting published so that others cannot form their own opinion about who is right.

Very often, the formal reasons for rejection are not the real reasons and they can be amusing. I encountered this variant recently: "We only accept articles of the highest quality and novelty" when the editor rejected our paper, *The pervasive financial and scientific corruption of psychiatric drug trials*.

The idea with the peer review system, where editors send manuscripts to other scientists and ask for their opinion, is a good one. It can improve papers considerably before they appear in print. But it is widely abused. The only fair system is one where both the author and the peer reviewer are anonymous, or one where they are both named.¹

Yet virtually every medical journal in the world operates with a system where only the peer reviewer is anonymous. This invites big trouble, and everyone with a long research career has been exposed to misconduct repeatedly in this unilateral system. In the worst cases, peer reviewers steal research ideas while posing so many obstacles for the authors that they can do the same research and publish first.

I have published many papers considered "controversial," which only means that my results threaten vested interests. Many of my best papers were impossible to publish in specialty journals because of guild interests and financial conflicts of interest, and I often felt I had been the victim

of an anonymous hangman who did the dirty job for the editors by inventing unwarranted criticism of my methods that allowed them to summarily reject my papers.² When I appealed by documenting point by point that the reviews had no merit or were erroneous, I rarely got anywhere.

After a long career in science, I find publishing in medical journals pretty unattractive. It is more satisfying to publish on a website or write books where I can say what I want instead of enduring two or more years of peer reviews, rewritings, resubmissions, new peer reviews, and ultimately facing rejection anyway because people are protecting their income from Big Pharma or their guild and prestige, or the journal is afraid of getting sued by one of the many bastards out there.

I am not saying this because I cannot publish in good journals. I have published over 75 papers in "the big five" (*BMJ*, *Lancet*, *JAMA*, *Annals of Internal Medicine* and *New England Journal of Medicine*) and my scientific works have been cited over 150,000 times.

The problem with peer reviewers abusing their power under the guise of anonymity could be much reduced if their identity were known and if their reviews were uploaded on the journal's website, also for rejected papers. However, in a 2019 study, only 8% of the peer reviewers agreed to reveal their identity.³

Peer reviewers often suggest adding more references while omitting the author names, obscuring the fact that the papers they recommend are their own.³ With anonymous peer reviewers, the authors cannot reveal this type of misconduct. Even when authors find the recommended articles to be unreliable or irrelevant, they may add them to increase the chance of getting their paper accepted. In one case, where a peer reviewer had submitted 120 review reports with requests to add multiple irrelevant citations, only four authors refused to add the citations.

When your paper gets published despite all the resistance and failed attempts at various journals, your opponents might distort what you found, lie about it, or use ad hominem arguments. If your results are very threatening to them, they might attempt character assassination, just like lawyers do, or actually worse, as they often go far beyond what a judge would allow in court. The scientific world is much dirtier than people think, and there are plenty of big egos.

A related problem is that it is often impossible to get a letter to the editor accepted describing serious errors in a published article. Editors of prestigious journals like the *New England Journal of Medicine (NEJM)* and *The Lancet* do not like losing face, so they may reject letters that document fatal flaws that make the article totally invalid or that prove that the authors have lied about their research. I have experienced this from both journals,⁴ as have many other researchers I have collaborated with.

Editors have a catalogue of rejection sentences to choose from, and a typical one is that your letter came in too late compared to the journal's often ridiculously short time frame for accepting letters related to a published article.

Another problem is the length of letters. *NEJM* allows only 175 words for letters criticising an article, which is way too little if there are several important problems with the research. Journals should publish all relevant letters, as they are essential for the scientific debate and for moving the science forward. They could easily do this using their website, which is what the *BMJ* does, with no time limit. So, why don't other journals do it? Because the editors protect their own prestige and that of the journal. They see themselves as almost infallible, and the more prestigious the journal, the more arrogant its editors tend to be.

A third problem with *NEJM*, which many people regard as the most prestigious general medical journal in the world, is cool cash, which I shall illustrate with an example. In 2005, the editors of the Norwegian and Danish medical journals and I published an article in this journal where we

called for registration of all clinical trials in a register, demanding the addition of all results after a certain amount of time had elapsed, to allow the researchers to publish in a journal first.⁵

Letters came in and we responded to them. We thought. The Editor-in-Chief, Jeffrey M Drazen, interfered most inappropriately with our letter. We wrote that sanctions against researchers or companies that failed to report their data should be introduced, but Drazen deleted “companies” from our manuscript. He also changed our call for all data to be reported, which became “an agreed-on synopsis of the data.”

I wrote to my two co-authors that I found it completely unacceptable that an editor interfered to this extent with what the authors think and wish to say. I had never experienced anything like this before, and I had published well over 100 letters, many of them in journals like *NEJM*. Drazen gave the drug industry a helping hand. A synopsis means a summary, which would give the companies free hands to continue with presenting manipulated analyses and hiding drug harms. We had seen more than enough of this in industry-sponsored trials.⁶

We protested but Drazen did not accept to remove the bit about only demanding a synopsis.⁷ His journal is very beholden to drug companies, which gives its owners a gigantic income. When we tried to find out how much each of the big journals own on selling reprints and advertising space to drug companies, *NEJM* refused to give us the data, even when we modified our request and only asked for a percentage of the total income.⁸ But the journal’s owner, Massachusetts Medical Society, listed \$88 million in total publishing revenue for the year ending 31 May 2005,⁶ which is an astronomical sum.

The journal is colloquially known under this name:

The NEW ENGLAND JOURNAL of MEDICALISATION

Nothing illustrates this better than the scandal with Merck’s VIGOR trial.⁶ Merck conducted two trials of its arthritis drug, rofecoxib (Vioxx), which both showed that the drug increased cardiovascular events. One of the trials ended in 1999 but wasn’t published until 2006, two years after Merck had withdrawn Vioxx from the market and the publication couldn’t harm the sales.

The other trial, with the catchy name VIGOR, appeared in *NEJM* in 2000. It compared rofecoxib with naproxen. A year later, pharmacist Jennifer Hrachovec called a radio show on which Drazen appeared and begged him to correct the paper because there were three more heart attacks on rofecoxib on the website of the US Food and Drug Administration (FDA) than in the journal article, but Drazen responded evasively.

Two months earlier, Hrachovec had sent a letter to the journal about this which was rejected because of “lack of space.” Pardon me, but this is clear editorial misconduct.

The VIGOR trial was fraudulent. It would have looked very different if the three extra heart attacks had not been deliberately omitted from the trial report, and there were other editorial blunders. The editors didn’t ensure that thromboses were appropriately described and discussed. There were two full tables of gastrointestinal adverse effects in the article, but no table of thromboses. They were only mentioned in a few lines in the text, and only as percentages, which made it impossible to calculate the exact number of events, as not all of them were included. But I tried. Based on the percentages, I calculated 32 and 17 thrombotic events on rofecoxib and naproxen, respectively, but there were actually another 15 versus 3 events.

That wasn't even all. The FDA reviewer found a death from a heart attack on rofecoxib that was coded as something else. The Merck scientist who had judged that the patient died from a heart attack was overruled by his boss, "so that we don't raise concerns." The cause of death was called unknown in Merck's report to the FDA. Conversely, there were two deaths too many on naproxen, and many more events disappeared on rofecoxib than on naproxen in the published report.

The editors even allowed Merck to say that the reason rofecoxib caused more thromboses than naproxen was that naproxen was protective rather than rofecoxib being harmful. This nonsense was wholly speculative and later refuted, and it was irrelevant for the patients. As there were more serious events with rofecoxib, naproxen was the better drug.

When the editors could no longer hide the scandal, they noted that forensic IT work on the submitted disc revealed that the three cases of myocardial infarction had been omitted from the manuscript two days before it was submitted to the journal. They also found out that Merck had selected an earlier cut-off date shortly before the trial ended for the thrombotic events than the cut-off date for the gastrointestinal events, which they were not informed about. This was also fraud.

They put the blame on Merck and the clinical investigators but forgot to mention their own role in allowing the obviously flawed paper to appear in print.

After five years of silence, when the drug had been withdrawn and the journal ran a risk of getting sued, the editors finally reacted, but only by publishing an "expression of concern." If they had acted earlier, it might have killed the sales of Vioxx instead of killing the patients, as the journal is so influential. It would also have blunted the impact of the reprint sales. *NEJM* earned handsomely on the fraud. It sold 929,400 reprints of the article - more than one for every doctor in the country - and they brought in between \$697,000 and \$836,000.

Was the fraudulent trial ever retracted? [No](#). *NEJM* does not deserve the prestige it has.

Scientific progress is not only hampered by protective editors but also by protective researchers. They rarely accept criticism of their research and admit they were wrong or made a mistake but beat about the bush. My research group investigated whether substantive criticism published in electronic letters to the editor in *BMJ* was adequately addressed by the authors.⁹

We found that a substantive criticism, defined as a problem that could invalidate the research or reduce its reliability, was raised against 30% of 350 research papers. The authors were reluctant to respond to criticism (only 45% responded) and they did not respond more adequately when the criticism was severe. We suggested that editors should ensure that authors take relevant criticism seriously and respond adequately to it.

Financial conflicts of interests play a major role in medical publishing. A colleague of mine was commissioned in the late 1990's to write five articles for a pharmacy journal. His second article addressed control of cholesterol and described the biochemistry, diets, and drugs, which it didn't "entirely glamourise," as he said. The feedback was very positive, especially because the article was well referenced. But the next day, the editor called my colleague. She was very apologetic and explained that she needed to cancel the rest of the series. She had convinced Parke Davis to pay for an expensive colour advert for its recently launched drug, Lipitor, which was inserted on the page opposite the first page of the article. Parke Davis had phoned her and said that if she ever published another article by my colleague, they would cease advertising.

Respectable medical journals always avoid placing drug ads close to an article describing that type of drugs. The editor of *JAMA* told me that she was once contacted by a very aggressive and

demanding person from a drug company who insisted to have the two connected. She seemingly agreed. Next, she had this man on the phone again, now furious, because it didn't happen. She apologised and said that someone had made an error. This was great. The bully knew perfectly well what the rules were but thought he could trample on them with his money.

Industry-sponsored drug trials are often published in prestigious journals, as they are attractive for the editors. In his paper, *Medical journals are an extension of the marketing arm of pharmaceutical companies*, *BMJ's* former Editor-in-Chief, Richard Smith, explained that an editor may face a frighteningly stark conflict of interest: Publish a trial that will bring \$100,000 of profit or meet the end-of-year budget by firing an editor.¹⁰ Sometimes companies will ring when a paper is submitted and say they will purchase reprints the drug reps can hand out to doctors if accepted.¹¹

Smith suggested a solution to the journals' conflict of interest problem.¹⁰ They should stop publishing trials; instead, the protocols, results and the full dataset should be made available on regulated websites. This would stop journals from being beholden to companies, and instead of publishing trials, journals could concentrate on critically discussing them.

The industry is very powerful. When the *BMJ* in 2004 devoted a whole issue to conflicts of interest and had a cover page showing doctors dressed as pigs gorging at a banquet with drug salespeople as lizards, the drug industry threatened to withdraw £75,000 of advertising. *Annals of Internal Medicine* lost an estimated \$1-1.5 million in advertising revenue after it published a study that was critical of industry advertisements.⁶

The solution to this problem is to drop advertisements for drugs, which is the only respectable thing to do, as they are harmful for patients and our national economies, and let those journals die that cannot survive without them.

We studied all 158 medical advertisements published in the *Journal of the Danish Medical Association* in 2015.¹² The most advertised drugs were not better than older treatments but were substantially more expensive, and 11 safety announcements for five advertised drugs were issued compared to only one for a comparator drug. The managing editor, a businessman, was very unhappy with our results and refused to publish them.

We protested and after much negotiation, he accepted a short report but required we deleted the calculation that showed that it would not cost much for the subscribers if all ads were dropped. We had also suggested that the journal should not be printed but only published on the web, in which case the subscription fees could be reduced even if the ads disappeared. We fought hard, and from January 2021, the journal no longer published medical advertisements. We were of course not credited for this progress for the patients and taxpayers.

Yet another conflict of interest for journals is that industry-sponsored drug trials boost the journal's impact factor,⁸ which is the average number of citations of articles published in the last two years in the journal.

In 2015, *Lancet* published a meta-analysis of the effects of oseltamivir (Tamiflu) for influenza using data supplied by the manufacturer Roche,¹³ and also funded by Roche through two thinly disguised intermediary bodies. The intent was to discredit the much better meta-analysis on oseltamivir published by Tom Jefferson and colleagues a year earlier in *Lancet's* competitor journal, the *BMJ*.¹⁴ In contrast to the *BMJ* paper, *Lancet* reported that the drug led to fewer lower respiratory tract complications and fewer hospital admissions.

When Jefferson pointed out in a letter to Richard Horton, *Lancet's* Editor-in-Chief, that one of the authors had made a million dollars out of being on the board of Gilead Science, the patent holder of Tamiflu, Horton didn't reply.

The truth is that these drugs are pretty useless against influenza. Another such drug, zanamivir, was rejected by FDA's advisory committee with the votes 13 to 4 because it was no better than placebo when patients were taking other drugs such as paracetamol.¹⁵ But the FDA approved it.

In June 2020, *Lancet* published an unreliable review of observational studies about face masks and social distancing.¹⁶ The apparent effect of face masks was likely because people who voluntarily choose to wear face masks are more careful with hand hygiene and with keeping the distance to other people than people who do not wear face masks.

Two weeks later, Carl Heneghan and Tom Jefferson from the Centre for Evidence-Based Medicine in Oxford emailed the authors and *Lancet's* editors. They found multiple data inaccuracies and many data were implausible. When they compared the distance measures reported in a figure with the included SARS and COVID-19 studies, they could not replicate the results for 13 of the 15 papers. And when assumptions had been used, they could not replicate any of them.

Lancet did not even reply, which was editorial misconduct and arrogance to the extreme. What they found was so serious that the review should have been retracted, but nothing was done. Heneghan and Jefferson published their criticism on the centre's website.¹⁷

Clearly, the often heard argument that science is self-correcting is false and I shall give two examples from psychiatry, one about suicide and one about trying to understand the patients better.

In 2017, Norwegian suicide researchers pointed out that it is a myth that mental disorders play a significant role in at least 90% of suicides.¹⁸ For most suicides, there is no pre-existing mental disorder, but researchers assign a depression diagnosis retrospectively in many patients using psychological autopsy where they speak with the relatives. It is impossible to make such a diagnosis in a dead patient, as many of the diagnostic questions are about how the patient feels and thinks.

The authors furthermore warned against the dangers of relying on a biomedical model because the unfortunate consequence is that people will think there is no danger ahead, as long as there are no signs of a mental disorder.

I have studied psychiatry extensively, including suicides and why they occur,^{19,20} and I found the article highly convincing. But it was very difficult to get it published. The authors received very positive peer reviews and the editor invited resubmission. They did this within a week, but it coincided with a change of editor who rejected the article:

"The findings are of interest but are not sufficiently incremental beyond current knowledge and are not sufficiently persuasive to back up its significant claims."

This is what philosopher Harry Frankfurt calls bullshit, which he considers short of lying.²¹ The new editor had a huge conflict of interest and in his own publications, he had stated that mental disorders play a significant role in 95% of suicides.

Then an Odyssey started with many submissions, rejections, and discussions with editors, and an interesting pattern emerged. Reviewers who concurred with the article's message or welcomed articles questioning established truths provided brief reviews. Other reviewers and commentators, lacking counterarguments, did not debate the science but used the deplorable tactic described in *The art of always being right* of intimidating your opponent by choosing metaphors favourable to your position.²² By so doing, you hope you will win the argument and that your opponents will not dare challenge your position again. The Norwegian researchers were accused of taking an extreme

stance; they were unbalanced; they were not trained as psychiatrists; they were polemical; they just expressed opinions; and they were like climate change deniers.¹⁸

When the article was ultimately published and the editor invited critical comments, none arrived. This is also typical. If you cannot win, you keep quiet.

The troubles weren't over for the Norwegian researchers. In 2017, 29 so-called suicide prevention experts from 17 European countries published a report with the authoritative title, *Evidence-based national suicide prevention taskforce in Europe: A consensus position paper*, which referred to a "10-year systematic review" conducted by 18 experts. This looked impressive, but their review was *not* systematic, and it was flawed.²³ It did not include the numerous studies or reviews that went against the authors' recommendation of drug therapy as suicide prevention.

This was very dangerous advice. It had been known for over 10 years that depression pills *increase* the risk of suicide in children and young people and the drug agencies warn about it. We also know that there is no age limit but that the pills increase the risk of suicide at all ages.^{24,25}

But it was exceedingly difficult for the Norwegian researchers to publish a criticism of the flawed report.²³ Their paper was rejected by six journals, clearly based on politics. In one case, a peer reviewer had no comments and the other reviewer recommended publication twice, but the editor rejected the paper referring to the peer reviews and did not reply when the researchers pointed out this mismatch.

Two years later, the researchers came out of the ashes into the fire. They published an article online in November 2020 after the usual review process.²⁶ They had interviewed professionals about their experiences of working with the implementation of the Norwegian action plans and guidelines for suicide prevention. The professionals spontaneously expressed strong criticism of the guidelines and the monopolisation of "the truth" within the suicide prevention community that came from the national centre, although this was not addressed in the interviews. One month after the article was published, the researchers received a letter from the editors stating that they had received a complaint about defamatory content. They wanted to republish the article but would give the researchers the opportunity to withdraw it first.

This was a trap, which I have also been exposed to. You should NEVER accept such an "offer" from an editor. It is highly likely that they will then reject your paper after additional peer review.

It was easy to guess where the complaint came from. The authors refused to withdraw the article, which resulted in a five-month battle where they needed legal assistance both from their university and from Germany where the publisher is located. The German lawyer concluded that there was nothing defamatory in the content according to the law in Germany and in the EU. In fact, the content was protected in legislation on freedom of speech and on research.

Nonetheless, the absurd theatre continued unabated. The editors now wanted to investigate whether there was any basis in the data for what they called "strong allegations" and demanded that the interview transcripts be handed over.

As this would have been a breach of the informed consent - and a serious one, as the participants were from a small and easily recognisable environment in Norway - the researchers refused. Instead, they sent material where the national centre had publicly confirmed their findings in various debate posts in several professional journals.

The editors did not even accept this and escalated a "conflict" they had themselves created by asking the university to investigate the researchers for scientific misconduct. The university gave in to this silly demand and its investigation fully supported the researchers. Only then did the editors accept that the article would remain in the journal.

I searched on the Internet for the year 2021 to find out what the “experts” opine today about using drugs for suicide prevention. I found a systematic review from July 2021 published in the psychiatrists’ flagship journal, *American Journal of Psychiatry*, entitled *Improving suicide prevention through evidence-based strategies*.²⁷ This article was shocking. The abstract claimed that “Meta-analyses find that antidepressants prevent suicide attempts.” GOOD HEAVENS NO, YOU DAMNED FOOLS! In randomised trials, depression pills have doubled the risk of suicide.^{19,24,25}

I have noticed that leading psychiatrists often seem to suffer from severe cognitive dissonance; it seems almost to be a prerequisite for *becoming* a leading psychiatrist. They are capable of concluding the exact opposite of what the science shows.^{19,20} In this way, they sustain the many myths in their specialty and their belief that psychiatry does more good than harm. The science shows the opposite, and this is also what the public thinks. A survey of 2,031 Australians showed that people thought that depression pills, psychosis pills, electroshock and admission to a psychiatric ward were more often harmful than beneficial.²⁸

This time, the psychiatrists even had the audacity to call their lethal advice “evidence-based strategies.” In my book about organised crime in the drug industry, one of the chapters is, *Pushing children into suicide with happy pills*.⁶ The pills don’t even work for children.¹⁹

The US National Institute of Mental Health has a webpage about suicide prevention which mentions [nine risk factors](#). Depression pills are not among them. In psychiatry, it is taboo to say anything negative about drugs.

If researchers were more honest, there would be less scepticism towards science. People at risk of suicide should not get pills but psychotherapy, which halve the risk of a new suicide attempt in people admitted after a suicide attempt.²⁹

Psychotherapy is useful for virtually the whole range of psychiatric disorders, also psychoses.²⁰ A comparison between Lappland and Stockholm illustrates the difference between an empathic approach and immediately enforcing drugs upon patients with a first-episode psychosis. The Open Dialogue Family and Network Approach in Lappland aims at treating psychotic patients in their homes, and the treatment involves the patient’s social network and starts within 24 hours after contact.

The patients were closely comparable to those in Stockholm, but in Stockholm, 93% were treated with psychosis pills against only 33% in Lappland, and five years later, ongoing use was 75% versus 17%. Furthermore, 62% versus 19% were on disability allowance or sick leave, and hospital bed usage was 110 versus 31 days, on average.

It was not a randomised comparison, but the results are so striking that it would be irresponsible to ignore them. There are many other results supporting a non-drug approach, and the Open Dialogue model is gaining momentum in many countries.

My other example is about a young psychiatrist who had experienced the benefits of involving the family. She set up a Systemic Assessment Clinic (SAC) with another psychiatrist where they asked referred patients to bring along anyone, they felt was significant to their lives.³⁰ At the end of the assessments, they could almost always say: “We begin to understand”. They asked patients and carers to rate their satisfaction with the process and scores were high. But their many attempts to get support or endorsement of the SAC from the local NHS Trust in England failed. They were told it was not evidence-based and were encouraged to apply for a grant. It was 56 pages long, took a year to write, pulled together a team of 8 experts, and was rejected.

They then compared the outcomes for 22 patients seen in the SAC and 22 similar patients assessed in standard fashion during the same period. The results were striking. During three years, only 1 of 22 patients was re-referred in the SAC group versus 9 in the control group. Engaging people in meaningful conversations from the start allowed for the development of a purposeful recovery-oriented care-plan while the standard assessment tended to make the patients chronically ill.

The young psychiatrist sent a paper to the *Bulletin*, published by the Royal College of Psychiatrists, in February 2016, but the editor rejected it without peer review. She asked him to reconsider, and a member of the editorial board enthusiastically replied that the paper should be sent for peer review. The reviewers were positive and suggested some revisions. She resubmitted and was told that her paper satisfied the requested changes and could therefore, according to the reviewers, be published. However, the editor stepped in and declared that he was still “unable to accept this paper for publication” and nothing could be done to alter his opinion. He tried to justify himself by saying that he did not believe the validity of the data, which is an appalling poor excuse for rejecting a paper.

In November 2016, the psychiatrist brought the matter to the attention of the President of the Royal College of Psychiatrists. Two months later, the President replied that the editor’s opinion should be upheld, and she was advised not to “waste any more time and energy on this submission.”

The psychiatrist’s view is that most of the evidence in psychiatric research has been built on quicksand. Indeed. Unfortunately, her story is typical. The psychiatric paradigm is so harmful for the patients that leading psychiatrists protect their specialty by censoring unwelcome data.

It took five years after the first submission before this important study got published.³¹

In 2007, Medscape announced a [New service](#), an opportunity to publish letters other journals had rejected, but very few authors took advantage of the offer.

In 2013, the US National Library of Medicine offered users the possibility of posting a comment on indexed articles so that people could be alerted to potential problems already when they read the abstract. This was a great service, as many researchers quote papers after having read only the abstract, which is often highly misleading.³²

I posted many comments when my letters to the editor had been rejected, but the service was taken down [in 2018](#): “Unfortunately, usage has remained minimal, with comments submitted on only 6,000 of the 28 million articles indexed in PubMed.” It’s unfortunate that the denominator was all articles, as people do not comment on decade-old articles, only new ones. My comments are now totally gone, leaving no trace of their prior existence: “Users wishing to access the comments after March 2, 2018, will be able to download them from NCBI’s website.” Great service. When users don’t know a comment exist, they cannot go to a website and find it.

Centuries ago, censorship was brutal. [Galileo Galilei’s](#) statement that the Earth revolves around the sun was “investigated” by the Roman Inquisition in 1615. It concluded that heliocentrism was foolish, absurd, and heretical, as it contradicted the Holy Scripture. Not much different to the arguments being used today. To avoid getting burnt, Galileo was forced to recant and spent the rest of his life under house arrest. The modern equivalent of this is house arrest for telling the truth in China.

It is less well known that [William Tyndale](#) in 1536 was executed by strangulation, after which his body was burnt at the stake, because he had translated the Bible into English from Hebrew and Greek. This was too big an affront and a challenge for the job security of Roman Catholic priests.

Nowadays, the methods for eliminating your opponents are more civil but I don't think they are less commonly applied, as human nature is the same. I have experienced all the variants of it, apart from house arrest as I don't live in China, and I have written extensively about these abuses of power in my books.^{4,6,19,20,33-36}

Humans do not like uncertainty, which is in our genes, as indecision decreases our chance of survival. It is a curious trait of human psychology that once you have made up your mind, even when you were in serious doubt, you will vigorously defend your position when someone proves that the other option was the correct one.³⁷

Therefore, people who spread misinformation may spread their false ideas even more forcefully and uncompromisingly when confronted with irrefutable evidence that they are wrong. Perhaps this can explain the widespread cognitive dissonance among psychiatrists. They need to stick to their false ideas about diagnosis and treatment, which they do by spreading misinformation. I have heard a professor say A at a meeting and non A in an interview two weeks later. It is not a problem for them.

In trying to understand the private universe of vaccine deniers, pseudoscience is a useful concept. In science, we make null hypotheses we try to disprove, e.g. this vaccine does not reduce infections compared to a placebo vaccine. Pseudoscience is elusive because it uses much the same terminology as science, but if pseudoscientists have any hypotheses at all, they do not try to disprove them. They try to confirm them and make them immune to refutation.

The best example is alternative medicine.^{33,38} Its practitioners often say that their treatments cannot be studied in randomised trials because the experimental setup destroys the effect, they are convinced exists. This falsehood is a perfect example of immunisation of the hypothesis. The healers confuse randomisation with blinding when they say, for example, that acupuncture cannot be studied in randomised trials because it cannot be blinded. Of course it can. There are numerous trials of surgery versus drugs where the surgery was not blinded (e.g. by sham surgery).

Moreover, there are trials that have used a placebo acupuncture group with a non-penetrating needle in order to blind the intervention. We reviewed these trials and found a small analgesic effect of acupuncture, which was not clinically relevant and could not be clearly distinguished from bias.³⁹

Many patients and some doctors are attracted to the irrationality of alternative medicine, with its pseudoscientific explanations of the supposed modes of action. This might be related to the propensity people have for religious beliefs.³³ The subject is so popular that the editors of the textbook of internal medicine used by medical students in Denmark decided a chapter was needed about it.³⁸ They asked me to write it because they knew I had the skills to review the science critically.

I looked for evidence of beneficial effects of the most commonly used treatments and came up empty-handed. As it is not possible to define in any meaningful way what alternative medicine is that distinguishes it from other treatments, my pragmatic definition is that it is a treatment that doesn't work. If it did, doctors would use it and would not call it alternative medicine.

There are many quacks around and they love recommending vitamins and minerals, which have also been suggested as prophylaxis or treatment for COVID-19. I shall not waste your time on this, only say that it is easy to get some information about it. For example, *vitamins and minerals for*

covid in a Google search leads to a [message](#) from Harvard Medical School at the top of the search page that is not encouraging.

I shall come back to the quacks in Chapter 5. Their main approach is to cherry-pick observations in their support and disregard those to the contrary. Looking for confirmation of your beliefs is unscientific. A duck may get its belief that human beings are very nice to it reaffirmed every day until the day comes when it will be slaughtered and eaten.

Many people who view themselves as scientists behave as pseudoscientists because they try to reject strong evidence with weak evidence. Although this is foolish, it is very common, and it is all a question about not losing power. It is like using a fuzzy photo to “prove” you have seen a UFO when a photo taken with a strong telephoto lens has clearly shown that the object is an aeroplane or a bird.⁴⁰ Many people just love this kind of irrationality.

It is important to be aware of the UFO trick, as the research literature, newspapers and other media are full of nonsense on this basis. Many people believe it because they do not have a science education, and many of those who have one are unable to distinguish between good and bad science.

The most common cause of harmful confusion is that people are generally uncritical towards observational studies. When randomised trials have shown something with great certainty that people with vested interests don't like but cannot refute, they often say that observational studies have arrived at the opposite result and then discard the evidence from the trials. I have seen this happening constantly throughout my whole career, e.g. in relation to the benefits and harms of mammography screening, psychiatric drugs and other drugs,^{4,6,19,20} and also in relation to face masks, which I shall discuss in Chapter 6.

Closely related to this is what we call the doubt industry.^{41,42} When research results threaten financial interests, the industry pays corrupt researchers to carry out research whose only purpose is to sow doubt. The most notorious examples of this are researchers that have claimed that tobacco is not addictive; that there is no climate change; and that very harmful drugs are not harmful. Philip Morris, the US tobacco giant, set up a research company that documented the dangers of sidestream smoke, but even though more than 800 scientific reports were produced, none were published.⁴³

The doubt industry is very effective at distracting people into ignoring the harms of virtually everything. The industry buys time while people die.

Journalists willingly contribute to this because they have learned at journalist school that their reports need to be balanced. When robust research has shown that a product is dangerous, and numerous substandard studies have been produced saying the opposite, the public gets confused because - as journalists say - researchers disagree.

Another important impediment for science is fraud, which is much more common than people think. Prompted by a colleague, Ian Roberts investigated the trials he had included in a systematic review showing that mannitol halved deaths from head injury.⁴³ It turned out the trials didn't exist. All of them had a lead author who purported to come from an institution that didn't exist either. He killed himself a few years later. The trials were published in prestigious neurosurgery journals and had multiple co-authors. None of them had contributed patients to the non-existing trials, and some didn't know they were authors until after the trials were published. When Roberts contacted one of the journals, the editor responded that, “I wouldn't trust the data.” Roberts wondered why he then published the trial. None of the trials have been retracted.

Roberts suggested that authors of doubtful trials should be asked to provide the original data for checking, and if they decline, the trial should be removed from the analysis and the reasons stated in the review.⁴⁵

Richard Smith wrote about this in 2021 in the article, *Time to assume that health research is fraudulent until proven otherwise?*⁴⁴ The same year, an analysis of individual patient data in 153 randomised trials submitted to *Anaesthesia* showed that 44% had untrustworthy data and 26% were fatally flawed, i.e. 70% were garbage.⁴⁶ When individual patient data were not available, it was more difficult to detect misconduct, and now “only” 22% was garbage. China was by far the biggest contributor of garbage (24%), followed by Egypt (8%), India (7%) and South Korea (6%).

We cannot take science on trust but must investigate every time if it is reliable. Roberts is an editor in a Cochrane group, and he stated that it is a huge mistake that the motto for Cochrane systematic reviews of trials is “Trusted evidence,”⁴⁵ which sounds like self-praise from a drug company. Most Cochrane reviews are unreliable because some of the trials are unreliable, and the Cochrane authors and editors are not sufficiently critical. This is particularly bad in psychiatry where virtually every placebo-controlled trial is flawed.¹⁹

With scientific freedom comes scientific accountability but issues with data integrity are common in all areas. In 2020, the Editor-in-Chief of *Molecular Brain* described what happened when he requested to see the raw data in 41 of the 180 manuscripts he had handled.⁴⁷ Upon his requests, 21 of the 41 manuscripts were withdrawn by the authors, and he rejected a further 19 “because of insufficient raw data,” which suggested that the raw data might not exist, at least for some of the cases. Thus, only 1 of 41 papers (2%) passed his reasonable test.

Do medical journals care that most of what they publish is fraudulent or seriously misleading? No. There are about 30,000 of them, which is way too many, as evidenced by the invitations I receive daily about submitting a paper to an obscure journal I have never heard about. I block all these messages to ensure I will never see an email from that journal again, but the begging keeps coming in at the same rate.

This makes it counterintuitive that it is so difficult to publish unwelcome results. But the publishing world has shrunk. The five big publishers are Reed-Elsevier, Springer, Wiley-Blackwell, Taylor & Francis, and Sage. They published more than half of all academic papers in the peer-reviewed literature in 2013.⁴⁸ In 1973, the five largest publishing houses controlled only 20% of scientific papers.

Publishers and their journals have ethical guidelines for publishing, but they often violate them when they get in trouble. And when your manuscript gets rejected, they won’t tell you it is because they want to protect their income from advertisements, or from selling reprints to drug companies, or because the editor or director has a well-paid position (a euphemism for corruption) at the advisory board of a big drug company.

And when your paper on the journal’s website gets retracted, they won’t tell you it is because they have been threatened with litigation by someone with deep pockets or because a major benefactor has threatened to withdraw all collaboration with the thousands of journals the publisher owns.

Money plays a key role for the miniscule number of retractions of fraudulent or seriously misleading articles that are harmful for public health. If a journal has many retractions, it will lose prestige and income. On top of this, it can be laborious and expensive to investigate alleged fraud,

and the journal might risk being sued if they retract a fraudulent paper. It is far easier to shrug your shoulders and look the other way.

By August 2021, there were over 200,000 COVID-19-related publications,⁴⁹ but only 0.02% had been retracted.⁵⁰ The reasons for retraction were not reported in 33% of cases although they should be, and 59% of the retracted articles remained available as original unmarked electronic documents after retraction, which is also wrong. Considering the in-depth studies just above, we would have expected retractions of a thousand-fold more studies than what was observed.

One retracted article, which claimed a link between 5G technology and COVID-19, remained available from at least 60 different websites. 5G means the 5th generation mobile network, which uses high radio frequencies. Many people believe that such relationships are true and spread misinformation about them on social media. The [reason for the retraction](#)? The article “showed evidence of substantial manipulation of the peer review.” In what way, please? Did the authors peer review their own article (this has been described), and if so, how? And was this just a pretence? Was fraud or a suspicion of fraud the real reason?

With no explanation, people will speculate. The crackpots will immediately launch conspiracy theories and make martyrs out of the fraudsters.

Perversely, the act of retraction can lead to enhanced media attention and continued citation.⁴⁷ The retraction of Wakefield’s infamous and wholly fraudulent paper³⁵ linking measles vaccination to autism is frequently cited by extreme anti-vaxxers as evidence of a so-called conspiracy to suppress the fraudster’s views.

Retractions are systematically recorded by *Retraction Watch*. An inspection of the list of retractions reveals that many of the most egregious cases should have been picked up on review and never been published.⁴⁷

The retraction in 2020 of a study on hydroxychloroquine⁵¹ from *Lancet* is a telling example. Before publication, no one - authors, referees or editors - appears to have questioned the provenance or veracity of the underlying data, which came from a company called Surgisphere. Yet within days of publication, serious questions were raised on social media about the data,⁴⁷ which led *Lancet* to retract the study when it became clear that the data didn’t exist. It was an observational study of 96,032 patients hospitalised with COVID-19 reporting that hydroxychloroquine and chloroquine [increased mortality](#). The retracted study caused the WHO to suspend temporarily clinical trials of hydroxychloroquine. The authors [retracted a similar study](#) in *New England Journal of Medicine*.

Hydroxychloroquine was promoted by French researcher Didier Raoult who did a small, fatally flawed study with no control group. It was touted by President Trump and his lawyer, former New York City mayor Rudolph Giuliani, who claimed 100% efficacy.⁵² Trump announced that he would send 2 million doses to Brazil,⁵³ and the FDA spinelessly buckled under to the political pressure and issued an emergency authorisation giving doctors a green light to prescribe it,⁵² which the agency later rescinded. The large WHO Solidarity trial found that hydroxychloroquine increased mortality by 19% (P = 0.23) and it also increased the initiation of ventilation and hospital stay.⁵³

The WHO results were uploaded on a website already in October 2020, but even in 2022, all sorts of conspiracy theories flourish that involves the WHO, Bill Gates and Big Pharma and the evil in withholding a miraculous and cheap drug that could save many lives even though it doesn’t work.

The criticism of the big publishers has mounted. It used to be the drug industry that had the biggest return on investment but now it is the big publishers. In 2011, the profit per unit sold for the 500 biggest companies in the United States was 5% but for the drug industry, it was a staggering 19%.⁶ In 2010, the biggest academic publisher, Elsevier, had a profit margin of double as much, 36%.⁵⁵ The big publishers are essentially a for-profit oligopoly.

Amazingly, it was one man, media tycoon Robert Maxwell, who transformed a slumbering and ineffective scientific publishing industry into a monster.⁵⁵

In contrast to other industries, the exorbitant profits come with no risk and our societies are the victims of the extortion. Most academic research is publicly funded, most of the knowledge published in academic journals is publicly funded, and most peer reviewers are publicly funded.⁵⁶ Authors work hard to produce the research, to write the papers, and to peer review other authors' papers for free.

Thus, scientists are the publishers' slaves. What other industry receives its raw materials for free from its customers, gets those same customers to carry out the quality control of those materials for free, and then sells the same materials back to the customers at a vastly inflated price? Scientific knowledge belongs to us all and should be a public good, but it is viewed as something that can be traded as a private commodity.

Particularly Elsevier has been criticised. If you want to subscribe to *Brain Research*, which comes out twice a month, for one year, it will cost [\\$11,000](#) for an institution, both if it is in the United States and if it is in Bangladesh. On the website, you can choose between *Institution* and *Personal*, but pressing *Personal*, this message appears: "No personal options available." Is Elsevier afraid that a cheaper personal subscription might be traded with an institution that cannot afford a subscription? When I tried *Lancet*, also an Elsevier journal, there was no institutional option, only *Personal*, *Student* and *Reduced*. The price for one year was [\\$313](#) and \$162 for a student.

When the Internet became a threat to the huge profits of printed journals, Elsevier created a switch that fused Maxwell's thousands of tiny monopolies into one so large that, like a basic resource like water, it was impossible for universities to do without.⁵⁵ They buy access in bundles, just like when you want to see a particular type of sports on TV but cannot get access without paying for a lot of channels you will never watch. This is a very strange idea. Imagine you need six eggs to bake a cake and you cannot buy eggs without buying also six mega bottles of Coca Cola and a pack of cigarettes even though you would never touch any of these unhealthy items?

Already in 1988, Maxwell predicted that in future, there would only be a handful of immensely powerful publishing companies left, and they would ply their trade in an electronic age with no printing costs, leading to almost "pure profit."⁵⁵ That sounds a lot like the world we have now.

Springer is also a superb extortionist. In November 2020, its *Nature* journals announced their open access option, which would cost the authors up to €9,500 per article.⁵⁶ It is not a typing error: Nine thousand five hundred Euros. This came after *Nature* had spoken about their "diversity commitment" pledging "greater representation of currently under-represented groups" in their published content and events, and "faster movement in the direction of equity." Really? The publication fee is the net annual earning of scientists in many African institutions and the annual salary of an assistant professor in a medical school in India.

The university libraries pay a lot in subscription fees to make scientific papers available. Scientists who do not have access to a library will need to pay typically around €40, even if they just want to read one of their own articles.

About ten years ago, I was so fed up with this system that I wrote to the *BMJ* about it. I had done numerous peer reviews for *BMJ*, and my reviews were in the top 10% for their quality. I had also paid a great deal of my centre's budget to have my articles published open access in this journal. I told editors that this was not a fair system and asked if they would let me publish for free for a while considering my huge contribution to the journal. To my big surprise, they agreed, and I published some articles for free.

Today, about a quarter of scientific papers are freely available,⁵⁵ but this is because those who give their articles for free to the publishers pay so that others can read them!

Papers on COVID-19 are an exception. Because of the emergency, many publishers have made these articles available for free, which has been hugely beneficial for science and humanity. This is not solely due to publishers' philanthropic efforts to help the world tackle the global pandemic.⁵⁷ Much COVID-19 research has been funded by bodies such as the Wellcome Trust, the Economic and Social Research Council, the European Commission, and the US's National Science Foundation, which have mandated full, unrestricted, global access to the publications.

People who are being exploited will revolt sooner or later. In a remarkably brave move, Alexandra Elbakyan, a Kazakh science student, created Sci-Hub in 2011, which became the largest pirated repository of scholarly work with more than 80 million papers.⁵⁸ Her website has been taken down multiple times in countries where students can get in legal trouble for using it.

Fear of extradition to the USA has forced her to keep her location secret and she communicates with journalists via secure chat rooms. In June 2021, Elsevier was granted an injunction against her and \$15 million, the maximum allowable amount, in damages by a US court.⁵⁵ Elbakyan argues that science should belong to the scientists and not the publishers, and in a letter to the court, she cited Article 27 of the UN's Universal Declaration of Human Rights asserting the right "to share in scientific advancement and its benefits."

In India, academics had uploaded articles on Sci-Hub and LibGen, another online repository, and had provided free access to them. Over 2,000 researchers, scientists and students from across the country signed a petition demanding free access to knowledge.⁵⁹

However, in December 2020, the Delhi high court restrained this activity on a plea by Elsevier, Wiley and the American Chemical Society,⁵⁸ claiming copyright infringement.

Breakthrough Science Society stated that publishers such as Sci-Hub and LibGen do not violate any norm of ethics or intellectual property rights, as the research papers are intellectual products of the authors and the institutions.⁵⁹

It will be interesting to see the outcome of the court case in India. India's copyright law is more progressive than in high-income countries. Its research exception means that if you are using copyrighted material for research, it will not be an infringement. It also has a passage about fair dealings, which enabled institutions in India to lawfully reproduce academic textbooks and other copyrighted material for use in education. In 2012, five publishers - including Oxford University Press and Cambridge University Press - [unsuccessfully sued](#) the University of Delhi for doing this.

The current system is financially unsustainable and extremely exploitative. It is therefore no longer just a student in Kazakhstan that revolts.

In 2019, the University of California, which paid \$10 million annually to Elsevier, dropped its subscription.⁶⁰ Norway, Sweden and Germany also [cancelled their subscriptions](#) with Elsevier, which owns 2,650 journals including *Lancet*, *Cell* and *Journal of Molecular Biology*. It reported a revenue of more than \$3.6 billion in 2020.

Scientific journals have improperly installed themselves as gatekeepers of scientific prestige.⁶¹ Academics and universities need to change this. They need to de-emphasise publication in high impact journals as a measure of academic success because this system makes the journals inflate their importance and prices uncontrollably. Many universities and hospitals use a primitive model of judging the worth of their researchers and research centres, which is to add up the impact factor points for their publications. And some governments, e.g. those in China and Mexico, offer financial bonuses for publishing in high-impact journals.⁶¹ This invites fraud and corruption.

Instead of staring blindly at impact factors, universities and hospitals should ask applicants in what way their research has helped patients or saved money for the taxpayers, which can also potentially benefit patients.

If the universities became their own publishers, they could save an enormous amount of money. It is easy to set up articles nicely and publish them in an Internet based medical journal. This is the way to go. Paper journals should disappear.

A few idealistic medical journals are open access without author fees. An example is the *Indian Journal of Medical Ethics*, which has been run for 30 years entirely based on grants from India, as the law does not accept donations from abroad. Editors and other staff do volunteer work for the love of the subject and the need for such journals. Societies, funding bodies, local governments and personal donations provide the funds.

The universities should do the same. Launch open access journals with no author fees. It has become increasingly unacceptable that there isn't free access to knowledge generated by public investment in research, and laws are under way in the UK and the EU mandating free access to all publicly funded research.

Editors of medical journals are in an endangered position.⁶² In 1999, *JAMA* published an article from The Kinsey Institute, which demonstrated that most college students did not think oral sex implies you have sex. This was during the impeachment of US President Bill Clinton, which was mainly about whether Clinton lied when he stated he had not had a sexual relationship with the White House intern, Monica Lewinsky.

The American Medical Association (AMA) fired *JAMA's* Editor-in-Chief for 17 years, George Lundberg, on the spot without any prior process. The official reason was that Lundberg had threatened *JAMA's* historic tradition and integrity by throwing the journal into a major political debate that had nothing to do with science or medicine. However, this announcement was in itself political. The article was relevant for the court case, which is why Lundberg, after usual peer review and acceptance had accelerated publication. This was a catch-22 situation for Lundberg. Whatever he decided to do, he could be accused of being political. Moreover, the AMA is also a political association, which had donated twice as much to the Republicans as to the Democrats.

The same year, Editor-in-Chief Jerome Kassirer had to leave the job he had held for eight years at the *New England Journal of Medicine* because he had opposed that the journal's prestige be used for a number of secondary products for which the editorial staff had no responsibility, which would therefore be borrowed feathers.

In 2006, the Editor-in-Chief of the *Canadian Medical Association Journal* for ten years, John Hoey, and his deputy, Anne Marie Todkill, were also fired, by the president of the Canadian Medical Association Media. The president first tried to ban the publication of an article. Next, he vetoed the publication of an important part of the article. This article demonstrated that pharmacists

were interfering inappropriately by asking personal questions when women showed up at a pharmacy to be given postcoital contraception (Plan B).

North Americans seem to have a strained relationship with sex, which I shall come back to in Chapter 5. When the Republican Kenneth W. Starr had used 6 million dollars on preparing the case against Clinton, my French colleague asked: "What's the problem?"

3 Censorship at universities and inaction against misconduct

Universities have high ideals about impeccable honesty, independence, scientific freedom, freedom of speech, science at the highest level, and about being an academic forum for enlightening, unprejudiced debates.

But they are also power bases. Universities all too often forget about their ideals when problems arise and protect the perpetrators and attack the whistleblowers in order not to lose prestige.

They have not avoided to become bastions of censorship, intolerance and mandated uniformity. After the student revolt in 1968, you had a very hard time if you wished to study Danish literature at a Danish university and did not confess to your fellow students that you were a Marxist–Leninist. The intolerance was huge.

It is also huge today. When newly admitted law students in 2018 had a party where they were dressed as Mexicans, the Vice Dean at the University of Copenhagen [forbade](#) such themes in future to ensure that they lived up to the faculty's values about diversity and non-discrimination.

Also in 2018, lecturers at the Copenhagen Business School sang a 100-year old song that Danes love and treasure at an internal meeting that starts with these words: "The Danish song is a young blond girl." Someone with a non-Danish background complained because she felt "[non-included](#)." The vice director of the institute apologised to her and said it would be a provocation to sing that song again. So, in Denmark you are discriminated against if your hair colour is black, right?

Prime Minister Justin Trudeau apologised publicly that he, in 2001, wore a turban and robes with his face, neck and hands completely darkened at an [Arabian Nights](#)-themed gala at the West Point Grey Academy, a private day school where Trudeau was a teacher.

The COVID-19 pandemic has also led to many appallingly wrong decisions by the management at our universities, and it has created a dictatorial mindset where elementary human rights are being ignored.

In October 2021, we had an interesting discussion on an email list where an American argued that COVID-19 vaccine mandates at universities were okay as a condition for continued employment. She argued that everyone needed to be vaccinated because academics are truth seekers and should be setting a standard for the community instead of infecting and possibly killing people.

In reply, an American noted that this type of logic would be the end of research and inquiry. Research and critical thinking are not about setting a standard. It has historically been about *challenging* the standard. How can universities teach critical thinking if people who challenge the standard de jour are fired, expelled, crucified professionally, otherwise treated with disdain or ostracised? He saw the end of the universities as bastions of free thinking and felt it was sad for the future of humanity. I agree. If we accept fundamentalism at our universities, we are doomed.

A Canadian argued that that we need to react against a curtailing of any possible questioning of the reasonableness and proportionality of whatever public health measures are imposed on our communities. With the American's logic, questioning of a university's broad vaccination mandate would be similar to thinking that European public health authorities were guilty of promoting the infection and killing people because they did not have such mandates.

He also noted that he had arranged a meeting with his students where they discussed the reasonableness of university vaccine mandates which discussions, according to his US opponent, should not be allowed.

In June 2021, a Canadian professor of surgery, Francis Christian, was fired for having upheld the ethical principle of informed consent.¹ A complainant had objected that he had advocated for informed consent when COVID-19 vaccines were used for children. He had also released a statement to over 200 doctors with his concerns where he noted that he was pro-vaccine and did not represent any group but spoke on behalf of himself.

I cannot see he did anything wrong. He noted that the vaccines can cause myocarditis; that the vaccines were only approved for emergency use, for the elderly, the vulnerable and healthcare workers, but not for children. He noted that the UK and Germany did not recommend vaccinating children. Moreover, two days before he was fired, WHO posted an update on its website saying that “Children should not be vaccinated for the moment.” This seems to me to be good advice.² Both my first and my last PhD student in psychiatry were treated badly by their examiners when they had submitted their theses. The first, Margrethe Nielsen, studied if history had repeated itself by comparing benzodiazepines with depression pills.³ She found that this was the case. We had created a huge epidemic of drug overuse with just as many people being dependent on depression pills as those who had previously been dependent on benzodiazepines, and the authorities had been just as slow to admit that also the new drugs make drug withdrawal difficult.

Nielsen’s important findings were not welcomed by two of her three examiners who had turfs to defend. One had a leadership role at the Danish drug agency and later went on to consult for the drug industry. The other was a general practitioner, which is the specialty that has created most of the misery, as family doctors prescribe about 90% of the psychiatric drugs.

They rejected her thesis for no good reason, but having appealed to the University, she defended it successfully. If psychiatrist David Healy had not been the third examiner, she might not have obtained her PhD, which would have been a gross injustice, as her thesis is considerably better than many I have seen.

When my last PhD student submitted his thesis, he was asked to remove the most important paper, a systematic review of methods to ensure safe and successful withdrawal of depression pills, which was the theme for his thesis. I could not see any valid reason to exclude this review from his PhD. One of the arguments was that these drugs also do something good, and he must therefore describe what they are mainly used for. Why? This kind of drug advertisement is unacademic and irrelevant for a review about stopping them in patients who wish to come off them. In a remarkable act of censorship, the Cochrane Collaboration also embarrassed themselves in relation to this review, which I have described elsewhere.^{4,5}

It is surprisingly unpopular among colleagues to tell patients how to come off drugs that are harming them.

Inappropriate demands from university people are not rare. A PhD student told me that he strongly disagreed with his supervisor who requested he added a statement that psychosis pills have clear benefits when he described treatment options for schizophrenia. This is plain wrong. The randomised trials show that psychosis pills do not have any specific effects on psychosis; they do not have a clinically relevant effect; they do far more harm than good; and they kill very many people.³ His supervisor was president of the national psychiatric society and surely knew how to protect his specialty’s guild interests.

The worst examples of university censorship I have encountered are related to mammography screening.⁶ When the deputy director at my centre submitted his doctoral thesis in 2010, Copenhagen University selected Professor Elisabeth Lynge as chair for the evaluation committee. All three members had clear conflicts of interest in violation of the university guidelines, which stated

that, “No one can participate in the evaluation of a thesis in the presence of circumstances that may be suitable to raise doubt regarding the impartiality of that individual.” We complained to the university about the composition of the committee noting that Lynge had denigrated our work, which represented a serious criticism of her own research, in the media. Lynge replied that she was not conflicted, as did the other examiners, which the university accepted.

We complained again, this time referring to the law of public administration and cutting in stone what we meant, as the university was obviously tone deaf:

“Mammography screening is a controversial intervention and a major international political topic of dissent involving huge economic interests and career investments ... Any researcher will naturally wish to defend their own work against criticism, and in this case, we are concerned that the examiners could be tempted to ‘find an excuse’ for rejecting the submitted thesis, as such a move could be used as a very effective political tool in the ongoing dispute.”

This time, the university accepted our appeal and appointed a new committee. My deputy became Doctor of Medical Science without further obstacles.

Our colleague in Norway, Mette Kalager, was the head of the Norwegian mammography screening programme. She was also sceptical about having Lynge as one of the examiners on her PhD thesis but accepted it, which cost her dearly.

In one of her three papers, she demonstrated considerable overdiagnosis in Norway. Overdiagnosis in cancer screening is the detection of cancer lesions that would otherwise not have been detected in that person’s remaining lifetime. Thus, overdiagnosis is unequivocally harmful. It is the most important harm of cancer screening as it leads to treatment, e.g. surgery and radiotherapy, which increases mortality when used in healthy people.

However, the examiners - of which only Lynge had expertise in mammography screening - rejected this paper for no good reason. Lynge even demanded that all discussion of overdiagnosis should be deleted from the thesis, which had nothing to do with science but everything to do with the politics of protecting mammography screening against criticism.

I had seen the manuscript as a peer reviewer, and it was outrageous that Lynge rejected it. Kalager’s main tutor, Professor Hans-Olov Adami from Harvard and Karolinska Institute, advised her to withdraw the paper in order not to cause additional delays, which had already made a highly qualified examiner withdraw.

Kalager told me that because one of her papers was published in *New England Journal of Medicine*, it should not be a problem to get her thesis approved with only two papers. She therefore omitted the study on overdiagnosis and resubmitted the thesis.

To her great surprise, it was rejected by the same committee, and yet again, for no good reason.

This was a huge scandal and indisputable political censorship. Adami wrote a most damning letter to the Dean of the Medical Faculty at the University of Oslo noting that “The quality of the evaluation committee’s comments is astoundingly low with limited scientific substance and indeed an element of vested interests and biased views.” He found that excluding Kalager’s paper on overdiagnosis was a lost opportunity to have a rich scholarly discussion about an issue of enormous relevance and methodologic complexity.

I got involved and complained to the Rector and the Dean. The university raised doubts about Lynge’s motives like I did, and they ended up removing her. But not because of this. The official

excuse was that, with three women on the committee, there was gender inequality! People will go a long way to save face even when it makes them laughable.

The paper Lynge rejected was later published in one of the world's finest medical journals, *Annals of Internal Medicine*.

The crux of the matter was that Lynge had published volumes of very poor research concluding that mammography screening had a large effect and can be performed without any overdiagnosis, which is a mathematical impossibility.⁶ The truth, which Kalager also found in her studies, is: No clear effect of screening and substantial overdiagnosis. She concluded that the harms exceed the benefits, which is correct.⁷

It was agreed that a new committee was needed. Adami suggested me as chair, which the university rejected. They regarded me as conflicted because I disagreed scientifically with Lynge. This is an invalid argument. There were many obvious flaws in Lynge's research, and I had alerted other scientists to them in my scientific papers and in a book,⁶ which was my obligation as a scientist. But this was too much for Oslo University. They broke many other elementary rules in the way they handled the case, which I mentioned in my 11-page letter to the Rector and the Dean. Even Lynge's two co-assessors had complained to the university about the unprofessional handling of it all,⁸ which was a clear case of maladministration.

Rector's reply to me was arrogant. He did not respond to any of the questions and concerns I had raised but merely wrote that, "The handling of this case has been in agreement with current rules and academic principles," which was false. He also noted that I was not "part of the case." I feel it is a moral imperative for me to help when good people I know come in trouble because of bad people, and Kalager and Adami appreciated my assistance.

Many people were highly upset about the affair, and I was interviewed in several media, also in the Oslo University newspaper, in the article, *Abused by the evaluation committee*.⁸

A year later, Kalager got her PhD, after 1.5 years of agony. This was a disgrace for academia in general and for Oslo University in particular. She abandoned her post as head of the Norwegian mammography screening programme, as her own research had confirmed that screening is harmful.

As this sad story illustrates, universities are very poor in handling cases of academic misconduct. They prefer to close their eyes.

In the late 1980s, Iain Chalmers from Oxford noticed that the text and data in a 1974 paper on epidural anaesthesia, co-authored by professor of obstetrics Asim Kurjak from Zagreb University, were identical to those in a paper another group of authors had published three years earlier.⁹ He reported his observations to the editor and to Kurjak's university. Both wanted this to be handled discreetly.

Many years later, in 2006, Chalmers was prompted to write a *BMJ* article when he discovered that Kurjak had continued to plagiarise. A 2002 report showed that he had taken material from a Norwegian doctoral thesis and published it as a chapter in a book on foetal neurology under his own name.

The University of Zagreb did nothing. Its so-called Court of Honour did not live up to its name but decided that the case should be dismissed because Kurjak retired from the university a month before the case was heard.

Chalmers noted that, "This is a sad day for Croatian scientists who wish to promote honesty and to outlaw misconduct and cronyism within academia." *BMJ's* editor said that "Until the dean

of Zagreb's medical school, Nada Cikes, shows that she takes Kurjak's offences seriously, the scientific integrity of the whole institution is in question and a cloud will remain over Croatia's research community."

The editors of the *Croatian Medical Journal*, the married couple Matko and Ana Marušić, were asked to investigate those of Kurjak's articles they had published.¹⁰ They [retracted](#) two articles he had previously published elsewhere.

Matko Marušić's report was not mentioned in the university's ruling, and he was told the Court of Honour had never received it. When he asked Cikes why, she said she could not recall having received the report, even though it had been filed officially with the medical school authorities. Later, Cikes said that she *did* receive the report. At the school's council meeting, Marušić learned that the Court also had not received the National Committee for Ethics in Science's report on the Kurjak case, which had confirmed Chalmers' observations and found additional examples of plagiarism.

Cikes issued a faculty-wide ban on any further communication with the media. As the *Croatian Medical Journal* represented three Croatian medical schools in addition to the Zagreb school, Marušić protested about this censorship, which, moreover, did not apply to Kurjak whom Cikes' instructed how he should handle his interview on TV.

Marušić reported Cikes' ban to Minister Dragan Primorac and to the Rector of the University, Professor Aleksa Bjelis. The former forwarded the complaint to the latter, who forwarded it to Cikes to "process the complaint." It could not be more corrupt than this. When invited to comment on Kurjak's misconduct during a TV show, Bjelis stated that plagiarism was a benign problem and that the university had more important problems to address.

Added to this, the leadership of the Zagreb Medical School tried to present the high-quality *Croatian Medical Journal* as a low-quality journal with questionable editorial practices and dishonest editors, and also attacked its editorial independence.¹¹

In 2009, Chalmers wrote that demands were raised that Matko Marušić be assessed psychiatrically because he had drawn public attention to the corruption at the University of Zagreb.¹² Natasa Skaricic, a journalist from the university who covered the scandal, was sacked, and Mirjana Juricic, a judge who ruled that the demand that Marušić be examined psychiatrically was an illegal attack on his human rights, was facing disciplinary action.

The Zagreb Medical School punished Marušić for speaking out publicly and forced him to apologise, but the Administrative Court of Croatia later [annulled](#) the public reprimand and reaffirmed his right to speak publicly about the "moral and intellectual crisis of the Croatian academic community." Bjelis stated that legal experts had informed him that the authority of the Administrative Court in this matter was questionable, and that the university was pursuing the matter. When the Croatian Helsinki Committee for Human Rights stated that the case involved "misuse of psychiatry" that violated "not only the human rights of Prof. Marusic, but also his dignity," Bjelis said that the Committee formulated its position "without gaining insight into the procedures taken at the school."

One would have thought this came from a novel about pure evil. But this was the University of Zagreb.

The worst example of academic cover up for a villain while punishing the whistleblowers comes from Karolinska Institutet in Stockholm. The Nobel Assembly at the Institute nominates the winner

of the Nobel Prize in Physiology or Medicine, and it consists of 50 professors selected from the Institute.

In 2008, Italian surgeon Paolo Macchiarini published a report in *Lancet* about his implant of a human cadaveric trachea (windpipe), which was decellularised and colonised with stem-cell-derived chondrocytes (cartilage cells) from the recipient to replace a stenosed left main bronchus.¹³

The report was fraudulent. For example, it noted that the patient had a functional airway, with normal appearance and mechanical properties at 4 months. But three weeks after the operation, the graft had collapsed; the patient needed multiple stent placements and eventually had a left pneumonectomy; and the published data on the patient's lung function were also false.

The fraudulent paper contributed to the deaths of several patients, including a 15-year-old girl who died 15 days after a trachea transplantation in London, but the University College London claimed on its website that the operation was a success.

There cannot be any doubt that this paper should be retracted. But despite repeated requests to Horton, *Lancet*'s editor, including from the House of Commons Science and Technology Committee, he has refused to retract the paper.¹³ This is horrible editorial misconduct.

Because the implanted tracheas collapsed, Macchiarini switched from cadaveric to plastic tracheal transplants.

In 2011, Macchiarini implanted a plastic trachea seeded with the patient's stem cells in an Eritrean graduate student who had throat cancer.¹⁴ He quickly started putting implants in less seriously ill patients. It was a highly dangerous new procedure, but Macchiarini did not do any animal experiments to find out if the implant would work although this was required. He went directly to inserting the plastic tubes into humans.

Macchiarini was extraordinarily reckless. He told spectacular lies and his published results continued to be fraudulent. They suggested his patients fared well but it appears that all but one died, some slowly and in great pain. We don't know how many patients Macchiarini killed because he operated in several countries. The sole survivor apparently had the implanted trachea removed.¹⁴

In 2010, Macchiarini became [visiting professor](#) at Karolinska Institutet and part-time surgeon at the affiliated university hospital. He impressed everyone and fooled them, also three researchers who published articles with him.

After a surgical fiasco in 2012 with Macchiarini's third patient, a young woman from Turkey, his collaborators began to suspect that the research on which the transplants were grounded was fraudulent. This patient had undergone an elective procedure to correct a condition that caused excessive sweating, and the surgeons had injured her trachea.¹⁵ They tried to repair it and she was having problems with infections, at which point she came into contact with Macchiarini. After he had operated on her, she had to undergo an additional 191 surgeries for other complications; suffered at least two strokes; became partially blind; and couldn't walk. Her throat had to be cleared every four to six hours. It was very costly, too. She spent three years in intensive care in Turkey and did not survive.

Assisted by a fourth whistleblower, the three surgeons scrutinised hospital records and journal articles and submitted a [Formal appeal for an investigation of scientific misconduct](#) to Karolinska Institutet in August 2014.

The report was 500 pages,¹⁵ but the accompanying letter of just two pages said it all. Macchiarini had claimed in six articles that the plastic trachea was a viable treatment option associated

with negligible complications. But the three patients from Karolinska University Hospital had all suffered from serious complications which were not reported. Moreover, the claim that a synthetic trachea transplant can develop into a functional airway was unsubstantiated by the findings in the patients' medical records, and all six articles contained falsified data.

Macchiarini had not applied for permission to do the experimental surgery from the Regional Ethical Review Board, and they would hardly have approved it, as no animal studies had been carried out. The patients were misled, as they signed a consent form that had not been reviewed and approved by an ethics committee, and it stated that the prosthesis was biocompatible although this had never been investigated and was totally false.

Macchiarini stated that biopsies had shown regeneration of the mucosal lining of the trachea but in the patient's medical records, just the opposite was found, a chronically necrotic and infected airway. Biopsy results in a 2011 *Lancet* article seemed to have been fabricated, but the fraud was perpetuated in the next five articles that quoted it. This *Lancet* article has been [retracted](#).

The whistleblowers noted that they suspected that the findings presented in the *Lancet* article were used as a primary reference when an application was filed with the FDA, which granted approval for transplantation of a 2-year-old patient in the USA who died three months after the implantation. If approval was attained by fraudulent means, Macchiarini might be subject to prosecution under US federal law.

It would seem impossible to ignore all this, but Karolinska did. An external inquiry in 2015 confirmed Macchiarini's fraud, but leaders of the Karolinska Institute dismissed the result and proclaimed their continued confidence in the celebrated surgeon.¹⁴

The whistleblowers did not give up. They worked for nearly two years desperately alerting regulatory bodies, funding authorities, journal editors, and the press, but their efforts were fruitless.¹⁴

Karolinska tried to shoot the messengers. They subjected them to a brutal campaign of harassment and intimidation. They were threatened with dismissal, and one was falsely accused of research misconduct, which derailed his research career. They even reported the whistleblowers to the police, falsely accusing them of illegally accessing hospital records.

Macchiarini's fraud and abuse were defended for years by prominent members of the Nobel Assembly, including its secretary-general.¹⁴ In 2016, prominent scientists including Nobel laureate Arvid Carlsson therefore called for the Nobel Prize to be cancelled.

Also in 2016, an amazing documentary on Swedish TV exposed Macchiarini's abuses and the institutional cover-up. The journalist had followed Macchiarini around to produce a documentary about this fantastic surgeon. But he found out along the way that something was totally wrong.

The documentary sparked outrage in Sweden, and Karolinska was forced to act.¹⁵ They could no longer hide the facts and conceded in 2018 that six of Macchiarini's articles should be retracted.¹⁴ But the concession came with a bizarre twist: They blamed the whistleblowers for complicity in Macchiarini's scientific misconduct. Karl-Henrik Grinnemo was singled out for special blame and placed in the same category of misconduct as Macchiarini, despite the fact that he had helped expose the fraud, had removed his name from Macchiarini's key paper, and had lobbied for years to have the articles retracted.

Even in 2021, Karolinska had not fully acknowledged its culpability in lethal, experimental procedures and was still trying to discredit the four whistleblowers who exposed them.

In September 2020, Swedish prosecutors announced charges against Macchiarini for aggravated assault in connection to the three surgeries he had performed at the Karolinska University Hospital.¹⁵ Macchiarini denied all charges. Hearings are expected to begin in 2022.

Macchiarini was a formidable liar. He misrepresented his medical training and work history, and also lied blatantly in his private life.¹⁵ Benita Alexander, an award-winning documentary TV producer, met Macchiarini in 2013 while working on a story about his pioneering work. He was in USA to operate on the 2-year-old toddler. They fell in love and the wedding would be held in the Vatican despite rules against remarriages, by the Pope. Macchiarini told her that among his clients were not only Pope Francis but also the Clintons and the Obamas. The celebrations would last four days, and the guest list included Elton John, the Beckhams, the Obamas, the Clintons and actor Russell Crowe.

Eight weeks before the wedding, a colleague sent an article to Alexander that said the Pope would not be in Rome on the day of their wedding. He would be in South America and the trip had been planned for quite some time. Alexander called the castle where all the guests were supposed to be staying but they did not have a reservation. When she asked Macchiarini about the Pope, he blamed Vatican politics, alleging that the more conservative former Pope Benedict went behind Pope Francis' back to stop him from officiating the wedding.

Alexander hired private investigators in USA and Italy. The Vatican verified that Macchiarini had never been the Pope's personal doctor. The Clintons and the Obamas had never heard about him. Moreover, the Italian investigator found records showing that despite planning a wedding with Alexander for so long, Macchiarini was still legally married.

Alexander spent over \$50,000 on wedding preparations and quit her job. A few days after what was supposed to be the day of her wedding, Alexander and some friends went to Macchiarini's home in Barcelona. He was supposed to be in Russia, but he was at home, with a woman who was not his wife.

Macchiarini received a 16 months prison sentence from an Italian court in his absence.¹³

4 Censorship exerted by governments and medical associations

In April 2020, Fudan University and the China University of Geosciences in Wuhan informed about a system of pre-publication vetting of COVID-19 research.¹ The university announcements, now removed, revealed requirements for China-based researchers to seek approval from China's Ministry of Science and Technology before publishing, with a special emphasis on articles that pinpoint the origin of COVID-19. Publications would be vetted by government officials who would assess their "academic value" and whether the "timing for publishing is right."

This was a perfect immunisation against unpleasant surprises. The timing for revealing the origin of the pandemic will never be right for the Chinese Communist Party. It would be a PR disaster for China to admit that it started in a laboratory in Wuhan.^{2,3}

In recent years, journal articles on topics such as persecution of the Uighur Muslim ethnic group in Xinjiang, civil unrest in Hong Kong, and the three T taboos - Tiananmen, Tibet and Taiwan - have come under intense scrutiny by Chinese authorities.¹ In 2017 and 2018, Cambridge University Press, Springer Nature, Sage, and Taylor & Francis were forced to navigate the demands of China's General Administration of Press and Publications, rendering the distribution of research containing sensitive keywords, such as *Xinjiang* and *Cultural Revolution*, illegal in China. These events led to accusations of censorship complicity, as some publishers took steps to remove or restrict access to sensitive articles on their Chinese-language platforms, whilst others had entire journals removed from circulation by Chinese research importers for refusing to remove "sensitive" content from their online collections.

China's state censors had already used keyword-based targeting to remove posts related to COVID-19 on WeChat and other social media platforms, including *unknown Wuhan pneumonia*, *Wuhan seafood market* and *SARS variation*.

What is most shocking is that the big publishers complied with the Chinese state censorship, thereby sacrificing their mission of safeguarding academic freedom for a monetary gain.

The assault on academic freedom began in August 2017 with the discovery that Cambridge University Press had blocked 315 articles on "sensitive topics" from the *China Quarterly's* Chinese website at Beijing's request.⁴ When the academic community reacted with outrage and threats of boycott because the world's oldest scholarly publisher would agree to censor one of the most prestigious Chinese studies journals, the publisher reversed its decision.

Then it was revealed that Springer Nature, one of the largest academic publishers in the world, had removed more than one thousand articles at the behest of the Chinese censors. Springer refused to reverse the decision, declaring: "We do not believe that it is in the interests of our authors, customers, or the wider scientific and academic community, or to the advancement of research, for us to be banned from distributing our content in China." This bullshit means: We love the money.

In December 2018, it was discovered that Taylor & Francis had agreed to exclude more than 80 journals from subscription packages at the request of the Chinese import agency. One of the excluded journals was the *Asian Studies Review*, which the publisher distributes on behalf of the Asian Studies Association of Australia. This was apparently because of an objection to six articles. When asked for details about the articles, the publisher refused, saying it was "commercially sensitive" information; an ostentatious claim of ownership over a journal for which they were supposedly just the distributor.

Given Germany's recent history, I am particularly disturbed by the way Springer, a German company, argued. Springer noted that the censorship only constituted a small percentage, less than 1%, of their content. But if something is morally wrong, it does not help the offender that it only happens in 1% of cases. If it is wrong to sentence political opponents to concentration camps to let them perish there, it does not become less wrong if only 1% of the opponents are sent away. Academic freedom requires the defence of precisely the 1% of critical scholarship that is uncomfortable for the Chinese rulers. If we remove the brave 1% that dare speak truth to power, we are Beijing's useful idiots⁵ and pave the way to make the rest of the world adopt Chinese style censorship.

We don't want this. But despite having a Statue of Liberty in New York, the United States is not much different to China. In March 2020, Gary Schwitzer described the US version of censorship.⁶

Journalists trying to cover COVID-19 are often not allowed to talk with federal health researchers or administrators without checking in first with government Public Information Officers (PIOs), a euphemism for censors. Sometimes, the request is denied outright. A common theme is that federal health agencies tell journalists that the experts they seek to interview "are too busy, or they are not used to talking to the press, or they don't want to talk to the press, or they are afraid their views will be misrepresented." This immunisation is 100% effective against anything coming out the US rulers don't want their people to know about.

A comedian might say: "The person you seek is either dead, on holiday in Vietnam where she disappeared, just had a stroke and cannot talk, or is on pregnancy leave indefinitely. Should you find her anyway, we will punish her for speaking out beyond our control."

Oftentimes, if a reporter is granted an interview, a PIO insists on sitting in on the interview and may direct what can be discussed. This is how they do it also in China and North Korea.

Surveys have shown that three-quarters of reporters who cover federal agencies said they must get approval before interviewing an agency employee.⁶ Seven of 10 US journalists said they considered the government controls over who they interview a form on censorship. "Much of the time it's difficult or impossible to talk to the persons most knowledgeable in federal agencies. They are usually scared rabbits, and if you call directly, they will simply refer you to public affairs."

Trump manipulated the FDA to hastily approve ineffective drugs such as hydroxychloroquine and remdesivir.⁷ During his presidency, he let a lot of garbage out of the White House, and it was therefore concerning that public health experts were effectively silenced. Not much difference to the Chinese Communist Party. But in a democracy, it is not legal for a public agency to tell its employees they are forbidden from speaking to the media.

In 2012, the Public Health Agency of Canada said in a press release that between 2,000 and 8,000 Canadians die of influenza and its complications every year.⁸ But no one knew what the numbers were. They were not based on body counts, lab tests or autopsies but on computer models. One model included all respiratory and circulatory deaths, including people who died of a heart attack. Another model assumed that every extra death in the winter was a flu death, even deaths from slippery roads and low temperatures.

Curiously, in contrast to the claimed 8,000 deaths, there were only about 300 deaths a year in Statistics Canada's mortality table under cause of death: influenza.

Then, a researcher decided to do the missing research. She used data from three hospitals in Ottawa over seven flu seasons and counted the patients who died from flu, according to a doctor's

diagnosis. When she ran one of the official computer models, it predicted eight times as many deaths from flu as there were actual clinical cases!

When a CBC journalist looking for background information contacted the researcher, he was told he needed to contact the Public Health Agency of Canada first, as she worked for that agency. His request for permission to talk to the researcher about her master's thesis was directed all the way up to the chief of media relations for Health Canada. The journalist noted in an email that he needed some background for a story he was doing; that the researcher was interested in talking to him; and that he would not be speaking to her as a representative of a government agency, but only as the author of a student thesis.

The chief of media relations wrote back that he had spoken with the student who "would prefer that you quote from her written thesis as her current workload doesn't leave her a lot of extra time these days." Remember, we are not in China; this is Canada. He offered the journalist a chance to ask about the official government point of view and suggested that a media relations officer contacted him. An on-camera interview with anyone from Health Canada about any of this was refused. This *is* China. Excuse me, Canada.

There had been plenty of follies before. In 2009, New York state required all healthcare workers to get both seasonal and swine flu shots.⁹ There were claims based on cohort studies that flu vaccines could reduce total mortality by 50%, which would have been a miracle.

When Lisa Jackson began wondering about this miracle, her colleagues told her that no good could come of asking questions, and that a lot of bad could happen to her professionally by raising any criticism that might dissuade people from getting vaccinated. They "knew" that the vaccine worked. Nonetheless, Jackson and three colleagues set out in 2004 to determine whether the huge mortality difference between the vaccinated and the unvaccinated might be caused by bias. Indeed it was. Outside of the flu season, the death risk among people who did not get vaccinated was 60% higher than among those who did. Thus, healthy people choose to get the vaccine, while the frail elderly don't or can't. The healthy user effect explained the entire benefit that other researchers attributed to the flu vaccine.

Jackson's papers were classic studies in epidemiology, carefully done. But many experts refused to believe them, and her manuscripts were rejected. One flu expert who reviewed her studies for *JAMA* wrote, "To accept these results would be to say that the earth is flat!"

When the papers were finally published in 2006, in *International Journal of Epidemiology*, they were largely ignored by doctors and public health officials.

I should add that there are no reliable studies that show that influenza vaccines decrease mortality or hospital admission. They are pretty ineffective.⁸

After Brexit - the most disastrous political decision in the UK in my lifetime, accomplished by reckless politicians who lied bluntly to the public - I am no longer sure that Little England, as we Europeans now call what was once Great Britain, is part of Europe. The political leaders behave as if their country were a US state. They are keen to have a healthcare system like in the USA, even though the US system is the worst in the entire developed world.¹⁰ It is double as expensive as in Europe, but health indicators and longevity are far worse, also for well-off Americans.

The way the UK handled the COVID-19 pandemic was similarly catastrophic as in the United States.⁸ The politicians have a lot to cover up, and they do what they can to keep their failures out of sight and beyond public scrutiny. *BMJ's* editor wrote a damning editorial about this in November 2020:⁷

Science in the UK is being suppressed for political and financial gain, and COVID-19 has unleashed state corruption on a grand scale, which is harmful to public health and deadly. Politicians and industry are responsible for this opportunistic embezzlement. The pandemic has revealed how the medico-political complex can be manipulated in an emergency when it is more important than ever to safeguard science.

The membership, research, and deliberations of the Scientific Advisory Group for Emergencies (SAGE) were initially secret until a press leak forced transparency, which revealed inappropriate involvement of government advisers.

The government was ordered to release a 2016 report on deficiencies in pandemic preparedness, after a verdict from the Information Commissioner's Office. A section on ethnic minorities in a Public Health England report on COVID-19 and inequalities was withheld, but a public outcry ensured it was published as part of a follow-up report. Nonetheless, the doors remained closed. Authors from Public Health England were instructed not to talk to the media. The editor of *Lancet* complained that an author of a research paper, a UK government scientist, was blocked by the government from speaking to media because of a "difficult political landscape."

The government procured an antibody test that in real world tests fell well short of performance claims made by its manufacturers. Researchers from Public Health England and collaborating institutions pushed to publish their study findings before the government committed to buying a million of these tests but were blocked by the health department and the prime minister's office. As if to prove a point, Public Health England then unsuccessfully attempted to block *BMJ's* press release about the research paper.

Governments and industry must stop announcing critical science policy by press release.⁷ Such ill-judged moves leave science, the media, and stock markets vulnerable to manipulation.

Suppressing science, whether by delaying publication, cherry picking favourable research, or gagging scientists, is a danger to public health, causing deaths by exposing people to unsafe or ineffective interventions and preventing them from benefiting from better ones. When entangled with commercial decisions it is also maladministration of taxpayers' money.

Politicisation of science was enthusiastically deployed by some of history's worst autocrats and dictators, and it is now commonplace in democracies, where it tends to aggrandise and enrich those in power.

The UK's pandemic response relied heavily on scientists and other government appointees with worrying competing interests, including shareholdings in companies that manufacture COVID-19 diagnostic tests, treatments, and vaccines. The appointees were able to ignore or cherry pick science and indulge in anti-competitive practices that favoured their own products and those of friends and associates.

The BMJ told us the truth. COVID-19 has aggravated considerably what was already unacceptable. I wonder where the bottom is in this moral free fall, but I think we are close. The English version of corruption comes close to how they do business in Russia to the benefit of Vladimir Putin and his friends.

In Denmark, we don't have much corruption, but science has been politicised to a degree I have never seen before. In a way, this is also corruption, just not a financial one.

In March 2020, head of Cabinet in the Ministry of Health, Per Okkels, wrote to the Director of the National Board of Health, Søren Brostrøm, that he should abandon his professionalism for political reasons.¹¹ Such an inappropriate order was unheard of in Denmark before COVID-19. Okkels was very concerned that too few people got tested for COVID-19 and asked Brostrøm if it

was possible to test more. He also required that, before Brostrøm replied, he should abandon the principle about proportionality, civil servants always use, and apply “an extreme precautionary principle” instead.

The previous Director of the Board of Health said in an interview that she was surprised that Okkels dared write as he did. The proportionality principle is a safeguard that no force is exercised unless it is reasonable and necessary. The reason this principle could be suspended was that our Prime Minister, Social Democrat Mette Frederiksen, had given herself almost dictatorial powers during the pandemic, in contrast to the consensus-seeking approach that has dominated Danish politics for ages.

Frederiksen wanted a direction the health professionals could not support. As a consequence, she moved a significant part of the control of infectious diseases away from the Board of Health and over to the government.

This happened just three days after Frederiksen had introduced a major lockdown, which the Board of Health was against. Ten days before the closure of the whole country, Brostrøm warned that a comprehensive closure could do more harm than good:

"Limiting assemblies and closing down companies, educational institutions and traffic connections, can have significant negative social and economic effects ... There is generally no good documentation of the effect of these interventions on the spread of infections."

He was right. But Frederiksen lied. She said it was "The authorities' recommendation that we shut down all unnecessary activities." She also broke the law, as she was not allowed to introduce such drastic measures without the approval of the Board of Health.

Frederiksen broke the law again when she ordered the killing of all the 17 million minks on farms in Denmark.⁸ After a mutation was found in the minks, researchers at the State Serum Institute claimed that their laboratory studies had shown it would make a vaccine less effective. Frederiksen ordered all Danish minks exterminated immediately. Not only was the order illegal, one of the mass graves was also illegal, as it was much too close to a lake. Other mass graves posed a risk to the drinking water supply. The graves were also too shallow, and the decomposing bodies of the minks soon resurfaced as what the media dubbed “zombie minks.” The minks were therefore exhumed and burnt.

Denmark was the world’s largest producer of pelts and we had three times as many minks as inhabitants. Coronavirus had also been found in minks on farms in the United States, Spain and the Netherlands. In the Netherlands, they carried out partial culls, but the five mutants did not spread beyond mink farmworkers. In Denmark, the mutant had likely died out two months before the mass killing was ordered!

It was surreal. The outgoing head of the State Serum Institute, Kåre Mølbak, had warned at an internal meeting with the government that the mink farms could become a new Wuhan. When journalists later found out he had said this and asked for a comment, he declined.

Frederiksen leads a minority government but acted dictatorially also in the mink case without involving the parliament. Dictators always break the law as they please. The panic over COVID-19 made people lose their head and abandon one of the world’s oldest democracies for what some of us felt was a dictatorship overnight. Surprisingly, Frederiksen’s popularity just increased.

The scandal became even worse. A week after the mass killings, Danish experts had read a report that the State Serum Institute had issued about the danger the new mutant posed, and they all concluded it was not dangerous. There was no reason to expect that the vaccines would not work. The mutant was less sensitive towards the antibodies, but it was still sensitive.

In the middle of all this, I was interviewed on TV. I asked what we should do if we encountered a pandemic of swine flu, and a mutation arose in Danish pigs. Would we kill all our 25 million pigs, four for every Dane? We cannot act like this. Our Prime Minister killed a whole profession overnight for no good reason. I am not in favour of breeding wild animals in miniature cages but that is an entirely different matter.

Australian citizens have also felt the new world order in bizarre ways. The following story might as well have been from China.

In September 2020, Zoe Lee Buhler, a pregnant woman, was arrested in her home and handcuffed in front of her two small children while in pyjamas over a Facebook post.¹² Her crime was that she had arranged and promoted an upcoming event about freedom and human rights as a protest against the lockdown in Victoria.

When Buhler insisted, she wasn't breaking any laws, the police told her that she was, and she was charged with incitement.

Buhler offered to delete the post and cancel the event, but the police were unmoved, telling her: "You've already committed the offence." At this point, Buhler was distressed and crying so much she could barely tell the officers that she didn't realise she was doing anything wrong in making the event.

The police said they would seize all electronic devices in the house including those belonging to Buhler's boyfriend and sister, as if she had committed a murder. They claimed the protest would put lives at risk and said that anybody thinking of "attending the protest ... can expect a swift and firm response," which included issuing \$1,652 fines to anyone breaching the restrictions and making arrests if necessary.

It was illegal for more than two people to gather, but Buhler's Facebook message started this way: "PEACEFUL PROTEST! All social distancing measures are to be followed so we don't get arrested please. Please wear a mask unless you have a medical reason not to."

There were other incidents. Three police officers visited a woman in southeast Melbourne and warned her about the possibility of incitement charges. She had hours earlier made Facebook and Instagram posts encouraging Melburnians to take their allowed one hour of outdoor exercise at the same time.

Shortly before this, former Prime Minister of Australia, Tony Abbott, criticised Australia's handling of the crisis and accused Daniel Andrews, the Premier of Victoria, of wanting to extend a "health dictatorship." Abbott questioned whether the strict lockdowns had been proportionate to the health risks.

The pandemic also led some medical organisations limit the freedom doctors have to practice as they see fit according to their conscience. On April 30, 2021, Ontario's physician licensing body, the College of Physicians and Surgeons of Ontario (CPSO), issued this statement:¹³

"The College is aware and concerned about the increase of misinformation circulating on social media and other platforms regarding physicians who are publicly contradicting public health orders and recommendations. Physicians hold a unique position of trust with the public and have a professional responsibility to not communicate anti-vaccine, anti-masking, anti-distancing and anti-lockdown statements and/or promoting unsupported, unproven treatments for COVID-19. Physicians must not make comments or provide advice that encourages the public to act contrary to public health orders and recommendations. Physicians who put the public at risk may face an investigation by the CPSO and

disciplinary action, when warranted. When offering opinions, physicians must be guided by the law, regulatory standards, and the code of ethics and professional conduct. The information shared must not be misleading or deceptive and must be supported by available evidence and science.”

Ten days later, a diverse group of Canadian physicians from across Canada sent a declaration to the Colleges of Physicians and Surgeons of all Provinces and Territories and to the general public. They argued that physicians’ primary duty of care was not to the CPSO or any other authority, but to their patients, and they noted that throughout history, opposing views, vigorous debate and openness to new ideas had been the bedrock of scientific progress. Major advances in science had been arrived at by practitioners vigorously questioning “official” narratives and following a different path in the pursuit of truth.

“CPSO is also asking us to violate our pledge to our patients that we will always seek the best, evidence-based scientific methods for them and advocate vigorously on their behalf ... The CPSO is ordering physicians to express only pro-lockdown views, or else face investigation and discipline. This tyrannical, anti-science CPSO directive is regarded by thousands of Canadian physicians and scientists as unsupported by science and as violating the first duty of care to our patients.”

The physicians mentioned some of the harms of lockdown, including increased depression and suicide rates, delayed investigation and treatment of cancer, increases in surgical waiting lists, increased rates of child and domestic abuse, and economic losses.

They called the CPSO statement an assault on free speech and scientific inquiry, which asked physicians to be silent and follow only one narrative, or else face discipline and censure, and to violate their conscience, professional ethics, and their patients’ informed consent. They refused to do that, which they considered constituted a crime against humanity.

In my view, the CPSO statement went way too far. They took a firm stance on issues that are controversial such as mandating face masks and whether the benefits of lockdowns exceed the harms, which doctors should be allowed to debate freely, just like other citizens do. In a follow-up statement, the CPSO said that they wanted to address communications from a small group of physicians spreading blatant misinformation. I sympathise with attempts to silence dangerous quacks, which unfortunately include some doctors, but not with imposing this kind of censorship.

5 Censorship by harassment

In September 2020, Michael Head from Southampton University sent an email to Susan Mitchie, a member of a group that advises the UK government about the pandemic, which she forwarded to other group members.¹ Four days earlier, Carl Heneghan and other scientists had briefed Prime Minister Boris Johnson and had argued for more targeted measures to protect the vulnerable rather than having a blanket lockdown.

Head's email was derogatory, and it was condemned by former Supreme Court judge Lord Sumption who called it an example of scientists being hounded by those who could not counter their arguments.

The people singled out in the email were Heneghan, his co-worker Tom Jefferson, and me. Our common sin was that we had spoken out about the harms caused by lockdown.

The email suggested ways of depicting us as "anti-vaxxers;" it called Jefferson and me "anti-vaccine activists;" and it stated that, "There's quite a lot to Heneghan, and I imagine I am only aware of a small amount of it." Head also noted that Heneghan had edited papers authored by Jefferson that criticised other vaccines and that Heneghan's work "is of great interest and use to the anti-vax community, which says a lot."

Head was malicious. He did not discuss the science but used the tactic Schopenhauer describes as intimidating other people by choosing metaphors.² Many scientists self-censor after repeated exposure to people like Head, and it is therefore appropriate to call it censorship by harassment.

In July 2018, Jefferson, my PhD student Lars Jørgensen and I criticised the newly published Cochrane review of the HPV vaccines for very good reasons,³ and we published an even stronger criticism two months later,⁴ in both cases in the journal Heneghan edited. We demonstrated that important harms of the vaccines were missing, although they were listed in the publications the Cochrane authors had assessed.

We had also done our own review. In contrast to the Cochrane review, we had used clinical study reports we had obtained from the European Medicines Agency (EMA), which are much more reliable than published trial reports. We found that the Cochrane HPV review should have included at least 35% more females.

Most importantly, the Cochrane review did not find an increase in serious neurological harms, which there had been a lot of discussion about, but we did, and we published our findings in Jørgensen's PhD dissertation and later in a medical journal.⁵

Censorship is also well-known in Cochrane. When Jørgensen submitted our important review to the annual Cochrane Colloquium in 2018, it was rejected, whereas another submission by him, which was far less important, was accepted:

Title	Status	Author	Edit
Addressing reporting bias in systematic reviews	Decision: Oral-long	Lars Jørgensen	edit
Benefits and harms of the HPV vaccines: systematic review with meta-analyses of trial data in clinical study reports	Decision: Rejected	Lars Jørgensen	edit

Head had haunted me earlier. In 2017, with two co-authors, he published a letter in a little known journal, *npj Vaccines*, with a declaratory and derogatory title: *Inadvisable anti-vaccination sentiment: Human Papilloma Virus immunisation falsely under the microscope*.⁶ They criticised us

for having submitted a complaint to EMA over the way the agency had handled the suspicion of serious neurological harms of the HPV vaccines. There is nothing wrong with that and we later published an article that documented the agency's mishandling of its investigation.⁷

Since Head et al. had no academic arguments to raise against us, they used another of Schopenhauer's deplorable tactics, diversion, which is to suddenly begin to talk of something else, as though it had a bearing on the matter in dispute.²

They complained that we had used my Nordic Cochrane Centre's letterhead when we wrote to EMA and that it gave the impression to readers that our views had been approved by the Cochrane Collaboration. This was nonsense. We replied that I had drafted our reply to EMA and therefore used my own letterhead, which was different from the one used by Cochrane centrally.⁸

Head et al. furthermore claimed that the impression that we had obtained a Cochrane Collaboration stamp of approval was being promoted in online anti-vaccine communities. This was also a red herring. They provided two references, but its authors clearly noted that the letter to EMA came from the Nordic Cochrane Centre.

Head's maliciousness didn't even stop there. He and his co-authors complained about me to the CEO of the Cochrane Collaboration. Luckily for me, this man, who had harassed me for years (see just below), was on holiday, so it was not him but the two co-chairs of the Cochrane Governing Board that responded:⁹

"Two of the five authors are affiliated with the Nordic Cochrane Centre; Gøtzsche also lists his affiliation with the University of Copenhagen. The letter does not state that it was prepared on behalf of Cochrane and it is not an official statement of the Cochrane Collaboration. As members of civil society, the authors are free to send comments to the European Medicines Agency and, to our knowledge, they are using their correct affiliations. We suggest you raise your concerns regarding the letter in a public forum, so they can be transparently discussed."

Springer owns *npj Vaccines* and also *Systematic Reviews*, which had accepted our systematic review documenting more serious neurological harms with the HPV vaccines than in the control groups, where the patients with very few exceptions had received another vaccine. It was against all odds that we found these harms because these other vaccines might cause similar harms.

Springer exposed us to a horrific act of censorship.¹⁰ They tried to avoid publishing both our rebuttal of Head et al.'s letter and also our systematic review. Our systematic review was accepted for publication in March 2019, but a year later, it had still not been published, although the journal promises publication within 20 days of acceptance. Our email correspondence took up an astonishing 66 pages, and we had been given a total of 20 apologies and a variety of odd, contradictory, and implausible reasons for why our paper had not been published. During that year, *Systematic Reviews* had published 309 papers. On 16 February 2020, we wrote to Springer that it seemed they deliberately delayed the publication and highlighted that:

"If this is the case, it is scientific censorship that borders on scientific misconduct and fraud. We have a big network with renowned scientists, many connections with the international media, and a strong social media presence. If *Springer Nature*, *BMC* [which publishes *Systematic Reviews*] and *Systematic Reviews* fail to publish our papers before 1 March 2020, we are obliged to alarm our fellow scientists and the international and social media about *Springer Nature's*, *BMC's* and *Systemic Reviews'* editorial practices. We will also involve the Nordic Cochrane Centre's and the Danish taxpayers' legal teams if the 1 March 2020 deadline is not met."¹⁰

This caused Springer to publish our review with record speed, on the day when our 12-day deadline ran out, whereas it took 3.5 years to get our rebuttal letter in *npj Vaccines* published.⁸

During the stalling of our papers, we sought an explanation from the journal's Editor-in-Chief, David Moher, who put the blame on Springer: "The delay is a substantial embarrassment ... We have experienced some internal issues at *Springer Nature*."¹¹

When asked whether it had any financial conflicts of interest, *Springer Nature* strenuously denied any external influence on its decision-making process, stating: "With a company the size of *Springer Nature* it is difficult to know for certain whether any of our advertisers, authors and subscribers are associated with the pharmaceutical industry, or manufacturers of the HPV vaccine or other HPV therapies."

So, if a medical student is asked whether he ever cheated in an exam, he can say: "With a university this size it is difficult to know for certain whether any of our administrators, researchers and teachers have cheated."

All three Editors-in-Chief of *Systematic Reviews* have since announced they are stepping down, but none responded to numerous requests for comment about reasons for their exit.¹¹

Springer's [revenues](#) for 2018 were €3.2 billion. As the drug industry buys influence everywhere, we would expect Springer to be affected by this, which it is. Two of my colleagues had entered a contract with Springer to publish the book, [The illusion of evidence-based medicine](#), but Springer rejected the manuscript with the excuse that the book was not academic. When asked how a book on evidence-based medicine and Karl Popper's philosophy of science failed to be academic, Springer replied with unusual boldness: "It is too critical of the pharmaceutical industry."

In 2020, I was invited to contribute to a book about scientific misconduct, to be published by Springer. I was puzzled by this message in the email: "As a scientific book, there are no publication fees [for the authors], nor are there royalties." So, Springer takes it all. Really?

Not quite. I asked, and it turned out that the Brazilian editor of the book who invited me and his co-editor would get royalties, but this they "forgot" to tell their authors in the invitational letter. I replied that what they were asking me to do was to work gratis for them, so that they could earn the money, and I reminded them that it was many years ago they had slaves in Brazil.

I also mentioned Springer's censorship in relation to our work on the HPV vaccines and that it was an awful company, I would not work for no matter what they would pay me. I was not interested in contributing to Springer's enormous wealth.

Still in 2020, I was invited to contribute to another Springer book, about withdrawal of psychiatric drugs, which I had published a book about, first by my [Institute for Scientific Freedom](#) in 2020, and next by a US publisher in 2022.¹² It has appeared in nine languages, and volunteers found it so important that they translated it for free or a symbolic amount into Portuguese, French and Spanish. I therefore provide it for free in these languages on my homepage.

The Springer setup for slave labour was the same also for this book, as only the editor would get paid. Springer generously promised the authors that they could get one – one – copy of their own book for free.

I knew several of the other authors and tried to convince them they should drop Springer. We should self-publish and make the book available for free as a pdf. This would be much more helpful for the tens of millions of psychiatric patients who want to come off their drugs but do not know how to do it safely, minimising the abstinence symptoms.

Several of the authors were sympathetic to this, but some dared not do it, as they had signed a contract with Springer. I cannot see the problem. Contracts specify that if the authors do not deliver within the agreed time frame, they become annulled. Unfortunately, it is too difficult for

people to think outside the box. They are stuck in the traditional exploitative system. They would not get paid anyhow, so why on earth not give the book for free to the whole world?

Head's derogatory email was mentioned in a newspaper article that also noted that Heneghan's work had led to the government redefining how COVID-19 deaths were classified.¹ Heneghan said:

"I am the only professor of evidence-based medicine in the country. I have never been 'anti' anything. I have worked tirelessly during this pandemic and the previous pandemic to reduce uncertainties and ask questions that might help improve healthcare decision making. This matters a lot to me which is why we have just carried out a review on the impact of lockdown on vital childhood vaccines."

Jefferson added that their review showed the catastrophic effect that the COVID restrictions have had on the mass implementation of important childhood vaccines like those for MMR (measles, mumps and rubella).

The newspaper article mentioned a letter in *BMJ* from December 2020 where I had challenged an analysis of the COVID-19 fatality risk in Spain.¹³ The Spaniards claimed that the infection fatality rate was about 10 times larger than that for seasonal influenza. The [infection fatality rate](#) is the proportion of deaths among all infected individuals, including asymptomatic cases. It is therefore lower than the case fatality rate, which only includes those with symptoms.

The authors found an infection fatality rate for COVID-19 of 0.8% in Spain and quoted an unpublished review that found 0.68%. They also quoted a review by John Ioannidis published online in the *Bulletin of the World Health Organization* but did not say what he found. Ioannidis included 61 studies (74 estimates) and eight preliminary national estimates, and the median fatality rate was only 0.27%. It was scientifically dishonest not to mention this lower rate that came from a much better study.

I noted in *BMJ* that fatality rates for virus infections depend on the infectious dose, which is higher in settings with overcrowding. We can therefore only estimate fatality rates approximately. In outbreaks of measles, a commonly used estimate is 0.2%, but it can be many times higher. When measles hit a nonimmune population in the Faroe Islands in 1846, 78% were attacked and the case fatality rate was 2.8%, over 10 times higher than the usual rate.¹⁰

I also noted that the median case fatality rate was about 1% in a systematic review of laboratory confirmed influenza during the mild influenza pandemic in 2009 and the following years, and that the infection fatality rate for COVID-19 was only 0.16% in Denmark when blood donors were tested for coronavirus antibodies.

Thus, the Spanish article was totally misleading. It is very difficult for people to understand, given the many deaths, that the fatality rate for COVID-19 is similar to that for seasonal influenza. But this is correct.

The Spaniards claimed that their result supported existing measures, "e.g. social distancing, face masks, and educational campaigns." They didn't and I argued that, although the infection fatality rate seemed to be about the same as for influenza, we had never introduced these drastic measures during influenza pandemics:

"We cannot live with them for years to come. The World Bank has just estimated that the corona pandemic has caused an increase of about 100 million people living in extreme poverty. This is not because of COVID-19. It is because of the draconian measures we have introduced. We need a better strategy."

In the newspaper article,¹ I said that to label me as an “anti-vaccine activist” took me back to mediaeval times:

“In science you need open debate to further scientific understanding. During the COVID-19 epidemic the debate has many times been the opposite, with only one truth, like a religious dogma. It is total nonsense and totally mind boggling to suggest we are anti-vaxxers. We acknowledge many of our vaccines have been of great benefit and saved millions of lives and I certainly hope the COVID-19 vaccine will save millions of lives as well. People in this pandemic have been furthering their own agenda in all ways, and this involves below the belt punches. Rather than characterising Tom Jefferson and Carl Heneghan and me as anti-vax they show that academically they have lost the argument.”

The anti-vaxxer label is so popular that it is sprinkled on everyone who dares write critically about anything. The uncrowned kings of social media have no respect for other people and would have been exemplary priests during the Inquisition.

Even psychiatrist Michael P. Hengartner was called an anti-vaxxer when he pointed out that the average treatment effect of depression pills is poor and of questionable clinical significance. Pill-shamer is another label commonly used by industry apologists. He finds it worrying that even respected researchers and professors use these labels, not only on social media but also in the scientific literature.

One reason why these derogatory labels are seen all over the place is that the big industries, pharma, tobacco, chemical, fossil fuels, and agriculture, often use the same PR companies, e.g. the giant Burson-Marsteller. People questioning any of the lies these industries propagate may be labelled anti-science, anti-psychiatry, a conspiracist, or worse.

Investigative journalist Paul D. Thacker was called an anti-vaxxer for reporting on Monsanto’s lies about the lack of toxicity of glyphosate (Roundup for killing weeds, see below), even though this product has nothing to do with vaccines.

Dictators use the same strategy. If you criticise them, you are anti-government, an enemy of the state, or a national security risk, which is an excuse for locking you up or making you disappear, the euphemism for state organised murder.

I collected stamps when I was a child. Perhaps, as an adult, I should have collected the variety of labels that have been put on me. Here are some. I was:

- told I had blood on my hands when I showed that some drugs were dangerous and should not be used;¹⁴
- accused of not loving women when I showed that mammography screening does not work and causes more harm than good, including leading to more mastectomies than if women do not go to screening;¹⁵
- accused of risking “the lives of millions of women world-wide by affecting vaccine uptake rates” by Jo Morrison, the editor of the Cochrane group that published the misleading HPV vaccine review;¹⁶
- called a statistical masturbist in a French magazine because of my research on mammography screening;¹⁷
- called a flat Earth advocate, many times.

It is also common to denigrate people by saying what they are *not*, like in this mouthful where a journalist uses both tactics:¹⁸

“Gøtzsche, who has no special training in psychiatry, has become a fixture on the antipsychiatry circuit, criticizing the discipline in editorials, in presentations, and at various symposia about withdrawing from psychiatric medications. (He has since claimed that almost all Cochrane reviews on psychiatric drugs should not be trusted.)”

You do not need to have been trained in psychiatry to see what is wrong with this specialty. It can actually be an advantage to take a look from the outside without having been indoctrinated into all the false beliefs most psychiatrists share.^{12,19-21}

According to Wikipedia, [anti-psychiatry](#) is a broad movement based on the view that psychiatric treatment is more often damaging than helpful to patients. This means that most citizens are “anti-psychiatry.”¹⁹ But for a very good and indisputable reason, namely that the massive use of psychiatric drugs causes far more harm than good.^{12,19-21}

I have explained at great length in my books why virtually all Cochrane reviews on psychiatric drugs versus placebo should be distrusted.^{12,14,21} This is because the trials that are included in the reviews are flawed. Journalists should welcome critical voices, but our cooperation with them is sometimes abused because they have their own agenda. When a journalist treats the issue of psychiatric drugs in a biased way, it is often because the journalist, a relative or a friend have had a psychiatric problem and is convinced that the drugs were helpful, or the journalist’s close relative works for a drug company selling these drugs. They fail to realise that if nothing is done, by far most people will improve anyway.

Science journalist Robert Whitaker saw the article that called me anti-psychiatry,¹⁸ and he remarked that, “The one thing that science reporters can’t seem to understand is that psychiatry is a failed medical discipline, that indeed told a fraudulent story to the public.”^{20,22}

He also said that this journalist’s piece came from a place of conventional thinking for a science reporter. Cochrane reviews provide a good resource for evidence-based medicine and thus, in this narrative, he had to picture me as having strayed from the pack of good scientists, as someone who went too far, rather than just having an interest in honest science and disgusting fraudulent science.

If the reporter had not followed that narrative, he would have had to write a very different article, which would be about how Cochrane has strayed from good science, and how its reviews of garbage source materials in psychiatry leads to bogus conclusions and bad care. This would have been outside permissible boundaries for *Undark* where he published his article.

This is the big problem. After Whitaker had revealed how harmful psychiatry has always been and still is in his 2002 bestselling book, *Mad in America*,²² he was banned from writing about psychiatry for magazines. He was now seen as biased, and after he published *Anatomy of an Epidemic* in 2010,²⁰ which was even more convincing, he was treated as an outlaw.

Boston Globe ran a review by a doctor who took pharma money. He compared Whitaker to an AIDS denier and said his book was dangerous. Yes, it was. It was dangerous for psychiatry as a profession, but the psychiatrists are the ones who are dangerous for patients, not Whitaker.

I have estimated, based on the best science I could find, randomised trials and good comparative cohort studies of treated versus untreated patients, that psychiatric drugs are the third leading cause of death, after heart disease and cancer.²¹ Perhaps they are not quite that harmful, but there is no doubt that they kill hundreds of thousands of people every year. Just one

psychosis pill, olanzapine (Zyprexa), had likely killed 200,000 patients up to 2007.¹⁴ This was one of the things Whitaker warned about in his books but to tell the truth about psychiatry is taboo.

After the intervention by the doctor on industry payroll, no newspaper or magazine of any note reviewed Whitaker's impressive 2010 book, which every psychiatrist should read, and nearly all of his radio interviews were cancelled. The book is so good that it won the US Investigative Reporters and Editors Association award for best investigative journalism in 2010.

The pervasive censorship Whitaker has been exposed to is one of the reasons why he started [Mad in America](#) where he and others can report on research and publish stories that no other media will.

Censorship and other misconduct in the Cochrane Collaboration

The journalist's article was very long, and it also had its good points.¹⁸ It was about why I was expelled from the Cochrane Collaboration, which I cofounded in 1993. As this affair is relevant for this book, I shall say a little about it.

I described what happened in a book from January 2019,²³ which I updated and made freely available in January 2022 because journalists and filmmakers showed renewed interest in the affair.²⁴ A review of the first book noted:

"This book carefully recounts this dark period in medical science where a once trusted institution carried out one of the worst show trials ever conducted in academia. The CEO and his collaborators went about their task in a manner that mirrors how the drug industry operates."²⁵

The Cochrane Collaboration was an idealistic grassroots movement, based on a common frustration that we cannot trust the medical research literature.²⁴ We agreed to review the randomised trials of the various interventions critically and to publish systematic reviews about them electronically, which we could update when new important trials appeared. Cochrane quickly became the most important organisation in the world that aimed to help people make informed decisions about healthcare interventions.

Cochrane attracted many bright and generous people and received support from governments in many countries. It was a remarkable success story of what can be obtained by voluntary, unpaid work and altruistic collaboration.

This changed in 2012. The Cochrane leaders committed a fatal mistake by employing the wrong person as Cochrane's new CEO, British journalist Mark Wilson. He had psychopathic traits and an insatiable thirst for power.²⁴ He destroyed Cochrane systematically and transformed a prosperous democracy into a brutal tyranny. He embarked on a Titanic course towards an iceberg he could not see or refused to see, and he was in total control of a weak Governing Board that let him do it.

As I wanted to change Wilson's catastrophic course, I ran for a seat on the Governing Board. I was elected in January 2017, with the most votes of all 11 candidates, which illustrated the widespread dissatisfaction with Cochrane's leadership. I was the only candidate that questioned their actions and suggested better alternatives.

Wilson hunted me down right from the start when he took office in 2012. He did not understand what science or scientific freedom is about but was obsessed with branding and marketing, as if we were a drug company. My Cochrane centre was the largest in the world and one of the most successful ones, but he took credit for what I and others had achieved. He had no respect for other people and constantly violated the rules he had himself made up. He didn't care the least

when I pointed this out to him but reacted with anger.²⁴ Many of us didn't trust him for the simple reason that he changed explanations as he pleased, and the UK funders didn't trust him either.²⁴

In April 2021, Wilson suddenly disappeared in the middle of a month without leaving a farewell message, which was highly atypical for his narcissistic character. This was one week before the major UK funder, the National Institute of Health Research, announced a major cut in funding for the 21 of the world's 52 review groups based in the UK. Four months later, the funding cut was total: All core funding would disappear from March 2023.

I believe this will be the end for Cochrane. The funder criticised Cochrane for very much the same reasons as I had done and said that the writing had been on the wall for eight years, which was exactly the period when Wilson was CEO.

Wilson expelled one of the best known persons in Cochrane. I threatened his grip on power and was a vociferous critic of the organised crime in the drug industry, but he disliked my book about it.¹⁴ This was curious and many of the things Wilson did were highly bizarre and difficult to understand. Journalists have therefore raised interesting questions. Did he have powerful friends in the drug industry? Was he planted to destroy Cochrane?

The way Wilson haunted me had a lot to do with censorship. He invented a totally foolish spokesperson policy that no one could understand, partly because it was internally contradictory. He claimed over and over that I had violated it, which wasn't true, but his approach was often Kafkaesque in all its grotesqueness.²⁴ He even dictated that I, as the only person in the whole Collaboration, was not allowed to use my own centre's letterhead even if this was the only affiliation I had, as I worked full time there.

Psychiatrists found out that Wilson punished and humiliated me, also publicly, whenever they complained about me and my use of my centre's letterhead. I endured a series of absurd attacks, which ended with a witch hunt where one of the two co-chairs of the Governing Board, UK Cochrane Centre Director Martin Burton, who was afraid of Wilson, orchestrated a series of complaint letters about me shortly after Wilson had demanded my head on a platter.²⁴ This was not the first but the last time I noticed that Wilson and Burton had tampered with the evidence.

After I had been expelled from Cochrane, Ryan Horath, a lawyer and IT expert from Chicago, wrote on a blog:²³

"Cochrane leaders became obsessed about Gøtzsche using Nordic Cochrane letterhead ... JESUS CHRIST, WHAT IS WRONG WITH YOU PEOPLE. A researcher is making inquiries about the suppression of information regarding children who died in a clinical trial and everyone is worried about what letterhead it is written on? ... Even worse, it is clear the outrage over use of Cochrane letterhead is feigned outrage, as this was a private letter ... Was [psychiatrist] Fuller Torrey confused about whether the letter represented Cochrane's views? Apparently not ... Instead, Torrey argued that Gøtzsche was not 'objective' and this damaged Cochrane's reputation – something totally different ... So, Cochrane leadership's use of this complaint in its case was misleading. The complaint is about one thing, and they used it as evidence of another (false allegation). That is how kangaroo courts operate."

I ensured that the 6-hour secret board meeting I was not allowed to participate in, which ended with my expulsion and subsequent loss of job, was recorded and I got a copy of the recording from one of the four board members who withdrew from the board in protest over my expulsion.

My two books about the scandal are unique because I have documented in detail the false allegations raised against me that were concocted during the show trial. Cochrane had hired a lawyer and asked him to go back 15 years in time in order to find something showing I had harmed the

Collaboration. He came up empty-handed and exonerated me, but this didn't matter the least. Even after I had been expelled, the two co-chairs of the Board continued to lie about me and why I had been expelled.^{23,24}

The case became widely known, and there were critical articles in *Science*, *Nature*, *BMJ* and *Lancet*. Many people lost their trust in Cochrane because of the gross injustice towards a person whose science and integrity they respected. Moreover, it was easy to see that Wilson's manipulations benefited the drug industry and the psychiatric guild and went against the principles about transparency and respecting diversity we shared when we started Cochrane.

My book, *Decline and fall of the Cochrane empire*,²⁴ is a description of institutional corruption where people who criticise established dogma are not praised but harassed and denigrated even though they have the science on their side. Most idealistic organisations end up destroying themselves because they let the wrong leaders take over.

The Monsanto papers about the Roundup affair

Big commercial corporations do not tolerate if people have views or results that can be bad for business. A notorious case is about Monsanto's herbicide glyphosate (Roundup). It shows how all big corporations operate. Exactly the same tactics have been described for fossil fuel companies, tobacco and drug companies,²⁶ but as they have rarely been revealed to such an extent as in the Monsanto affair, I shall describe them in detail.

Monsanto discredited and intimidated their critics, undermined the work of honest scientists, corrupted editors of journals, got several papers retracted for no valid reasons,²⁷ ghostwrote papers, and paid guest authors for lending their prestigious names to articles they had not written.

This full-scale corruption came to light because tort litigation ensured that internal documents, called *The Monsanto Papers* in a book title, were declassified and made public.²⁸

In 2012, Gilles-Eric Séralini et al. published a two-year toxicity study in *Food and Chemical Toxicology* that found an increase in tumours among rats fed genetically modified corn and Roundup. Monsanto orchestrated a number of protest letters to the editor requesting the study be retracted and did not reveal that the company was behind them.

Food and Chemical Toxicology undertook an exceptional and lengthy second peer review, in which the authors complied with the unusual request to supply all the raw data.²⁷ The journal did not find any evidence of fraud or intentional misrepresentation of the data, but the Editor-in-Chief, A. Wallace Hayes, nonetheless wrote to Séralini asking him to withdraw the paper as otherwise it would be retracted. Séralini refused to withdraw the paper.

The editors retracted the study because it was "inconclusive," which appears to be an invention of Hayes.²⁷ This can never be a reason for retraction. If it were, most published studies should be retracted. Furthermore, *Food and Chemical Toxicology* is an Elsevier journal, and the retraction violated the guidelines of both the Committee on Publication Ethics and the International Association of Scientific, Technical & Medical Publishers. Elsevier is a member of both organisations.

The editor's decision was corrupt in more than one way. A consulting agreement between Hayes and Monsanto was made one month before Monsanto's campaign to get the paper retracted. The journal hired a former Monsanto employee, Richard Goodman, as Associate Editor just prior to the retraction, and he received research funding from agrochemical companies, including Monsanto, while he was an editor. Emails revealed that both editors sought criticism from Monsanto employees in what amounted to a post-hoc second peer review of the article.²⁸

Monsanto's attack on Séralini included a ghostwritten *Forbes* article, which *Forbes* later removed from its website, and Séralini successfully sued a French magazine for defamation after they had accused him of fraud.

Remarkably, Séralini's study was better than one done by Monsanto and published in the same journal in 2004, which was not retracted.²⁷ Monsanto found disturbing signs of ill health in their study but dismissed them.

On the day following the online publication of Séralini's study, the UK Science Media Centre attacked it. It claims to be an independent press office, but its funders include large biotechnology companies, and 7 out of the 8 supposedly independent experts who initially wrote letters were heavily associated with the industry producing genetically modified organisms (GMOs).

Monsanto lied about their research. They claimed that: "Extensive animal and in vitro (test-tube) data has demonstrated that glyphosate does not cause cancer or tumors," but Monsanto's own studies in the 1980s found tumour development in animals given glyphosate.

The European Food Safety Authority (EFSA) came under heavy criticism for the way it handled its review of the Séralini paper. When the US Science Advisory Panel met in 2015 to review EFSA's assessment of glyphosate prior to the decision whether it should be reapproved, a number of problems were found, including tampering with data and failure to comply with the guidelines. An open letter signed by over 140 scientists around the world supported the Séralini study and also described previous cases of vilification of science and scientists who found harm from GM crops.

The EU Ombudsman and the European Parliament criticised EFSA for having too close links to industry. Papers finding harm from GM crops were harshly criticised by EFSA, unlike papers claiming they were safe.

In 2015, the International Agency for Research on Cancer (IARC), a WHO agency, published its finding that glyphosate was probably carcinogenic and increased the risk of lymphomas. Monsanto had "independent" experts sign on to its ghostwritten reports, which were published in leading toxicology journals, and they could then say that "the overwhelming conclusion of experts worldwide" was that there was no reason for concern.

A ghostwritten report, *A review of the carcinogenic potential of glyphosate by four independent expert panels and comparison to the IARC assessment*, was published in *Critical Reviews in Toxicology*.²⁸ These experts were not independent, and even though someone from Monsanto did the final editing, his name appeared nowhere, not even in the acknowledgements.

Monsanto ghostwrote yet another article for *Forbes magazine*, put a prestigious person from Stanford University on it as "author," and called it "What others are saying." When *Forbes* found this out, they removed the article.

Ghostwritten articles are cited by other ghostwritten articles. This creates a false impression that "there is a growing body of evidence" that says this and that. This expression is also used by academics but when I hear about a growing body, I think of a pregnant female or an overeating American.

A beholden editor sent a manuscript that raised problems with glyphosate for peer review by a Monsanto employee, which of course resulted in its rejection.

In July 2021, the Agriculture Media Summit held a four-day gathering in Kansas City. According to the website, all agricultural media professionals were welcome, but one of the invited speakers was not so welcome.²⁹ This was Carey Gillam, winner of the Rachel Carson Book Award from the Society of Environmental Journalists for *Whitewash: the story of a weed killer, cancer, and the corruption of science*. Her second book was *The Monsanto papers: deadly secrets, corporate*

corruption, and one man's search for justice, which follows the [court room drama](#) of a patient who won when he claimed his cancer was caused by Roundup.

Once Gillam's name was on the agenda, some of the sponsors asked that she not be allowed to speak. She then suggested she could join a panel discussion with other journalists, but this was also a "no-go," and there was "huge, huge pushback." The conference sponsors were big players including Koch, John Deere and Syngenta. This happened just after Gillam had published a story in *The Guardian* on Syngenta and toxicity problems, they had hidden with the pesticide paraquat.

Monsanto monitored people they perceived to be a threat to their agenda but deployed third parties to do the dirty work so they could appear above the fray, just like mafia bosses do. They set up a group called Academics Review for Professor Bruce Chassy who posted comments about how terrible a journalist Gillam was, and an email noted that, "The key will be keeping Monsanto in the background so as not to harm the credibility of the information."

Monsanto had other hired guns. They sent an email to agriculture professor Andrew Kniss: "Would you please send me your mailing address. Monsanto would like to send you an unrestricted gift." This is a euphemism for corruption.¹⁴

Monsanto hired trolls that spread misinformation. One of them was Mary Mangan who disrupted meetings where Gillam spoke and harassed her incessantly on social media. A court document showed that Monsanto had a plan of getting negative book reviews out, and Mangan wrote a lengthy review on the website of a group called Biofortified. It turned out that this group was Monsanto's partner, but other groups tweeted the review.

Monsanto had a strategy, "[Let nothing go](#)," which meant not letting any negative word about Monsanto's products, practices or policies stand unchallenged. This is why they needed so many different players around the world to be constantly monitoring social media.

They also had "[Whack a mole](#)," which was about whacking down anybody who raised questions or concerns.

"[Project Spruce](#)" was a code name inside Monsanto for defending its Roundup products from allegations that they cause cancer. They had a similar project for defending polychlorinated biphenyls (PCBs), which are highly toxic compounds that can cause foetal malformations and likely also cancer. Monsanto had a [spreadsheet](#) with Gillam's name on it. The tactic was to pay Google to redirect searches for Gillam and glyphosate to blogs and websites controlled by Monsanto.

Monsanto planned to engage "Pro-science" third parties including Sense About Science and the Science Media Centre and to provide them with briefing material, and also to engage regulatory authorities "via regulatory teams."

The lead on many of Monsanto's action items was FTI Consulting, a giant with a revenue of \$2.4 billion in 2019, which also does climate denial for the fossil fuel companies. Sylvie Barak [posed as a journalist](#) in the courtroom during the Roundup legal proceedings,³⁰ but she worked for FTI Consulting and suggested certain storylines to other reporters and pushed narratives favourable to Monsanto. Barak's presence was felt in court long after; several people covering or involved in the trial said they were left feeling slightly paranoid about who they could trust and who else might be watching them.

Four months earlier, two Exxon-sponsored consultants posing as journalists had attempted to question the legal counsel of the environmental NGO Earth Rights that represented Colorado communities in climate change litigation against the oil giant. They worked for FTI Consulting.

Monsanto also hired Hakluyt, a British private investigative firm formed by two veteran MI6 spies in the mid-1990s, which is considered one of the world's elite spy firms.³⁰

Monsanto had a structured campaign to bring science writers into the fold and direct what they were writing. A Reuters reporter in London received directions from Monsanto to write negative stories about the WHO after its cancer scientists said that Monsanto's herbicide was a probable human carcinogen. She even sent them a draft she marked "confidential" of one of her stories before it was published, which people were not allowed to do at Reuters.

Lazy journalists take what is handed to them - press releases and propaganda - and write stories that garner favour with big companies or important individuals. A lot of career benefits can come from cosying up to very large and powerful companies. They feed you the stories and breaking news, and you get access to top executives that make you look good in front of your editors.

In 2015, Gillam wrote about Bayer, a drug firm that bought Monsanto in 2018, seeking influence within the Foreign Press Association and the Foreign Press Foundation. She had internal documents showing that, in exchange for very generous donations, Bayer would be involved in setting agendas for journalistic conferences and getting a say in award winners. They were also going to pick what kind of stories were applauded and promoted.

In 2016, *Scientific American* hosted a panel and co-sponsored a meeting at the National Press Club featuring journalists and scientists.³¹ The event was also co-sponsored by GMO Answers, which has a website where people can have questions answered by so-called independent scientists.

The information about the funding of *Scientific American's* panel was not clear. After the meeting, it was revealed that Johnson & Johnson Innovation, a division of the healthcare giant, was also a co-sponsor.

GMO Answers employs scientists who are paid by agrochemical giants such as Monsanto in order to buttress the industry's reputation. Monsanto sells seeds that have been genetically altered so the crops can survive Roundup.

GMO Answers is a project of PR giant Ketchum, which has a history of trying to influence news coverage from behind the scenes. In 2005, reporters caught Ketchum funnelling money from the Department of Education to commentator Armstrong Williams, paying him \$241,000 to secretly promote President George W. Bush's "No Child Left Behind" law on his syndicated television and radio shows. The director of Harvard's Shorenstein Center on Media called the PR company's technique "propaganda masquerading as news, paid by government, truly a recipe from hell."

Ketchum sometimes ghostwrote answers for academics listed as "independent" on the GMO Answers site, and Monsanto sought out some of the same academics to help defeat GMO regulations. Ketchum also gathered intelligence on several non-profits critical of GMOs, including Greenpeace, Public Citizen and the Union of Concerned Scientists.

The extent to which Monsanto has succeeded misleading people is astounding. Many smart people who consider themselves strict followers of science and hold critical views of Big Pharma are absolutely convinced that Monsanto has been wronged and that glyphosate is perfectly safe. Monsanto has managed to hoodwink almost everyone by maintaining an allegiance of the media and scientific journals.

This is why the story was important to tell. It illustrates the old truth: Follow the money. Always try to find out who is pulling the strings. When big money is involved, the person you are facing is likely to be either a puppet or a troll. Conversely, you will not see the ghost authors who write the articles that carry prestigious people's names on the byline. Ghosts are very common in industry sponsored drug trials.³²

Spying on your enemies is common in the corporate world, but companies that specialise in this do not advertise themselves as private detectives. [V-fluence](#) announces that they are “different than most traditional marketing and public relations agencies. Our focus is fully-integrated public affairs, issues and reputation management.”

Reputation management? A euphemism for protecting the tattered reputation of companies by destroying the reputation of honest researchers who try to tell the truth. In the *About us* section, they say:

“There’s no guesswork in what we do - all of our work flows directly from the in depth research, ongoing intelligence gathering, proprietary data-mining and analytics we deploy to ensure our clients take advantage of the opportunities and manage risks that occur across rapidly evolving spaces that matter most to their target audiences ... Our team’s experience blends marketing, communications, public relations, journalism, government and regulatory affairs, research and risk communications expertise.”

What a convoluted way of presenting what they really do; classic Orwellian double-speak. Intelligence gathering is spying; proprietary data-mining means we will torture your data until they confess; and blending everything including journalism and regulators is corruption.

V-fluence was started by Jay Byrne who first made his name while working for Monsanto. In [emails from 2011](#), Byrne identified Greenpeace on a “targets” list he was developing for Monsanto with names of industry critics they could confront from behind the cover of an industry-funded academic group that appeared independent.

A paper in *Nature* raised questions about the safety of genetically engineered seeds Monsanto was selling, and Byrne set out to ruin the scientists. He learned that he could use Internet tools to destroy people. After he left Monsanto, he worked for politicians for a while, using dirty tricks to ruin opponents, and then set up V-Fluence, which, in particular, served pharmaceutical companies. As he once explained, if someone was harming the product of a drug company, V-Fluence’s job was to destroy that person.

After Robert Whitaker had published *Anatomy of an Epidemic*, a hacker called Stan walked into V-Fluence’s files through an open side door.³³ They had a file on Whitaker and had been keeping tabs on him even earlier. They knew, for instance, that he had attended the 2008 meeting of the American Psychiatric Association. They even knew that he had to get his publisher to intercede in order to attend, as at first the Association denied him the usual credentialing given to journalists.

V-Fluence told one of its clients that Whitaker’s book had not yet harmed its product, but that they would continue to monitor his activities, including his speaking engagements. For a time, after he published his book about what a disaster area psychiatry is because of the drugs that are used, if a public organisation asked him to speak, a lawyer would threaten the organisation and say it was a gross misuse of public funds to have him speak.

Stan wrote that Byrne had said: "Think of the [Internet as a weapon](#) on the table. Either you pick it up or your competitor does - but somebody is going to get killed."

The meeting was sponsored by merchants of death

Byrne is right. The deplorable activities by himself and people like him kill people. In 2014, I published the article, *The meeting was sponsored by merchants of death*.³⁴ The Scandinavian College of Neuropsychopharmacology had arranged a congress in Copenhagen, and the meeting announcement listed AstraZeneca and Janssen as meeting sponsors on its front page, with their

company logos and the text “All sponsor grants are unrestricted,” as if there was nothing to worry about.

There surely was. Companies are not charities that donate money. They sponsor for a reason, which is why it is misleading to call it unrestricted. They make sure the psychiatrists restrict themselves. Both companies had been involved with fraud and organised crime that killed many patients and they came in top ten when I constructed a *Hall of Shame* for Big Pharma.¹⁴

AstraZeneca marketed illegally one of its best-selling drugs, the psychosis pill quetiapine (Seroquel), to children, the elderly, veterans and inmates for uses not approved by the FDA. The company targeted its criminal activities towards doctors who do not typically treat psychotic patients and paid kickbacks.

Other doctors were sent to lavish resorts to encourage them to market and prescribe the drug for unapproved uses. AstraZeneca denied wrongdoing but the US Attorney General stated:

“These were not victimless crimes - illegal acts by pharmaceutical companies and false claims ... can put the public health at risk, corrupt medical decisions by healthcare providers, and take billions of dollars directly out of taxpayers’ pockets.”

Janssen, owned by Johnson & Johnson, had downplayed and hidden risks with its psychosis pill risperidone (Risperdal). Jurors returned a quick verdict in favour of the state, Arkansas, which had argued that Janssen lied about the life-threatening harms of risperidone. Its crimes had hit hard, also on children.

A world-renowned child psychiatrist, Joseph Biederman from Harvard, had pushed the drug heavily to children and also extorted the company. Alex Gorsky, Vice President of Marketing, was actively involved and had first-hand knowledge of the fraud that involved kickbacks. Johnson & Johnson’s board of directors selected Gorsky to be the next CEO. This is how the criminal underworld functions. The bigger the crime, the bigger the reward.

The death toll of the illegal marketing of psychosis pills has been gigantic. They kill two demented patients in a hundred in just ten weeks.¹²

Here are some easy questions.³⁴ Would you accept money “with no strings attached” from a robber who, in the act of stealing, killed some of his victims? Would you accept money that has been stolen? Would you accept sponsorships from tobacco companies for a meeting about lung cancer?

Few doctors would. Why then do *most* doctors accept sponsorships from drug companies that have earned much of their money illegally while being fully aware that their criminal activities have killed thousands of patients, the people whose interests doctors should take care of?

It is an unfortunate psychological fact that humans can get accustomed to even the most horrible atrocities, without even noticing that there could be a problem, particularly if they benefit from the crimes. If patients knew what some doctors earn by collaborating with the drug industry, they would be shocked. In 2014, the average annual compensation for leaders of US Academic Medical Centres when they sit on drug company boards of directors was a staggering \$312,564.³⁵

Systematic and malicious attacks on people who threaten financial interests is common in healthcare. Lawsuits against Merck, a drug giant that also is a [big vaccine manufacturer](#), have uncovered details about how the company systematically persecuted critical doctors and tried to win opinion leaders over on their side.¹⁴ A spreadsheet contained information about named doctors and the Merck people who were responsible for haunting them, and an email said: “We may need to seek them out and destroy them where they live,” as if Merck had started a rat

extermination campaign. There was detailed information about each doctor's influence and of Merck's plans and outcomes of the harassments, e.g. NEUTRALIZED and DISCREDIT.

I have already mentioned Merck's fraud with Vioxx and the complicity of *New England Journal of Medicine*. I have estimated that Merck has killed about 120,000 people with Vioxx.¹⁴ In 2006, I saw a TV commercial in USA on CNN that ended with a very deep voice saying, "Merck, where the patients come first." I couldn't help thinking, "Merck, where the patients die first."

In 2018, an initial EU court ruling did not support a request from Merck and PTC Therapeutics that EMA should stop making public any information on clinical trials that businesses consider commercially confidential.³⁶ The companies appealed, and the appeal ruling was the opposite, namely that disclosure of the documents would harm the companies' commercial interests.

Next, EMA appealed to the European Court of Justice. As I was the one who opened EMA's archives in 2010 by complaining to the European Ombudsman, who did not find that there was anything in the reports that was commercially confidential information,³⁷ I submitted a rapid response to the *BMJ* article about the pending court case, *Lack of data access means hundreds of thousands of unnecessary deaths*.

BMJ's handling editor told me that their lawyer had highlighted three factual claims I made - two of which alleged serious misconduct on the part of Merck - for which "we need to see clear, persuasive supporting evidence before we can post. Do you have any references to support these claims?"

A correspondence followed, and the main issues were these ones:

"Merck hid that rofecoxib (Vioxx) caused heart attacks." I noted that this had been documented many times and I highlighted important bits about it in my book about organised crime.¹⁴

"Scientists at Merck knew all the time, even before any clinical trials, that the biochemical properties of rofecoxib meant that it must be thrombogenic. In addition, rofecoxib has killed many thousands of patients because of ulcer complications."

I again referred to my book where the evidence was about the thrombogenic properties and noted it was well-known that all such drugs cause ulcers and that many patients die because of this. Over 80 million people got rofecoxib, which made it easy to calculate the number of patients killed by ulcer complications, and I offered to provide more documentation if needed.

BMJ then wanted me to pinpoint the actual references which said "hid" and "caused." I had already done this but wrote more:

"It was known right from the start that COX-2 inhibitors, via their mechanism of action, must increase the risk of thrombosis. In 1996, Merck scientists discussed the heart attack risk (2), and investigators sponsored by Merck found that Vioxx reduced urinary metabolites of prostacyclin in healthy volunteers by about half (3), which indicates that Vioxx causes thrombosis.

Also in 1997, a Merck scientist said that if they didn't allow patients to use aspirin in their trials (which decreases the risk of a heart attack), patients on Vioxx might have more heart attacks and that would 'kill the drug' (4). Merck surely concealed how dangerous Vioxx was. A senior Merck scientist proposed to leave out people with a high risk of cardiovascular problems in the company's planned VIGOR study so that the difference in heart complications between Vioxx and other NSAIDs 'would not be evident' (5)."

I felt this was highly convincing, but *BMJ* wanted me to tell them again why scientists at Merck knew that rofecoxib was thrombogenic and asked for specific references about the ulcer effects. I replied:

“I have just explained that scientists at Merck, and anyone with a chemical background like I have, knew all the time that a drug with this mechanism of action that reduces metabolites of prostacyclin must be thrombogenic. This is very basic biochemical knowledge. For example, a review article mentions: The selective inhibition of prostacyclin formation by COX-2 selective NSAIDs interferes with prostacyclin's effect of inhibiting thrombosis and permits the unopposed action of platelet thromboxane (CMAJ 2002;167:1131–7).

It has been known for decades that all NSAIDs cause ulcers, so I do not understand why you ask me to document this. You can read it in any textbook. I write that rofecoxib has killed many thousands of patients because of ulcer complications, which is correct, given that 80 million people have taken rofecoxib. A Cochrane review reports that: “The combined incidence of confirmed upper GI events (perforations, ulcers, bleeds or obstructions) was 1.4% in the rofecoxib group and 3.0% in the naproxen group ... and the combined incidence of complicated confirmed events (perforations, obstructions and severe upper GI bleeding) were 0.4% and 0.9% respectively ... (reference to the review, CD003685).”

BMJ editor: “For the last sentence, we can see that it is your calculation. Have you published this anywhere apart from your book? Could we have some references of the component parts from which you draw your conclusion?”

It was getting absurd but I remained calm and replied:

“Others have estimated the deaths, e.g. David Graham from the FDA has estimated that rofecoxib has killed 60,000 people. I do not think it is worthwhile to spend so much time on this, so I attach another version, which I hope will not cause you further problems.”

Then, *BMJ* killed my little letter to the editor. I asked for information twice but did not hear a word from the *BMJ*. I gave up and published an article about this on my own website.³⁸

It is very depressing that we can no longer tell the truth about drug harms in medical journals, not even when everything we say has been documented before.

And the European Court of Justice? It decisively [upheld](#) the EMA's right to publish clinical trial data from drug companies' applications to market their products in the EU.

Pfizer, once the world's biggest drug company, has also killed many patients by its organised crime and lies.¹⁴ In documents prepared for a 2005 FDA hearing, Pfizer denied that its arthritis drug, celecoxib, causes heart attacks, but Pfizer had unpublished evidence to the contrary. One such study, which Pfizer knew about, was conducted by the NIH and had been terminated after finding that high doses of celecoxib more than tripled the incidence of heart attacks and strokes.

ABC in Australia: horrible injustice and censorship

The harassments that follow when you threaten powerful interests often have dire consequences. Peter Rost, a global vice president of marketing for Pfizer turned whistleblower, has described how things went for 233 people who blew the whistle on fraud:³⁹ 90% were fired or demoted, 27% faced lawsuits, 26% had to seek psychiatric or physical care, 25% suffered alcohol abuse, 17% lost their homes, 15% got divorced, 10% attempted suicide and 8% went bankrupt. But in spite of all this, only 16% said that they wouldn't blow the whistle again.

In this crazy world, 90% of those who blow the whistle lose their job instead of being honoured and rewarded.

I shall now describe the worst case I have ever come across, which was not even about whistleblowing but about good and honest reporting. It led to sacking and a permanent loss of relevant job opportunities.

In 2014, Australian journalist Maryanne Demasi, who has a PhD in research, worked on documentaries about depression pills for the Australian Broadcasting Corporation (ABC). She interviewed me and one of the most knowledgeable and respected experts in psychopharmacology in the world, Professor of psychiatry David Healy.

Demasi also interviewed Professor Ian Hickie, one of the two silverbacks in Australian psychiatry, and corresponded extensively with him.²¹ Healy and I used a tremendous amount of time sending emails refuting his arguments and explaining in great detail to Demasi why he was wrong.

As is so typical for leading psychiatrists, Hickie flatly denied the facts in an otherworldly fashion. He denied that depression pills increase the suicide risk in children even though the randomised trials have shown this unequivocally, and the FDA has issued a black warning.²¹ He sent many highly flawed articles about observational research to Demasi, which reported that the suicide rates increased when drug usage decreased, or vice versa. He even claimed that FDA's warning wasn't justified and might have caused harm.

In other words, Hickie used the UFO trick, which is to prefer using a fuzzy photo to claim you have seen an UFO when a photo taken with a strong telephoto lens has clearly shown that the object is an aeroplane or a bird.

Hickie denied that there was overprescription of depression pills and asked for the evidence for this even though the research literature is full of such evidence, and he compared this statement with claims made by scientologists. He even postulated that young people were undertreated, which is the same as asking for more suicides.

When Demasi alerted Hickie to the fact that the theory about a chemical imbalance being the cause of depression has no scientific basis, Hickie was evasive and responded that he had seen a lot about this in the scientology literature but was not sure who else presented it in such a simplistic way. Well, surely Hickie knows that his colleagues do this; professors of psychiatry in the whole world propagate this lie. Demasi and I documented in 2020 that 74% of 39 popular websites in 10 countries attributed depression to a "chemical imbalance" or claimed depression pills could fix an imbalance.⁴⁰ I don't think all these professors are members of Scientology.

When Demasi wrote that, "There is a view that these drugs, (instead of fixing a chemical imbalance) may actually cause a chemical imbalance," Hickie replied: "I have no idea what this means! Perhaps you can point to some credible reference for this proposition. Again, I have only seen such notions seriously put in the scientology and other anti-psychiatry literature."

Hickie's pretended level of ignorance is breath-taking. Every psychiatrist knows that depression pills cause a chemical imbalance in the brain by increasing serotonin, which is their main mode of action and the reason why many patients develop abstinence symptoms when they try to come off them.^{12,21}

At one point, Demasi tried to ease the increasing tension and wrote apologetically to Hickie: "I realise that you're concerned about the ongoing criticism of psychiatry but this is an area of debate at the moment and as a journalist, it is important that I canvas all the issues."

Hickie responded: "I don't accept that this is an area of wide debate. At the moment there are old and ongoing critiques which are picked up from time to time, particularly from the USA or other fringe groups (see Scientology in the USA etc)."

Whenever Hickie came in trouble, it was never due to his own profession's shortcomings or its denial of the facts. Hickie used a classic Schopenhauer diversion² by constantly blaming Scientology.

Scientology is a tiny sect with an estimated 25,000 followers in USA. It has been involved in multiple serious crimes and has been described as a [dangerous cult](#) and a manipulative profit-making business. It harasses its critics to the extreme; has been found guilty of organised fraud; and was convicted of perpetrating what was at the time the largest incident of domestic espionage in the history of the United States, which involved infiltrating, wiretapping, and stealing documents from the offices of Federal attorneys and the Internal Revenue Service.

Documentary films with testimonies, e.g. [Going clear: Scientology and the prison of belief](#), which can be watched on YouTube, and BBC's [Scientology and me](#) have shown that serious mental and physical abuses have occurred; people have been beaten up, and a number of women have sued Scientology, alleging a variety of complaints including human trafficking, rape, forced labour, and child abuse. There are also reports of forced abortions against the women's will.

Ten months after our correspondence with Demasi, the ABC's leadership cancelled the documentary. Hickie had teamed up with the other silverback in Australian psychiatry, Professor Patrick McGorry, and they both had numerous conflicts of interest in relation to the drug industry. They refused to appear on camera, but this is not a valid excuse for dropping a highly relevant programme.

Journalists routinely say that someone has refused to comment, and it would have been a great help for Australian citizens if Demasi had shown Hickie's meaningless written replies in the documentary. As noted above, Australians believe that depression pills do more harm than good,¹⁹ which is scientifically correct,^{14,21} and Demasi's programme would have confirmed this.

By refusing to appear in her programme, Hickie got off the hook also in another matter. He knew that Demasi would ask him about his conflicts of interest in relation to a highly dubious, unsystematic review he had published in *Lancet* as first author about melatonin-based drugs for depression, but "In particular, we highlight agomelatine."²¹ This drug got four pages, 16 times as much as four other drugs that only got one page in total. Both authors had numerous ties to Servier, which sells agomelatine. The review was highly flawed and resulted in three pages of letters to the editor, which is extraordinarily much. *Lancet* failed us again. It should never have published such an obviously flawed paper.

An Australian psychiatrist wrote to me that his specialty has all the trappings of a money-making cult based on ideology rather than science. I was very amused by his remark because this is how people describe Scientology!

It is taboo for the media to challenge the cult's beliefs. Even in countries like Australia and Britain, which have public broadcasters, it's close to impossible to get a critical word in. A reporter who challenged the standard view once told the psychiatrist she would never do it again; she was threatened with dismissal. Why? Because drug companies and medical lobbies immediately get on the phone to the minister of health and complain loudly saying it will harm the patients to suggest that the drugs may be harming them. It cannot be more absurd than this, which is what makes psychiatry a cult.

I had a similar experience when my first psychiatry book came out in its Swedish translation.¹² I was invited to give a lecture in Stockholm and was interviewed by journalists from two major newspapers. They were highly interested, but as nothing was published, I asked why. Only one of

them replied. The editor of *Dagens Nyheter* thought it would be too dangerous to explain to Swedish citizens that depression pills are dangerous, as they can cause suicide!

Fortunately, there was a crack in the Swedish censorship, as a third national newspaper, *Aftonbladet*, allowed me to write my own article, which filled the whole back page.

Demasi had worse surprises back then. She had aired two documentaries about statins, which the ABC subsequently pulled from the Internet after people with vested interests had complained about them. The ABC called them biased, which was not true. I have seen them, and they are top class documentaries. Demasi wrote eloquently about this scandal in 2019:⁴¹

“Science is facing a crisis of democracy. Now more than ever, vitriolic attacks are being leveled at people who debate opposing scientific views. Asking questions that challenge the establishment may be unsettling, but silencing debate and proclaiming that the ‘science is settled’ is not the solution.

Belgian physician Jan Vandenbroucke once wrote, ‘Without the possibility of open debate, science simply ceases to exist.’

For 11 years, I worked for the Australian Broadcasting Corporation (ABC), a publicly owned TV network whose charter was to maintain editorial independence, the bedrock of journalism. My role as a TV journalist and producer was to investigate science issues and, if warranted, challenge orthodoxies.

My programs were built upon a foundation of exhaustive research, probing interviews, and thorough citations of scientific papers. They were not regurgitations of government advice or press releases; they were assiduous assessments of the evidence.

In 2013, I produced a two-part series called ‘Heart of the Matter,’ which cited evidence challenging the role of cholesterol in heart disease and the overprescription of statins (cholesterol-lowering drugs). The series aired with huge praise from the public, and it topped the ratings. We were applauded by all levels of ABC management for ‘superbly presented, provocative and intelligent programs,’ for achieving a ‘timeslot crushing rating performance’ and receiving ‘a public vote of confidence in great journalism.’

But the praise didn’t last long. The drug manufacturers and others with vested interests rallied their forces and went to war. They screamed blue murder, ramping up attacks in the media. We were accused of killing people by the more hysterical types. ‘People will die’ and ‘ABC has blood on its hands,’ they cried.

The media response was swift and disproportionate. Experts did not challenge the scientific merits of our programs; instead they chose to shoot the messengers.

The ABC launched an internal investigation. After 6 months, the panel concluded that both programs were factually accurate but that one section ‘unduly favoured one side’ of the debate, the side that cautioned against mass prescription of statins. Then, without warning or compunction, the ABC banned the programs from the website. A fully referenced webpage dedicated to extended interviews, scientific papers, and all the evidence to back up our thesis had been censored and replaced with an apology.

ABC executives were quick to disown the programs. Worse, they turned on us. We were instructed to keep our heads down and weather the media storm. We were gagged from making any public comment and threatened that disobedience would be considered ‘a breach in employment conditions.’ We chose to obey their demands for silence, thinking it was the best way to demonstrate our loyalty.

Upon reflection, that was a mistake. We had been publicly wounded with an unfair characterization, which we failed to contest with the necessary strength.

News of the ABC’s capitulation attracted international criticism. Doctors were outraged by the injustice, calling for the programs to be reinstated. Several books were published, referencing the controversy.

I became the subject of attacks by those with vested interests. Secret documents revealed food industry giants initiated ‘active defence’ against me (and others) for challenging their marketing messages.

It manifested in social media attacks, industry-sponsored propaganda by so-called 'experts' paid to undermine my credibility, critics' calls for my sacking, and vexatious complaints about my scientific integrity.

Eventually, our entire team was axed from the ABC. The TV executives who promised to support us, the same people who approved and applauded our programs, were now the ones walking us all out the door.

I am comforted by the knowledge that as scientists, journalists, and researchers, we did our job: We asked the right questions with facts and rigour. That is what sustains us."

Demasi, a first-class documentarist, one of the best in the world, became the victim of brutal character assassination. One of the things the ABC did was to interview the Heart Foundation, which took a lot of money from statin manufacturers and wrote the statin guidelines. They said the documentary was dangerous, and every newspaper ran with the same narrative and would not allow anyone to publish a defence of the programme in their editorial sections. They published only negative reviews.

Part of it was the jealousy of other journalists who enjoyed watching the demise of one of their colleagues that they perceived as a competitor in the small pool of Australian journalists. And part of it was extremely lazy journalism. It was easier to jump on the "hate" bandwagon than spend time to find out what the truth was.

A particularly evil person was Australian Professor David Vaux. He joined the lynch mob and accused Demasi of scientific misconduct committed many years earlier. He succeeded to convince a medical journal that it should retract her paper from 2003 even though there was no good reason to retract it. The journal asked for some original images from 20 years ago, but they had been discarded. The rule for retaining original records was 14 years but this did not matter to the journal; they were making up their own rules.

Journalist Ivan Oransky wrote a defamatory article about Demasi in *Retraction Watch* and made sure no one would miss the point by labelling her "controversial" in his title.⁴² This was pure evil. Demasi was not controversial at all. She was honest, which went against powerful interests.

Demasi and her PhD supervisors said that she was within her right to duplicate particular images because it was a universally accepted practice at the time to reuse baseline/control values when they did not represent different experimental conditions.

It was not only a storm in a teacup; it was also unfair. One cannot judge something that took place 20 years ago with today's standards or laws, but this was what happened.

Demasi and her co-authors asked the journal if they could explain the reason for the duplications in an addendum to the article, but the journal didn't allow this, which was appallingly poor judgment.

The University of Adelaide conducted an investigation that found "no motivation, rationale, intent or any actual wrongdoing of any kind." Investigators from Monash University, Macquarie University and the University of New South Wales agreed with Demasi's legal team that such duplications were acceptable.

Thus, Demasi was fully exonerated on all allegations made against her by Vaux. The investigation panel noted that the allegations were made by a "professional complainant and activist" who had also submitted a complaint about the investigation panel itself.

Vaux failed to appear for cross examination because he refused to present evidence under oath and did not want to be cross-examined on his evidence by Demasi's legal team. He also lied about the events. He told *Retraction Watch* that the panel refused to allow him to appear at the tribunal.

The fact was that he violated the law by refusing to show up. Oransky was aware it was a lie, but he refused to correct the article, probably because Vaux was on the Board of Directors of *Retraction Watch* and Oransky was afraid of upsetting Vaux.

Vaux praised the journal for retracting the paper and opined that “Their standard of research integrity stands in stark contrast to those of the authors, inquiry panel members and University of Adelaide.”

This baloney is quite telling for Vaux’s character. He sees himself as being above everyone else, even investigators from three universities, but he resides at the bottom where kangaroo courts operate. A [kangaroo court](#) ignores recognised standards of law or justice, carries little or no official standing; may ignore due process; and comes to a predetermined conclusion.

Demasi was victimised to such a degree that she could not find work in the Australian mainstream media where she could use her qualifications. This huge loss for Australian journalism is like seeing the Middle Ages at its worst.

Demasi is a close friend of mine, and I was proud when she accepted to become my deputy at the Institute for Scientific Freedom. She gave an interesting [talk](#) about the ABC scandal at the opening of my institute in 2019.

The institute is not funded, and I very much hope the public will support financially Demasi’s ongoing research and investigative projects, which can be done via [her website](#) where she has published numerous interesting articles, many of them about COVID-19. They are all listed on the institute’s [homepage](#).

The long arm of Lundbeck, Danish manufacturer of psychiatric drugs

When harassing other people, the perpetrators very often use the term “controversial.” This label is denigrating, as it suggests that you should not take seriously what that person says or writes.

Danish public TV applied censorship by requiring that independent documentary filmmaker Janus Bang should call me “controversial” when he presented me in his programmes about psychiatry. He refused to accept this, which I think was the right decision. Bang and his team had followed me around in Europe for four years, as they wanted me to play a central role in their documentaries about how awful and deadly psychiatry is.¹²

He needed to compromise extensively in other ways to get anything out on national TV. He broadcast three interesting programmes in 2019, *The dilemma of psychiatry*, but the public debate he had so much wanted in order to have major reforms introduced was totally absent. There were embarrassing, totally false voice-overs saying how good the drugs were, which paid lip service to Danish Lundbeck, a major seller of psychiatric drugs.

The reason Danish public TV doesn’t dare challenge psychiatry or Lundbeck is due to two programmes sent in April 2013.¹² I was interviewed for the first one, *Denmark on pills*, in three parts, where comedian and journalist Anders Stjernholm informed the viewers about depression and ADHD. A silverback in Danish psychiatry, Poul Videbech, was angry that that he had been left out of the programme despite being interviewed and he complained about it on Facebook and to Danish TV.

Only four days later, journalist Poul Erik Heilbuth showed his fabulous 70-minutes documentary, *The dark shadow of the pill*, which had already been shown internationally. His research was excellent, and he documented in detail how Eli Lilly, GlaxoSmithKline and Pfizer concealed that their depression pills cause some people to kill themselves; commit murder; or cause completely

normal and peaceful people to suddenly start a spree of violent robberies in shops and gas stations they were unable to explain afterwards and were mystified about. The pills changed their personality totally.

Heilbuth's documentary was very threatening for psychiatry and there were violent reactions. An editorial in *Politiken*, one of Denmark's national newspapers, condemned the documentary in an unusually hostile and primitive fashion, calling the documentary "immensely manipulative," "sensationalism," and "merely seeking to confirm or verify the thesis that the programme had devised as its premise."

I experienced how far Lundbeck's influence reaches in Denmark some years later. The Copenhagen documentary film festival, CPH:DOC, the largest in the world, showed a very moving Norwegian film, [Cause of death: unknown](#), in 2017.¹² It is about the filmmaker's sister who died very young after her psychiatrist had overdosed her with olanzapine (Zyprexa), which turned her into a zombie, as the film shows. Her psychiatrist was so ignorant that he didn't even know that olanzapine can cause sudden death. I appeared in the film and the filmmaker, Anniken Hoel, asked the organisers to put me on the discussion panel. My name was the only one in the announcement: *Medicine or manipulation? Film and debate about the psychiatric drug industry with Peter Gøtzsche*.

Seven days before the film was to be screened, I was kicked off the panel under the pretence that the organisers couldn't find a psychiatrist willing to debate with me. It turned out that the Lundbeck Foundation had provided a major grant to the festival. I could have named several psychiatrists willing to debate with me.

COVID-19 censorship in *Le Devoir*

In January 2022, Canadian journalist Francine Pelletier wrote a column in the newspaper *Le Devoir*, as she had done every week for over nine years.⁴³ But this time, it went badly wrong for her. She wrote about COVID-19.

Pelletier quoted Martin Kulldorff for saying that "All the work we've done over the past few decades to inspire confidence in vaccines is being eroded by mandating vaccines that often don't make sense scientifically."

She quoted another article when she mentioned that fluvoxamine, an antidepressant, was effective in treating COVID-19 in vulnerable people. The editor later changed this into that "there is currently no scientific consensus around fluvoxamine, whose beneficial effects against COVID-19 are provided through an indirect effect."

She noted that after waging a war against the virus, it had become inappropriate to criticise the vaccines and the authorities wanted to speak with one voice to better promote public health measures, which she considered a kind of misinformation.

She wrote that an Israeli study had shown that the effect of the mRNA vaccines had fallen from around 95% to about 40%, and that with the arrival of each new variant, this was expected to drop further. Moreover, since these vaccines target a small part of the virus, the spike protein, this encourages the proliferation of variants that could more easily circumvent the vaccines, but we continue advocating for more booster doses.

She asked whether we should silence other information, silence disturbing information, while imposing coercive measures, which encourage disillusionment and civil disobedience?

Her article is the kind of article we need so that we can debate the issues, but which more and more has been censored during the COVID-19 pandemic. Her editor threw her under the bus and apologised to the readers with arguments so absurd that philosopher Harry Frankfurt likely would consider them bullshit.⁴⁴

“This text unfortunately contained inaccuracies. The absence of essential nuances, certain omissions and the use of controversial sources of inspiration let it appear from this text that vaccination was not a central measure in the arsenal of tools to counter COVID-19.”⁴³

The rest of the editor’s “justifications” made no sense either. She even claimed that it is “not fair to say that the nature of the Pfizer and Moderna vaccines encourages the proliferation of variants. It is rather the opposite that occurs.” She presented no evidence for this, and she is likely wrong. Studies by Canadian researchers showed that people who received a seasonal influenza vaccine in 2008 had an increased risk of getting infected with another strain in 2009.⁴⁵ They replicated their findings in several different studies. Other researchers have reported that annual influenza vaccination hampers development of CD8 T-cell immunity in children.⁴⁶

When the editor changed what Pelletier had published, which is no longer available, she inserted: “vaccination is essential.”

The future for Canada looks bleak. *Le Devoir* is the last so-called independent daily in the French speaking part of Canada, but the independence seems gone.

Apparently, Pelletier’s departure was acrimonious, but the editor did not allow her to say anything about it in her last column.⁴⁷ She wrote:

“The column is a lonely and perilous exercise, which carries a constant risk of inaccuracy. The challenge for me has always been to open up elsewhere, to question silences and taboos, to say out loud what others were thinking quietly. I became a journalist 40 years ago precisely in reaction to the ‘right line’ trumpeted at the time by the Marxist-Leninists, since taken up by all those who believe they have the truth. I don’t really believe in THE truth. I believe more in debate ... the vigorous exchange of ideas, which by definition gives us choice and makes us freer. Nobody is then obliged to think the same thing.”

I find it strange that anyone can be against this, but COVID-19 has made many people unreasonable, including the editor of *Le Devoir*. She should have been proud to have a journalist of Pelletier’s calibre among her staff.

Litigation to cover up for research fraud

The worst example of this I have come across hit hard on the whistleblower, UK cardiologist Peter Wilmshurst. He gave an interesting [talk](#) about this at the opening of my institute in 2019.

Wilmshurst took on the job of being one of two co-principal investigators of a clinical trial, which came close to costing him his home and to sending him bankrupt.⁴⁸ I have supplemented his own narratives with information he has sent to me.

The purpose of the trial was to find out if closing a hole in the heart, a patent foramen ovale, would improve migraine. This seems far-fetched but there was a good rationale for it. The trial was sponsored by the US medical device corporation, NMT Medical, the maker of the STARFlex implant used in the trial.

The investigators randomised 147 patients to the implant or a sham procedure. During a cardiology conference in USA in October 2007, Wilmshurst expressed concerns that the trial data

were not being reported accurately or fully, and he was interviewed by a journalist who published an article on a US cardiology website.

This caused NMT to start legal proceedings against Wilmshurst for libel and slander in the English High Court. NMT subjected Wilmshurst to immense stress from the beginning. He received the legal papers on Friday, 21 December 2007 at 5.09 p.m., 9 minutes after most solicitors had closed for their Christmas holiday, and it was not until the New Year that Wilmshurst was able to get any legal advice.⁴⁹

NMT sued him twice more. Once was after he gave an interview about being sued for libel on the BBC Radio 4 Today programme even though BBC's lawyers had confirmed that what was said would not result in a further claim.

The BBC was not sued, and NMT made no attempt to have the recording removed from the BBC website. It was all about harassing Wilmshurst and others so that they would not dare speak again. It worked, at least for other doctors who were reluctant to speak out about problems with NMT's devices. Wilmshurst is sure that patients have been harmed as a result of this silence.

When the trial report had been accepted for publication in *Circulation*,⁵⁰ Wilmshurst and another member of the trial steering committee refused to be authors. They were unwilling to sign a false declaration that the authors had seen the trial data and took responsibility for their integrity.^{51,52}

Wilmshurst and his colleague had contributed more than 30% of the patients and had written a substantial part of the paper. But Wilmshurst's name didn't appear anywhere in the published paper, not even in the acknowledgements, although his work had inspired the study; he had been joint principal investigator; had taken a major role in designing the trial; had contributed to the paper; and had been a member of the steering committee.

In contrast, a prominent cardiologist, who died before the trial began, appeared as author. He also co-authored a letter in *Circulation* five years after his death in reply to criticism of the trial, even though Wilmshurst had told the editors that he was dead.

The investigators had been informed at the outset that they could see the raw data, but NMT refused to let the authors see them.

Even without access to the data, it was clear that the paper was inaccurate. After its publication in March 2008, Wilmshurst sent evidence to *Circulation* to support his concerns, and 18 months later, a correction of 700 words, a data supplement of 4 pages, and a new version of the paper were published.

NMT lied maliciously about Wilmshurst. They alleged in the original website article that he had been thrown out of the trial for committing protocol violations and that he had lied when he said he was co-principal investigator. However, even NMT's own press releases named him as one of two co-principal investigators.

Wilmshurst's lawyers advised him against counter-suing NMT even though they were confident that he would win. He would not be able to enforce an English court's judgment in USA, so neither his costs nor damages would be recovered. Nonetheless, he had to get advice about defending the case in each US State because each has different laws on defamation. NMT could say whatever they wanted about him with impunity, but the English defamation laws allowed them to sue him for telling the truth.

The truth was that the implant didn't work. The primary outcome of the trial was cessation of migraine, which occurred for only 3 out of 74 patients with a STARFlex implant and for 3 out of 73 in the sham procedure group.

The trial report was fraudulent. Evidently, the cardiologists who implanted the device were biased when they assessed their own performance and reported that 4 patients had significant residual leaks. In contrast, two other assessments, by Wilmshurst and another cardiologist, showed significant residual shunts in 33 and 27 patients, respectively,⁵¹ with good agreement between the two independent assessors. NMT decided that only the assessment by the implanting cardiologists would be published.

The trial report failed to mention that the implanted device fell out in some patients, which was a potentially lethal complication. Moreover, to provide a positive result, NMT had tortured their data until they confessed. They redefined the secondary outcomes and removed some patients from the analyses, which led to monstrously erroneous claims, e.g. “42% of patients saw a 50% reduction in headache,” which remained on NMT’s website more than two years after a reanalysis had showed that the claim was false.

NMT found out who the three patients were who had become migraine-free after a STARFlex implant and published their photographs, names and testimonials on a rotating banner on the corporation website and in the corporation’s annual report.

Similarly rosy comments about the trial appeared on the website of the Royal Brompton Hospital, which was one of the large centres for the trial. They removed them when Ben Goldacre informed the hospital that he intended to discuss the misinformation on the hospital’s website in his Bad Science column in *The Guardian*.

None of the libel cases against Wilmshurst came to a full hearing. They lasted nearly four years and collapsed in April 2011 when NMT went bankrupt because STARFlex had limited clinical utility.

Wilmshurst’s legal costs were about £320,000. At the end of 2010, he made the Courts order NMT to pay £210,000 into an account controlled by the Court when it appeared that they were in financial trouble. When NMT went into liquidation, it was agreed that the money should come to Wilmshurst. At that point, most of his lawyers said that because he only got two-thirds of his costs back, they would only charge two-thirds of their fees. He was therefore left with costs of about £25,000.

However, he cannot recover the enormous amount of time he spent dealing with the legal documents, which took virtually every evening and weekend and all his annual leave for three years. Neither was his family compensated for the stress resulting from fear of being made bankrupt and the possible loss of their home.

The other co-principal investigator, Andrew Dowson, was the first author on the fraudulent paper. He was found guilty of multiple counts of misconduct in the trial and was suspended from the Medical Register by the General Medical Council. He appealed to the High Court, but the judge rejected his appeal. Dowson owned shares in NMT but had assured the ethics committee in writing that he didn’t own shares, and he also gave his affiliation as a well-known hospital although he had treated his patients in private practice.⁵¹

Wilmshurst is still trying to get *Circulation*, which is owned by the American Heart Association, to retract the fraudulent paper, with no success.⁵³

Wilmshurst did all the right things but was severely punished for it.

Protecting quackery and poor drugs

England had the worst libel laws in the world, which didn’t protect the whistleblower but the perpetrator. Simon Singh wrote in *The Guardian* in 2008 that the British Chiropractic Association

happily promotes [bogus treatments](#), as the association claimed that their members can help treat children with colic, sleeping and feeding problems, frequent ear infections, asthma and prolonged crying.

The Association sued him for libel, which took up two years of his life and cost both parties £500,000.⁵⁴ As he won the case, the Association had to foot most of the bill. Singh wrote afterwards that “in terms of free speech and access to information, our nation would become the European equivalent of China.”⁴⁹

Threats of litigation, or just the fear that it could happen, have a decisive influence on what gets published and what people talk about. Fraudsters of all kinds have landed our best medical journals, newspapers and other media in trouble many times, but this rarely becomes publicly known.

Quackery is protected this way. In 2020, The Beijing Municipal Science and Technology Commission suggested that criticism of Traditional Chinese Medicine (TCM) would have legal consequences under the crime of “picking quarrels and stirring up trouble,”⁵⁵ which is the standard clause Chinese leaders use to crack down on anything they don’t like. The regulation recognises TCM as an important component of the country’s healthcare system, supports its protection and development, and states that TCM should be regulated according to its own “unique features.” This plain nonsense was mirrored by President Xi Jinping who stated that, “Traditional medicine is a treasure of Chinese civilisation embodying the wisdom of the nation and its people.”⁵⁶ He has also praised TCM for its “unique” contribution to fighting the coronavirus. Over 90% of patients with COVID-19 have received traditional remedies.⁵⁷

Chairman Mao Zedong declared that “Chinese medicine has made great contributions to the people of our country,” but he didn’t believe it himself and did not take such medicine. He was just being pragmatic. As China had a shortage of doctors, TCM would provide solace for the people where basic healthcare was unavailable.

For President Xi, TCM is about power, about demonstrating Chinese exceptionalism and promoting national pride. In May 2020, the WHO removed a warning not to use herbal remedies from its “what not to do” list, prompting accusations that it had bowed to pressure from the Chinese government.⁵⁷ Surely, this must be what happened.

In 2018, Chinese authorities jailed a doctor, Tan Qindong, for three months after he criticised the promotion of Hongmao Medicinal Liquor, a popular TCM remedy, drawing attention to the toxicity of some of its ingredients.⁵⁸ After he had been forced to issue an apology for “not thinking clearly,” Hongmao Pharmaceutical dropped its lawsuit against him. Hongmao’s “medicinal liquor” is quackery. It contains more than 60 kinds of herbs and animal products and is advertised as a “cure all,” from rheumatism to kidney dysfunction, joint pain, and Alzheimer’s disease. Tan wrote an essay, which circulated widely on the social media platform WeChat, where he cautioned that the curative abilities of Hongmao’s tonics were unclear at best and could actually harm those with diabetes or high blood pressure.

Tan was detained at home and taken more than 2700 kilometres to Inner Mongolia. He was charged for violating a little-used section of China’s criminal code that bars the fabrication or spread of claims that seriously damage a company’s reputation.

After his release, Tan said that he did not regret writing the article or going to prison. “It taught me how to interact with all sorts of people, and also taught me how precious freedom is.” But he suffered from the brutality he was exposed to and was admitted to hospital for post-traumatic stress disorder (PTSD).

Quackery is also common in the Western world. German businessman Matthias Rath promoted high-dose vitamins for people with HIV in South Africa and argued that antiretroviral drugs were harmful, which resulted in some people dying.^{59,60} He also claimed that nutritional supplements could prevent cancer and heart disease and cure all forms of cancer.⁶⁰ When the head of Médecins Sans Frontières said of Rath that, "This guy is killing people by luring them with unrecognised treatment without any scientific evidence," Rath attempted to sue him.⁶⁰

There are obvious similarities between Rath and anti-vaccine groups. Rath subscribes to conspiracy theories and has claimed that drug and oil company interests started and exploited World War II.⁶⁰ Anti-vaccine groups also frequently advocate high-dose vitamins and other useless supplements instead of vaccinations.¹⁰

In 2006, *BMJ* reported as a news item that Rath had gone on trial in Hamburg for fraud in relation to the death of a nine-year old boy who died of bone cancer.⁶¹ *BMJ* wrote that Rath had improperly pressured the boy's parents into refusing to allow hospital doctors to amputate his infected leg in an effort to save him.⁶² *BMJ* subsequently retracted its report "on legal advice;"⁶⁰ apologised to Rath; and settled a libel claim by him for £100,000.⁶¹

The apology was likely related to the fact that a prompt apology usually means that the court gives the publisher a discount of up to 50% on the damages it would otherwise have to pay. I wonder if there is more to this story. I would not expect *BMJ* to write something that isn't true and could result in a libel claim. Was the informant threatened by Rath or got cold feet and changed explanation?

In 2008, Rath sued Ben Goldacre and *The Guardian* for libel in relation to three articles describing Rath's activities in South Africa.⁶⁰ Rath dropped his suit and was ordered to pay £220,000.

According to Wikipedia, [quackery](#), often synonymous with health fraud, is the promotion of fraudulent or ignorant medical practices. Common elements of quackery include questionable diagnoses using questionable diagnostic tests, as well as untested or refuted treatments.

It is a pity that this word is very rarely used nowadays, as there is so much quackery around. Most of psychiatry is quackery because the diagnoses are highly unscientific and irreproducible when several psychiatrists see the same patient, and the diagnostic tests are so unspecific that most healthy people could get one or more diagnoses if tested.^{12,21} Furthermore, very few of the drugs have clinically relevant effects, but the psychiatrists convince their patients to take them, sometimes life-long, by telling lies about a non-existing chemical imbalance being the cause of their disorder.⁴⁰

There is also a lot of quackery in the drug industry^{14,21} and, like Rath, it is highly alert towards criticism. An editor from a major US medical journal said in an interview with a documentary filmmaker I work with that whenever they published an article critical of the drug industry, the industry immediately threatened with litigation and asked the editor to withdraw the paper.

In April 2021, Pacira Biosciences sued *Anesthesiology*, its editor, its publisher - the American Society of Anesthesiologists - and the authors of articles about the company's painkiller, Exparel.⁶³

Pacira claimed that the articles seriously disparaged Pacira's drug. One of them was a meta-analysis that found that the difference between Exparel and the competitor was clearly below the minimal clinically important difference. It was therefore not worth paying for the drug, which cost 100 times as much as its competitor.

Pacira's lawsuit was an abhorrent attack on scientific freedom and freedom of speech. Pacira had come under scrutiny before for its high price. Pacira also sued the FDA, over a warning letter

where the agency pointed out that the basis of approval was that Exparel was better than placebo, and that the company's trials did not demonstrate that liposomal bupivacaine was better than plain bupivacaine.

Pacira paid out [\\$3.5 million](#) to settle allegations over paying doctors fraudulent research grants to prescribe the drug between 2012 and 2015. Pacira also manipulated the analysis and reporting of its studies to achieve a commercially desirable result, and it seems that they failed to publish trials that showed that Exparel was no better than the cheap comparator.

It is disgusting to sue a medical journal this way. Doctors do not consult with a lawyer vetting every single sentence before they publish. And for many investigators, the incentive for research isn't financial, but a dedication to finding the truth. If that dedication is going to cost tens or hundreds of thousands of dollars, only corrupt doctors would want to do drug trials.

Richard Smith, former editor of *BMJ*, noted that libel is a poor way to settle scientific disputes where victory may not be determined by what is true but by who has the deepest pockets and the best lawyers.⁶³ *BMJ* was involved in one of the longest libel cases in British legal history in the 1960s. It ran in court for weeks, generated huge bills for both the plaintiff and the journal, and was eventually settled out of court.

The court procedure turned out to have been a massive waste of time and money. The plaintiff was trying to defend a process that was very dangerous - giving general anaesthetics in dentists' offices where there was no qualified intensive care staff to come to the rescue if the patient's life became endangered - which was abandoned as unsafe soon after the case.

The vaccine area is flooded with quacks and fraudsters who are immensely harmful, sometimes to the point of giving deadly advice to people.¹⁰ Some have an academic title that convinces people that they should be believed, even though they betray both their profession and the public.

I came across the case of Dolores Cahill from Ireland by a co-incidence. One of my books had inspired a patient to withdraw her psychiatric drugs, and she wrote to me in November 2021 hoping I would attend a World Freedom Alliance meeting in Copenhagen. She didn't say what it was about, but she was sorry that Robert F. Kennedy Jr. would not participate this time and added that some people would come who collaborated closely with him.

This made me suspicious. Kennedy is considered one of the most prominent anti-vaxxers in USA. I looked up the announcement for the meeting, but it didn't say either what it was about, which increased my concerns. I recognised the name of one of the speakers, Dolores Cahill, and found an article about her from McGill University in Montreal on a website with the banner, *Separating sense from nonsense*.⁶⁴

"The strange case of Dr. Cahill and Ms. Hyde. Professor Dolores Cahill's scientific résumé can legitimize her false claims about COVID-19. Her crusade of misinformation raises the question of how far academic freedom goes."

Cahill has a doctorate degree in immunology. You would not expect someone with this background to claim that, "If you're under, like, 70 or 65 and you've no underlying conditions, this is all a hoax."

Cahill has stated that COVID-19 can be prevented by taking vitamin C, vitamin D and zinc, and that the most efficient treatment is hydroxychloroquine. She has claimed that children wearing a mask would be starved of oxygen and see their IQ lowered; that the RNA-based vaccines do more harm than good; and that once you get COVID-19, you are immune for life.

All of this is false. Students at her university wrote a 33-page scientific rebuttal of her claims, signed by 133 people, and sent it to the administrators.

Cahill, who behaves like a naturopath or other quacks selling supplements, has been an advisor and international expert on many boards and committees, including the Irish Government's Advisory Science Council. Unbelievably, she has also been active in the field of scientific integrity.

Arguing against physical distancing, Cahill claimed that only three organisms are transmitted via the air, tuberculosis, smallpox, and Ebola. I wonder if she ever heard about the diseases we call measles, influenza, and the common cold?

The university didn't do anything. They sheepishly referred to their guidelines on academic freedom as a reason for their inaction. This is not acceptable. They could fire her for her obvious incompetence. Moreover, academic freedom is not freedom to propagate blunt lies to students.

Cahill is the president of the World Freedom Alliance, which has a youth wing that has embraced the notion of "natural law," by which institutions and their laws are not recognised, only "the Creator's laws." This is similar to Islamic fundamentalism that only accepts Sharia law.

The interesting question is how someone with Cahill's training and expertise can be so wrong about the pandemic and the basics of infectious diseases. But some people are predisposed to finding attention, money, and a large following of idiots by becoming a religious leader or a contrarian guru, especially in the middle of a public health crisis.

Some Nobel Prize winners go on to endorse strange notions later in life. Linus Pauling became obsessed with the idea that megadoses of vitamin C could cure many diseases. He concluded from placebo-controlled trials that vitamin C would prevent and alleviate the common cold, but his book about this is an appalling example of selective citation, of which we might not expect a Nobel laureate to be guilty.⁶⁵ Luc Montagnier, the discoverer of HIV, is now consumed by the quackery called homoeopathy.^{66,67}

About the COVID-19 vaccines being rolled out in the UK, Cahill claimed in late December 2020 that most of the elderly would have serious adverse events or would die in the next few months.⁶⁴ As expected, the opposite happened. By far, most people dying of COVID-19 are the unvaccinated.

Quite often, politicians do not carefully check the background for those they invite. In May 2021, Steven Quay was asked to brief the US Congress about the origin of the COVID-19 pandemic.⁶⁸ According to Quay, it is beyond reasonable doubt that the virus emerged from a laboratory accident. Yes, it is, but who is he?

He has a PhD and his hundreds of publications have been cited over 10,000 times, placing him in the top 1% of scientists worldwide.⁶⁸ He holds 87 US patents and has invented seven FDA-approved drugs which – at least so we are told - have helped over 80 million people.

But he is also author of a 2020 book about [how to survive COVID-19](#). When it first came out, it was removed from Kindle by Amazon, just hours after its launch. In this book, Quay offers quack advice for dealing with COVID-19, which is still up on [his website](#). The worst nonsense is this:

- Learn how to beat coronavirus before it beats you when you learn one 2-minute step you can take every time you come home to kill coronavirus before it enters your lungs.
- PLUS, you'll learn an easy DIY step that takes your face mask from a viral barrier to a virus killer, giving you over 100-times+ the protection of an untreated mask.
- Discover how NOT to die of COVID-19 by making your lungs younger, and learn the one exercise you won't learn in a gym that can save your life!

- Get the skinny on what to eat and drink (and what to avoid), so you can prevent and beat this coronavirus ...
- ... AND you'll learn about the best supplements I have found from clinical trial research for immune health during this pandemic.
- Not sure if you have COVID-19? In this book, you'll find a quick, free home test for COVID-19 that is as good as the FDA-approved nasal swab.

Earlier, there were also these gems:

- What to do if you have early-stage COVID-19 so that you can stay out of the hospital.
- Why a vaccine won't be the solution, and what YOU can do to protect yourself, now and in the future.
- What to eat and drink (and what to avoid), so you can prevent and beat this coronavirus.
- The one blood test to ask for if you are hospitalized that can keep you off a ventilator.

If any of the miracles Quay claims were true, we would have seen him all over the place, in the news in all countries. It is sad that it is easy to cheat people and earn a fortune on the fraud.

Scientific American and Lancet cover up for Israeli war crimes

On 2 June 2021, following extensive editing and fact checking by several editors, eight US doctors published an article in *Scientific American* under the headline, *As health care workers, we stand in solidarity with Palestine: Israel continues to deny Palestinians essential care and resources*.⁶⁹

They reacted to the Israeli bombardment of the Gaza Strip, which exacerbated the humanitarian crisis in the territory.

Nine days later, the article was removed from *Scientific American's* website without warning. Only this remained: "Editor's Note: This article fell outside the scope of *Scientific American* and has been removed." The authors asked the editor what "outside the scope" meant but got no reply.

They had condemned the Israeli government for using disproportionate force and expressed support for boycotts and sanctions against Israel, ending aid to Israel, and condemning unequivocally Israel's crimes against the Palestinian people. This triggered the anger of Israel supporters online, and the authors faced a wave of harassing emails and messages.

Pro-Palestine activists saw the retraction as yet another example of an insidious campaign of free speech suppression that for years had targeted their cause. A digital rights organisation, Access Now, noted that people had lost their jobs and scholarships, and had had their careers destroyed for legitimate expression.

What happened seemed to have followed a familiar US playbook of silencing criticism of Israel. The Committee for Accuracy in Middle East Reporting and Analysis (CAMERA) [denounced the article](#) as an "anti-Israel screed parroting Palestinian terror groups' lies and incitement against Israel."

But it was CAMERA that lied, not the authors, and the editors did not say the retraction was due to any factual errors in the article.

The authors were inundated with hateful emails denouncing them as antisemitic and supporters of terrorists, which were frequently copied to the doctors' employers or colleagues, in an apparent effort to have them fired. One doctor copied several of the author's Jewish colleagues at

the hospital where they both worked and wrote that they wished to destruct the Jewish state: “I hope your department assists in tempering your antisemitism.”

As far as I can see, this kind of false logic would mean that you are against all Russians – we may call it anti-Russianism - if you protest against Putin’s despicable war crimes. He took the Crimean Peninsula from Ukraine in 2014 and invaded the whole country on 24 February in 2022, the darkest day in European history since World War II. He lied on national TV when he said about Ukraine, the most democratic country in the former Soviet Union, that it was run by a "band of drug addicts and neo-Nazis" and had committed genocide.

The false logic about antisemitism, which is thrown in the face of everyone who dares express criticism of Israel’s war crimes, would also mean that you are against all Chinese because their government invaded Tibet and made it a part of China. When Russia attacked Ukraine, its brutal aggression against a sovereign state that never did Russia any harm, was widely condemned in the whole world. But China? A spokesperson for the regime said: “It is typical for Western media to use the biased word ‘invasion.’” Shame on you, China, and on Donald Trump, who also defends thugs, and [described](#) Putin’s invasion of Eastern Ukraine as “genius,” “savvy” and “smart.”

The doctors described serious war crimes where the Israeli artillery targeted healthcare workers and their places of work in violation of the Geneva Convention.⁷⁰ They also noted that Israel's long-standing oppression of the Palestinian people and the ongoing decimation of their health care system would not end with a ceasefire. While Israel is hailed as a model of success for mass vaccination of the Israeli population (over 60% were vaccinated back then), barely 5% of Palestinians in the occupied territories were vaccinated. This inequity is blatantly omitted by those who tout Israel’s vaccine rollout success.

The doctors suggested that faculty, staff, trainees and students in schools and other places of education and training should be free to speak up about crimes committed against the Palestinian people without fear of retribution, harassment or silencing from anyone; that the medical and science communities and politicians issue formal statements and actions that address the suffering, social conditions and decreased life expectancy of Palestinians resultant from decades of destructive forces; and that support be provided to an independent investigation into the war crimes.

At the same time, five journalists in Australia published an open letter calling on news outlets to include the Palestinian perspective.⁷¹ In less than two weeks, more than 720 journalists and media staffers signed the letter, but some journalists faced the consequences immediately even though they had stated in their letter that employers should respect the rights of journalists without penalty in their professional lives. At least a dozen staffers at two of Australia’s largest public broadcasting corporations, Special Broadcasting Service (SBS) and Australian Broadcasting Corporation (ABC), were asked by management to remove their signatures from the letter and several of them were also told that their contracts might not be renewed.

The journalists noted that the coverage of Palestine must be improved; that it should no longer prioritise the same discredited spokespeople and tired narratives; that new voices were urgently needed; that weasel words like clashes should be avoided to obscure the reality of a violence disproportionately endured by Palestinians.

Some are more equal than others, as Orwell writes in *Animal Farm*. It is common practice for journalists in Australia to take free trips to Israel paid for by Israel lobby groups. SBS board member Nyunggai Warren Mundine tweeted numerous times during the 11 days of attacks by Israel on Gaza, writing “#IStandWithIsrael against the Hamas terrorist.” No reprimands.

Reporters in other countries also faced backlash. Canadian journalists circulated a similar open letter on the same day. Several signatories were reprimanded by management or completely taken off coverage of the region.

The Canadian Broadcasting Corporation (CBC) sent an email to staff addressing the letter as a “conflict of interest” and saying that journalists who signed it would be taken off coverage of the region. CBC staff were even told not to use the word Palestine in coverage, “as there is no modern country of Palestine.”

Not much difference to China. Although Taiwan is a sovereign state, China protests loudly if anyone dares write Taiwan instead of the name of its capital, Taipei, or gives the impression that Tibet exists.

The awful censorship is everywhere. When I read *Le Monde* in the late 1970s, I discovered that there was another side to the Middle East conflict than the one-sided one we were constantly offered in Danish media. It was a huge revelation for me, and I began to understand both sides of the conflict much better.

In the US, Associated Press fired a news associate for what they said were “violations of AP’s social media policy.” She had been the target of a conservative smear campaign over her activism in college in support of Palestinian rights. The AP had previously asked her to remove the phrase “Black Lives Matter” from her bio on Twitter.⁷¹ This is none of their business and a shameful intrusion into the private life and freedom of speech of an employee.

In March 2020, *Lancet* published a letter alerting the medical community to the dangers of a COVID-19 outbreak in the Gaza Strip. The editor, Richard Horton, informed the authors that their letter had led to a threat of boycotting the journal.⁷² Moreover, some physicians from the United States and elsewhere had demanded the letter’s removal. There had been a similar “sanctions campaign” against *Lancet* for publishing a letter in 2014 deploring the morbidity and mortality resulting from Israeli state violence against Gaza’s besieged Palestinians, which took a traumatic personal toll on *Lancet*’s employees.

Lancet could not sustain yet another campaign of this nature and therefore, within three days, the letter was removed from the journal’s website. So, the Israeli state violence made it right into the editorial offices of *Lancet*.

This is of course unacceptable even though it is much milder than murdering journalists, which two Islamic terrorists did when they, in 2015, forced their way into the offices of the French satirical newspaper *Charlie Hebdo* in Paris and [killed 12 people](#) and injured 11 others. In 2010, a successful cooperation between security services in Denmark and Sweden thwarted an [Islamist terror attack](#) against *Jyllands-Posten* in Copenhagen that published the Muhammad cartoons.

I searched on *Lancet*’s website in 2022 to find out if the removed letter was still up somewhere. When I used the first five words of its title, the only thing I found was a letter that criticised the removed letter,⁷³ quoting it as its first reference.⁷⁴ When I clicked on the link to the removed letter, there was absolutely nothing. The screen was white, from corner to corner.

It is editorial misconduct to remove an article completely, leaving no trace of it (see later in this Chapter, about mammography screening).

Six months after *Lancet* censored the first letter, they allowed a critique by Zion Hagay to be published that quoted it, but which had a dead link to it. This is also exceptionally poor editorship.

What makes this story even more absurd is that the removed letter actually exists. I found three different versions of it. Three of its four authors had described the affair in *BMJ* under the

title, *Political censorship in academic journals sets a dangerous new precedent*,⁷² and, curiously, the link to their removed article, which was to ScienceDirect, led to a *Lancet* page:⁷⁵



The screenshot shows the top portion of a Lancet article page. At the top left is a blue button with a PDF icon and the text "View PDF". Below this is the Lancet logo and the text "Available online 27 March 2020" and "In Press, Corrected Proof". To the right is a small thumbnail of the article cover. The main title is "Structural violence in the era of a new pandemic: the case of the Gaza Strip". Below the title are the authors' names: "David Mills ^{a, b, c}, Bram Wispelwey ^{b, c}, Rania Muhareb ^d, Mads Gilbert ^{e, f}". At the bottom of the author list is a "Show more" link with a downward arrow.

ScienceDirect is not a pirate website. It provides access to a bibliographic database of publications of Elsevier, which owns *Lancet*. It appears that Elsevier and Lancet do not know what they are each doing. Even more surprisingly, the link at the top, [View PDF](#), led to the type-set article in *Lancet*:

Structural violence in the era of a new pandemic: the case of the Gaza Strip

"Hope for improving health and quality of life of Palestinians will exist only once people recognise that the structural and political conditions that they endure...are the key determinants of [Palestinian] population health."¹

and containment of COVID-19 will be extremely difficult now that the pandemic has reached the Gaza Strip. While prisoners in Iran²⁰ and elsewhere are temporarily being released to protect them from contained spread, for Palestinians, living in what is described as the largest open-air prison in the world,²¹ there is nowhere to go—unless, of course, they are granted their legal and moral right of return.²²

When I looked up the missing article on PubMed, it was not labelled retracted, which was yet another editorial blunder:

> [Lancet](#). 2020 Mar 27;S0140-6736(20)30730-3. doi: 10.1016/S0140-6736(20)30730-3.

Online ahead of print.

Structural violence in the era of a new pandemic: the case of the Gaza Strip

David Mills ¹, Bram Wispelwey ², Rania Muhareb ³, Mads Gilbert ⁴

Affiliations + expand

PMID: 32224300 PMID: PMC7194595 DOI: 10.1016/S0140-6736(20)30730-3

Free PMC article

FULL TEXT LINKS



ACTIONS



SHARE

The link to *Lancet* was a dead end but the link to PMC led to the article.

The letter *Lancet* did not censor was written by Zion Hagay, the Chair of the Israeli Medical Association, which is an institution whose complicity in torture is well-documented.⁷²

Hagay wrote that the claims asserted by the authors of the removed article were “egregious ... a barely disguised platform for their continued political rhetoric ... political commentary that overshadows any actual concern for public health the authors might have intended.”

Well, they were certainly not alone. Back then, the whole world was outraged about the Israeli atrocities and its disproportionate use of force.

The authors that *Lancet* censored out of fear of Israel’s retaliation submitted a reply to Hagay, which *Lancet* rejected. They also submitted a commentary to another *Lancet* journal whose Editor-in-Chief informed them that the *Lancet* group had recently been subjected to “very damaging boycotts” when publishing content critical of Israeli policies and practices without a “counterpoint from the Israeli perspective.” Since an attempt to solicit such a counterpoint had proved unsuccessful, the publication of their commentary could not go ahead.

They concluded that the Palestinian narrative can be voiced only when it is simultaneously disavowed, while the Israeli narrative can stand alone. This remarkable double standard at *Lancet* confirms that so-called “balance” policies protect everyone but the oppressed.

I believe it is long overdue that we confront Israel with its war crimes and discuss them openly. This does not mean we should ignore the hideous crimes committed by the Palestinians, e.g. the hijacking of aeroplanes and the kidnapping in 1972 that resulted in the death of 11 Israeli athletes during the Olympic games in München.

The Palestinians have much on their conscience, too. In 1992, Denmark introduced a special law that gave permanent residence permit for humanitarian reasons to 321 Palestinian refugees from Lebanon whose application for asylum had been rejected. This was a [disastrous political decision](#). Since then, two-thirds have been convicted of crimes, and 132 of their children have received prison sentences.

Difficulties in telling the truth about organised crime in the drug industry

In 2007, I submitted a paper to *PLoS Medicine* about organised crime in the drug industry, academic corruption and lethal failures in drug regulation. It went through peer review, the editor offered me to rewrite it, and he asked if there was any specific reason why I wrote it. I replied:

“Name me the most secretive, duplicitous, mendacious, hypocritical bunch of corporate wide boys it’s been my dubious pleasure to encounter.”

“Defence, Justin suggested disingenuously.”

“Wrong. Pharmaceutical. Beats Defence into a cocked hat.”

John le Carré: The constant gardener.

One of the peer reviewers was Richard Smith. He was very positive and hoped I would write a book about it, which I did six years later.¹⁴

The editor said there would be a very high risk of legal action and that I would need to provide their lawyer with very firm documentary proof that could stand up in a court of law. He rejected my revised manuscript, even though I now did not call it organised but just corporate crime.

In 2008, I tried *Trials*, which rejected my paper after peer review. I tried *Journal of General Internal Medicine*, as I had previously corresponded with its editor about improper conduct within

the drug industry. I informed her about the previous submissions, which made her ask for the previous peer reviews. She rejected my paper immediately:

"Your analysis is intellectually provocative, and as the prior reviewers agree, many if not most of the claims that you make are unarguable. However, we nevertheless had a number of concerns with the piece. One suggestion to strengthen the piece would be to considerably develop the conceptual organization and discussion of the suggested reforms; their current presentation almost leaves them as an afterthought, when in some sense they represent the best hope for leveraging change. We, like prior reviewers, also had concerns regarding the tone of the piece, which seemed overly harsh and likely to lose a critical readership that may be more neutral towards industry than either gung-ho industry advocates or adversaries. We also felt that there remains inadequate comparison of pharmaceutical firms to other industries in terms of operational strategies and the like. Finally, we wondered whether your claim that there is little point in describing what went well in a paper that calls for major reforms is true. Aren't the successes of industry (e.g. bringing some early and important innovations to market) helpful to consider when thinking about how to achieve overall system reform that doesn't have unintended [deleterious] consequences?"

To suddenly talk of something else, as though it had a bearing on the matter, is a classic Schopenhauer diversion.² My paper was about the problems. It would take a whole new paper to discuss what could be done about it, but I did make some suggestions.

We should also consider the general case. If you describe organised crime, you need not say that some of the gangsters are nice to their family or dog, or help people in financial trouble.

And then there is the tone of course. It is a standard excuse editors use when they are short of arguments and don't like to say that the real reason for rejection is that they don't want to disturb the industry's and their own interests too much.

My third submission in 2008 was to *Journal of Internal Medicine*. They rejected it two weeks later with no reason and no peer reviews. It had not "been given sufficiently high priority."

I also tried *Journal of Law, Medicine & Ethics*. They rejected it three months later. The editor didn't send me the peer reviews but wrote that, while both peer reviewers found the article interesting and well-written, he did not feel it added significantly new material to the already crowded field of pharmaceutical research.

How dumb I was! I should have known that people with an interest in law, medicine and ethics would not find a paper about organised crime in the drug industry of any interest.

In 2009, I consulted with a good friend, clinical pharmacologist Andrew Herxheimer, who said that my paper was very important, strong, and properly relentless, and must definitely be published. He also suggested I write a book. He noted that clinicians, regulators and journal editors had not been able to arrive at a convincing or realistic benefit/harm balance for any intervention because their own work had blinded them, which "becomes evident as soon as one steps outside the professional cocoon and looks at it from the patient's perspective."

Indeed. In July 2012, I submitted a much improved version to *PLoS Medicine* again, *Corporate crime in the pharmaceutical industry*. It took the editors only 18 days to reject it and their comments were very interesting:

"The editors were concerned that the methods (a simple search of Google using the keyword 'fraud' and names of the top 10 pharma companies, followed by description of a case from a selected prominent record for each company), did not provide a robust way of determining whether companies routinely break the law, or of determining whether the fraud is deliberate ... That

would require further document analysis presumably using internal company documents to ascertain behaviour and motivations.”

Of course. The economically highly lucrative fraud is not necessarily deliberate, it just happens out of the blue, right? And this Act of God - as they call it in UK insurance policies when an earthquake destroys your home, as if we still lived at the time when the Old Testament was written and get exposed to the Lord’s wrath - just by chance happens to result in gigantic incomes for the companies. How lucky they are, winning every time they spin the Wheel of Fortune.

Next, I tried *Accountability in Research*, which has a very attractive name considering the content of my paper. But a week later, I was told:

“Your manuscript in its present form is not acceptable to the journal. It is written in a journalistic fashion and with terminology and claims way beyond a scholarly paper. However, the topic is very important, and no one has written about it in a comprehensive manner to bring all of the misdeeds in one source. You use too overblown words and confuse crimes with allegations or reported misdeeds.”

Of course. All the bastards were innocent even though the companies had settled for huge amounts or were fined by huge amounts.¹⁴ Then came demands that were impossible to accept. I should drastically shorten the paper or base it on much further research and documentation beyond a Google search. I should also remove “all of the overblown language that are not suited for a scholarly paper,” and the editor provided examples:

“Thus, there can be no doubt that the crimes are widespread and repetitive, which means they are committed deliberately. We are therefore not dealing with a lone bad apple but with a whole industry that is rotten, as it routinely breaks the law ... My own study indicates that big pharma equals big fraud and big crime ... what we are seeing is organised crime.”

They would not allow me to call a spade a spade.

A week later, I tried *BMJ Open*. The managing editor rejected it the same day: “Your article clearly addresses a very important question and this rejection is not for legal reasons. *BMJ Open* only publishes research papers and this article is much more of an opinion or debate piece, with an elementary Google search in support.”

They suggested I send it to *BMJ*, as a blog or personal opinion, which I did. *BMJ* is a much more prestigious journal than *BMJ Open*, but to my big surprise, my five-year Odyssey was now over. My paper was accepted, without peer review, with the title, *Big Pharma often commits corporate crime, and this must be stopped*.⁷⁶

Only four months earlier, *PLoS Medicine* had questioned whether the fraud was deliberate. But now my freedom of speech was being respected and I could tell the truth. Here is an excerpt:⁷⁶

“As the crimes were widespread and repetitive, they are probably committed deliberately - because crime pays. Pfizer, for example, agreed in 2009 to pay \$430m to resolve charges related to illegal marketing of gabapentin (Neurontin), but as sales were \$2.7bn in 2003 alone, and as about 90% was for off label use, such fines are far too small to have any deterrent effect. When Pfizer was fined \$2.3bn for off label use of four other drugs, also in 2009, the company entered into a corporate integrity agreement with the US Department of Health and Human Services to detect and avoid such problems in future. Pfizer had previously entered into three such agreements in the past decade.

Doctors are often complicit in these crimes, as kickbacks and other forms of corruption were common; they were induced to use expensive drugs and paid to lend their names to ghostwritten articles purporting to show that a drug works for unapproved conditions.

It is time to introduce tougher sanctions, as the number of crimes, not the detection rate, seems to be increasing. Fines need to be so large that companies risk going bankrupt. Top executives should be held personally accountable so that they would need to think of the risk of imprisonment when they consider performing or acquiescing in crimes. To bring the crimes to light also outside the US, we need laws that protect whistleblowers and ensure they get a fair proportion of the fines.

We also need to avoid the situation that, by settling accusations of crimes, drug companies can pretend they are innocent, which they often do.

We also need laws requiring firms to disclose all knowledge about their drugs and research data, and laws that not only allow but require drug agencies to publish what they know, without hiding under some absurd 'proprietary nature of companies' trial results' clause, as happened with rosiglitazone - with the consequence that the public was not informed that the drug causes myocardial infarction.

Last but not least, doctors and their organisations should recognise that it is unethical to receive money that has been earned in part through crimes that have harmed those people whose interests doctors are expected to take care of. Many crimes would be impossible to carry out if doctors weren't willing to participate in them."

The industry is so powerful and so rich that some editors declined my work out of fear of litigation, although I only quoted what others had written. This is the only time in my whole career that I needed to try nine medical journals before I was allowed to tell the truth.

It is a curious human trait that people prefer to stick to the lies, when they make them more comfortable than the truth, even when the lies kill patients in large numbers.¹⁴ When I published my book about this in 2013, the title was clear and uncompromising: *Deadly medicines and organised crime: How big pharma has corrupted health care*.¹⁴

It was very liberating for me to get this book out and the editor didn't change anything. In contrast to my five-year Odyssey where I ran into stone walls all the time, the book was very well received. It won the British Medical Association's Annual Book Award in the category Basis of Medicine in 2014 and was the reason I was invited to participate in "The Daily Show" in 2014.

I played the role of "Deep throat," revealing the dirty secrets of the drug industry in a garage in New York. It was very funny and informative.

The book has come out in 16 languages; it will soon appear also in Czech; and it still sells well in its English original. People appreciate this type of information. Journal editors don't.

***BMJ's* lawyer made it impossible to publish an HPV vaccine paper**

It is bad for science to bring lawyers into the square of public debate. They can kill any debate with their concerns. Is this potentially libellous? Might this person sue for defamation if we publish this paper? Will we get in trouble even though everything we intend to publish is true and has been documented before?

You should do your utmost to resolve issues amicably without involving lawyers in anything, which will cost you a lot of money, even if you did nothing wrong.

Unfortunately, the *BMJ* editors are obliged to follow the advice of the journal's lawyers. If they don't, the insurance won't cover the costs of a libel lawsuit. This can be a formidable roadblock for science, and I shall describe my own deep frustrations in detail in relation to a paper we wrote about the HPV vaccines. This will give you a feeling for just how terrible it can be for a researcher who blows the whistle about institutional wrong-doing at a high level.

In September 2016, my deputy and I submitted a paper to *BMJ* about EMA's mishandling of its investigation of the suspected serious neurological harms of the HPV vaccines.¹⁰ The editors replied three months later:

"While this is an important and interesting topic, we felt that the article was currently too broad and unfocused to offer a coherent and robust argument. We felt that there is a lot of strong material in the article but the presentation and tone need a substantial amount of work to provide a focused, clear, even-handed, and robust message."

We submitted a second version in May 2017. Even though there were no peer reviews, it took seven months before *BMJ* replied, which necessitated an update:

"Unfortunately we do not consider it suitable for publication in its present form but would be happy to consider a revised version which also updates the paper with the latest developments ... we still think that the style and format is not quite right for the analysis section of the journal. In particular, we would ask that you keep below the word count of 2000 words."

Two weeks later, we submitted a third version. There were no peer reviews, but it took six months before *BMJ* replied. The editors thanked us for our patience and considered the paper much improved, but they still wanted changes done and provided useful suggestions.

We submitted an even better version two months later. Seven months later, in April 2019, *BMJ* rejected our paper. The editors wrote that the peer reviewer's reports were available at the end of their letter but there were none.

We received a separate letter from the Editor-in-Chief, Fiona Godlee, who apologised it had taken so long. She was still interested but recommended a "restructuring and toning down because we think it makes the strongest case in the safest way and has the best chance of convincing sceptical readers about this important but controversial topic." She alerted us to a piece of information we had overlooked in EMA's 256-page internal, confidential report. Godlee suggested an outline for a revision and offered to edit our paper and to send it back to us for further comment.

We submitted version five in June 2019. In October, we received version six, edited by Navjoyt Ladher with questions imbedded in the manuscript we responded to. In December, we received version seven to which also editor Peter Doshi had contributed, with quite many questions.

We thought we were close to the finishing line, but this was a major setback. I wrote to Ladher that we were now in a catch-22 position where it seemed impossible to meet their demands. We wondered why these very high demands were not raised earlier, before the full editorial rewriting of our paper. We also noted that the editorial comments inserted by Doshi in the version we received dated 13 December applied to a much older version, and that we had already taken his comments into account, only to see them raised again.

Next, it became completely absurd. Ladher had forgotten to send us the comments from *BMJ*'s lawyer:

"The lawyer's key issue is whether there is a proper evidential basis for what is asserted in the article and whether claims are properly supported. His view is that there is too much self-citation and cross referring to the author's own complaints, and asks that we include alternative citations."

I responded:

"It is us who did all this huge detective work. No one else has done this. Therefore, we necessarily need to cite ourselves a good deal. We have 20 references, and 7 are to our own work. We realise that it is unusual to quote oneself in 7 out of 20 references but the whole issue is also unusual and unique.

Three of these are our complaints to EMA and the Ombudsman, and our views on the Ombudsman's decision, respectively, which are highly relevant. Two references are to our published papers based on the clinical study reports we obtained from EMA; these papers are unique, as no one else has ever reviewed this huge material. One is a paper we published with Doshi in *BMJ*: 'Challenges of independent assessment of potential harms of HPV vaccines,' also a highly relevant paper. The last one is our criticism of the Cochrane HPV vaccine review, also highly relevant.

We could try to omit some of the references but to find 'alternative citations' would be more difficult, as we are the only ones to have done this work."

Ladher replied that too much of the supporting evidence was not included in the piece itself but relied on readers looking up references and trawling through hundreds of pages. The lawyer suggested that more of what we were saying needed to be within the confines of the piece itself.

Like a bull in an animal show, we were now being drawn around by the nose in circles. I replied that we had been told earlier that our paper should be short and that *BMJ* had deleted a lot when they rewrote the paper, so this would not be possible.

We wondered why this new demand was raised so late in the process. We affirmed that we were willing to do what *BMJ* required of us but felt the demands were being raised all the time.

Ladher replied that the EU Ombudsman's findings needed to be included in the article and made much clearer.

I replied that we would love to discuss the Ombudsman's findings but that it would make it a rather long article, which we had not been allowed earlier. We had explained elsewhere that the Ombudsman was inconsistent because she said she would not go into scientific issues but nonetheless uncritically accepted EMA's scientific explanations while totally ignoring us when we explained - multiple times - that they were wrong.

As we were confused by *BMJ*'s conflicting messages, I asked Ladher to tell us what they wanted.

Ladher replied: "The lawyer has advised the *BMJ* against publishing any links to the 'Deadly Medicines' website as the law is not settled as to whether *BMJ* would be liable for the content of the links (some of which in his view would be seen as defamatory under UK law)."

I wrote: "This seems to me to be a catch-22, as some of the most important documents are not publicly available elsewhere, e.g. we have been unable to find our complaint to the Ombudsman on her website, and the 256-page briefing note to experts is also a crucial document."

Ladher replied: "The lawyer has advised us against including leaked confidential material, i.e. the EMA's briefing note to experts, even if it is hosted on the *Indian Journal of Medical Ethics* website. He is wary about a potential breach of confidence."

I wrote: "EMA has known for several years now that we and others have made this internal report publicly available. It was leaked to a journalist already in 2015. If EMA had had any concerns, they would have raised them long ago. Our paper would lose a lot if we were not allowed to refer to this report, which is the crux of our whole paper. Please advise us what we should do instead when we cannot refer to the briefing note? May we write 'Personal observations' or what should we do? 'Personal communication' from one of the experts in EMA's Scientific Advisory Group who had access to the briefing note? (I think at least one of them would be willing to stand up, with his/her name in a *BMJ* paper).

Furthermore, what does this new stance of the *BMJ* mean for our ability to expose wrongdoing? *BMJ* has earlier published papers based on leaked reports; I remember Jeanne Lenzer

wrote in *BMJ* about an Eli Lilly report in relation to olanzapine: Lenzer J. Drug company tries to suppress internal memos. *BMJ* 2007;334:59.”

Ladher replied: “While the EMA wouldn’t have standing to sue for libel, any number of unnamed individuals in pharmacovigilance committee could complain and consider their work is being impugned. Andrew Pollard is named and might also complain. The *BMJ* needs to be fully confident that what is stated in the article is accurate and that the references are reliable. At the moment for the reasons given above, the lawyer does not feel sufficiently confident and so has advised us against publication.”

I wrote: “This comment is surprising. Pollard’s conflicts of interest are publicly available, and we only write about what we have documented, which is allowed according to British law. I have never heard about unnamed people suing for libel. This would seem impossible. Given that they are unnamed, they cannot claim that they have been harmed. Apart from this, what we write is correct and would therefore be considered a fair comment in a British libel case. Please explain more about this. Perhaps the lawyer, like Doshi, has not seen our 13 October submission?”

Ladher: “As we discussed by phone, if you can address these points in a revised version of the article, we would be happy to consider it again. It will of course again need to have legal review.”

I replied: “The obstacles you have set up now, 2.5 years after we submitted our revised version of our paper are such that it feels like you do not want us to get past them. Why invite resubmission after having set up a catch-22?”

Ladher: “The latest version of the paper is attached. Before we sent the article for legal review, several editors (me, Fiona, and Peter Doshi) had read and commented on the article - some of the comments are listed in the article, and I would be grateful if you could also address these.”

This was the second time, *BMJ* sent us the wrong version, which we had already responded to. I asked for advice but did not get any. After another month of waiting, I wrote to Ladher and Doshi that we would like to get a response.

Ladher apologised and agreed that we were in a catch-22 situation: “I have written to our lawyer for advice about ways we might be able to address his concerns - in particular about whether we can approach the source material as we would in an investigation, where the editors have seen and verified the contents of supporting material without needing to include them in the piece.”

I agreed and noted that this method was sometimes used, also in newspapers, and that there are no legal problems with it.

Ladher wrote that they were still discussing the issues with their lawyer and that they hoped “these obstacles are surmountable.”

I replied: “Allow me to say that your current lawyer went way too far. Perhaps you should get a more reasonable one, in which case you would still comply with your insurance demands.”

On 26 February 2020, I wrote to Ladher and Doshi:

“It is now another five weeks. You continue to assure me that *BMJ* wants to move forward with the paper and then there is silence. This seems to be the ‘rule’ for papers that carry any criticism of the HPV vaccines.

Peter knows about a scandal where Springer has suppressed publication of our systematic review of the HPV vaccines for 11 months now after acceptance in March 2019 when we also paid the open access fee, and I know about Allyson Pollock, a friend of mine, who tried for two years to publish a paper in *BMJ*, which you ultimately declined to publish. It appeared a short while ago in *J Royal Soc Med*, which you probably know, and the paper is very good and relevant.

I have often asked for a deadline in the current process with the *BMJ*, which to me seems to be something that could go on forever ... We must be approaching some kind of record we do not want to have. Could I have a deadline, please?"

Pollock's paper was an analysis of published efficacy trials of the HPV vaccines in relation to the prevention of cervical cancer in women.⁷⁷ They argued that the use of composite and distant surrogate outcomes made it impossible to determine effects on clinically significant outcomes. The trials were not designed to detect the preventative effect on cervical cancer, and they used questionable surrogate composite outcomes that included cervical intraepithelial neoplasia grade 1 (CIN1), for which no treatment is given.

They also noted that CIN in general is likely to have been overdiagnosed because cervical cytology was conducted every 6-12 months rather than at the normal screening interval of 36 months. The trials could therefore have overestimated the effect as some of the lesions would have regressed spontaneously.

I wrote again on 10 March: "Still, no reply from Navjoyt for seven weeks ... Please respond now and give us the deadline we have asked for ... *BMJ*'s inactions start looking like the inactions of Springer."

One month later, I was so frustrated that I copied Godlee on my mail: "Absolutely nothing has happened in the last three months. This is not acceptable. I have said and written many times that *BMJ* is the best medical journal in the world, but if *BMJ* wants to be up there, you cannot treat your contributors like you have treated us in this case."

During these three years of increasing frustrations with the *BMJ*, I had involved the editor of *BMJ Evidence-Based Medicine*, Carl Heneghan, and suggested that we pulled the paper and submitted it to him. His advice was to keep going with *BMJ*'s demands, but the *BMJ* had put us in an impossible position. We were so disillusioned that we paused for six weeks before we, on 1 June 2020, submitted our paper to Heneghan including Godlee's reply to us from April. She wrote:

"You have been extraordinarily patient with us and I am very grateful for your kind words about the journal when you have had such a frustrating time with us over this article. We entirely understand and are sorry ... I'm afraid however that we are not near being able to make a decision on your paper ... Under these circumstances, you may decide that you would prefer to take the paper elsewhere ... the current version still doesn't make the case securely enough for us to publish in its current form, especially given the controversial nature of what is being said. There are still multiple steps that would need to take place before we would be able to send an acceptance letter. The major ones are sorting the legal issues, further peer review (since it was last reviewed in November 2016 and the piece has changed substantially since then), and then further revision.

The new problem is that we are in the grip of the COVID-19 crisis - overwhelmed ... This means that we will not be able to prioritise your article and cannot commit to a timeline. Do let us know what you and Karsten would like to do."

To me, this marked the end of the *BMJ* being a journal where you can speak truth to power. *BMJ* effectively killed our paper but did not have the guts to tell me.

I have known Fiona Godlee since 1993; I have done research with her;⁷⁸ I was on the Editorial Board of the *BMJ* from the start when they created one, from 1995 to 2002; I have published far more of my papers in *BMJ* than anywhere else, 74 in total; I have published 46 papers with *BMJ*'s world famous statistician Douglas Altman, far more than with anyone else; and Godlee praised my

research on mammography screening and said she did not go to screening because of it when she was chair at the [Preventing Overdiagnosis](#) meeting in Oxford in 2014 where I lectured about this.

I consider us long-time friends and we respect each other. I therefore wonder what made the *BMJ* behave so badly against us. What kind of pressure were they under? Why were the editors obsessed with getting every single detail in our story checked by their own staff as if they were co-authors?

We went through a huge amount of material, but if we had made a small error somewhere, then what? This often happens in science and then an erratum gets published. This is the usual state of affairs. I am still highly puzzled about all this.

The world needed to see what kind of unacceptably poor work EMA does when concerns about the safety of a vaccine are raised. EMA concluded there was nothing to worry about, after they had asked those already engaged in organised crime, Merck and GlaxoSmithKline,¹⁴ to do the work for them. EMA trusted what the companies sent to them even though they knew that Merck, which sells Gardasil, had cheated on them earlier, which EMA's own rapporteurs had criticised heavily.¹⁰

A colleague provided us with a confidential copy of an EMA expert report for Gardasil 9, which showed that the company had deliberately avoided identifying possible cases of serious neurological harms of the vaccine. It was particularly damning that three people had been diagnosed with POTS (postural orthostatic tachycardia syndrome) in the clinical safety database after receipt of Gardasil 9 that were not reported as adverse events; that a case of POTS after Gardasil was called "new medical history" instead of an adverse event; that hospitalisation for severe dizziness was not reported as a serious adverse event; and that for another person the term "dysautonomia" was not included on the list of events.

Was *BMJ* afraid of challenging orthodoxy? Were they scared after having seen how Andrew Wakefield committed fraud in their main competitor journal, *The Lancet*, when he claimed that the MMR vaccine caused autism? *BMJ* published Brian Deere's revelations of the fraud and criticised *Lancet* for having been way too slow to retract the fraudulent paper.¹⁰ Was *BMJ* afraid of increasing anti-vaccine sentiments in general? Was it afraid of political reactions?

I did not agree with Godlee that anything more needed to be done before they could publish our paper. I therefore hoped Heneghan would publish it.

Since *BMJ* journals are obliged to follow the advice of their lawyers, I do not understand how Heneghan got around this hurdle, but he did, without much ado. It was easy for us to respond to the three peer reviews he sent, as we had already left no stone unturned. Our paper was published online in January 2021. This was 4.5 years after we submitted it to *BMJ*.⁷⁹

Mammography screening displays all the worst elements in science

Mammography screening displays all the worst elements in science: poor science, inappropriate censorship, editorial misconduct, unwarranted retraction of an important article, constant harassment including repeated threats of litigation, death threats, suspected fraud, and blatant lies.¹⁵

As explained in Chapter 3, a screening advocate also rejected a very good and important thesis, which was a threat to her own flawed research. All of this was done to maintain the falsehoods that mammography screening works and is beneficial.

Somewhat ironically, this total war against common sense, which has harmed women and caused many of them to lose one or both breasts they would not have lost if there had not been screening, has almost exclusively been directed by aggressive males.

The Swedish Two-Country trial is central to this tragedy.⁸⁰ It made people believe not only that mammography screening reduces mortality from breast cancer, but also that screening saves lives, i.e. decreases total mortality, and breasts.

Saving lives and breasts are the two main arguments for screening and they are both totally false.

I have researched this area extensively since 1999. In 2000, we published a systematic review of the screening trials in *Lancet* concluding that screening for breast cancer with mammography was unjustified.⁸¹ The only trials that had found an effect of screening on breast cancer mortality were the poor ones.

In 2001, we published a much more comprehensive review of the trials, also in *Lancet*.^{82,83} We reported that breast cancer mortality is an unreliable outcome that favours screening - mainly because of differential misclassification of cause of death - and that screening leads to more aggressive treatment including an increase in mastectomies of 20%. We also noted that screening did not decrease total mortality, not even total cancer mortality, which would be expected if screening reduced breast cancer mortality. The risk ratio for total cancer mortality was 1.02 in the two best trials, and 1.00 in the poor-quality trials.

The same month, we also published a Cochrane review of mammography screening, which the editors in the Cochrane Breast Cancer group ensured became the biggest editorial scandal in Cochrane's history.¹⁵

They refused to publish our data on the harms of screening, which included overdiagnosis and overtreatment, although these outcomes were listed in our review protocol the group had approved and published. As noted in Chapter 3, overdiagnosis in cancer screening is the detection of cancer lesions that would otherwise not have been detected in that person's remaining lifetime. Overdiagnosis is the most important harm of cancer screening.

We patiently negotiated with the Cochrane group for a long while but got nowhere. After almost a year of repeated peer review, resubmissions, and negotiations, including a face-to-face meeting in London I had arranged, we were suddenly told, shortly before the publication date, that the group did not want to publish our data on overtreatment, although they came from the same randomised trials as those that reported the effect of screening on breast cancer mortality.

Earlier, *Lancet* had offered us to publish a research letter based on the Cochrane review, but we declined as there was too little space. However, as it was our duty towards the women and their relatives to publish the harms data, we contacted *Lancet* again.

Lancet worked fast and ensured that we published our research letter,⁸² with the full review that included the harms on *Lancet's* website,⁸³ simultaneously with the Cochrane review.

It took five years and repeated complaints to the Cochrane Publication Arbiter and the Steering Group before the Cochrane Breast Cancer group was finally forced to publish also our harms data.¹⁵

In 2013, we updated our Cochrane review with long-term follow-up data from the original trials and adding a new trial.⁸⁴ Our results remained the same, but were stronger, as there were more patients and more events in the review.

Screening is very harmful. We found 33% overdiagnosis in the Danish screening programme and 52% in a meta-analysis of several countries.⁸⁵

Another serious harm are the many false-positive findings. The technology is poor, and in the United States, the estimated cumulative risk of a false-positive result after 10 mammograms is 49%.⁸⁶ In Europe, which has a less aggressive attitude to screening and screen fewer times, this risk is around 20%.⁸⁷

Thus, this little recognised harm affects a huge proportion of all females that go to screening, and it is long-lasting. Even after three years, women who had experienced a false-positive diagnosis and were told that there was nothing to worry about, had an anxiety level and other psychological problems that fell between that for women with breast cancer and women who were never told there was a suspicion of cancer.⁸⁸

Screening should have been stopped all over the world after we had shown how ineffective and harmful it is in 2000 and 2001. But nothing happened. All the darkest forces of science went into action immediately. Letters to the editor after our first paper in 2000 took up six full pages, which was one page more than our article.

It would soon become much worse. On the first page in my 2012 mammography screening book I write:¹⁵

“This book gives plenty of examples of ad hominem attacks, intimidation, slander, threats of litigation, deception, dishonesty, lies and other violations of good scientific practice. For some years, I kept a folder labelled *Dishonesty in breast cancer screening* on top of my filing cabinet, storing articles and letters to the editor that contained statements I knew were dishonest. Eventually I gave up on the idea of writing a paper about this collection, as the number of examples quickly exceeded what could be contained in a single article.”

Many researchers who believe in mammography screening, and radiographers, pathologists and others who earn their living from it, have manipulated the truth about screening to an unbelievable extent. The dishonest articles outnumber hugely the honest ones, and journalists therefore say that most experts agree that mammography screening saves lives.

This was a PR battle the honest researchers could not win. The main method the dishonest researchers used was the UFO trick (see Chapter 2): They produced hugely flawed observational studies that contradicted the results from the randomised trials. This comes close to fraud, as we all know that randomised trials are much more reliable than observational studies.

The Two-Country trial was only the second one to be published, in 1985.⁸⁰ It didn't last long before other researchers suspected that the trial's primary investigator, radiologist László Tabár, had committed scientific misconduct. Three other trials were carried out in Sweden, and some of the trialists discussed this possibility between themselves and conveyed their concerns to me when I took an interest in this area.

There are two main reasons for the suspicion. First, the effect was large, a 31% reduction in mortality from breast cancer.⁸⁰ Second, when the breast cancer mortality curves for the screened group and the control group started to separate after a few years, it was because breast cancer mortality in the control group went up. In the other trials, it was because the mortality in the screened group went down, as would be expected if screening worked.

There were other oddities. Compared to more recent trials that reported minor effects, the Two-Country trial had used poor equipment, had long intervals between screens, screened the control group early on, and used only one view mammography.

Several science journalists were also sceptical. Pulitzer Prize winner John Crewdson from the *Chicago Tribune* worked tirelessly on this issue for several years. He has the reasonable view that

what people do with taxpayers' money must be open to public scrutiny, and he beleaguered Tabár for several days until he got away with data sheets that described causes of death.¹⁵ He showed them to me in 2002, and - to put it mildly - they looked highly suspicious.

Crewdson worked on the data for quite a while but never published anything. The reason was, as an insider wrote to me: "Tabár threatened to sue the *Chicago Tribune* if they wrote any more negative articles about him, saying that his pockets were deeper than theirs and that he would use the best plaintiff attorney in the US - he must be a multimillionaire given all the teaching he does in the US." Indeed. Mammography screening had made Tabár very rich, even by US standards.¹⁵

Crewdson had published some incriminating articles before he came too close to the crux of the matter and was stopped. He noted various irregularities, e.g. that 750 women disappeared from published reports of the Kopparberg part of the trial after 1989. He also reported that an investigative journalist from a major Swedish newspaper had received anonymous phone calls with death threats and warnings that her articles questioning the value of screening were killing women. This was Inger Atterstam from *Svenska Dagbladet*.¹⁵

My scepticism increased when the Swedish trialists published a meta-analysis of the Swedish trials in 2002 in *Lancet*.⁸⁹ They stated:

"The Kopparberg part of the Two-County trial was not available for this overview. The unavailability of Kopparberg was due to a decision not to continue with the collaboration with the Swedish collaborative group by the Kopparberg trialists [Tabár's group] shortly after the publication of the first overview (11). We regret this decision."

The meta-analysis was based on official mortality statistics, and the authors reported only a 10% reduction in breast cancer mortality for the Östergötland part of the Two-County trial, whereas Tabár et al. had reported 26%.⁸⁰ Tabár et al. reported 10 *fewer* deaths from breast cancer in the screened group despite a slightly *longer* follow-up than in the meta-analysis in the same age group, and 23 *more* deaths in the control group in Östergötland.

In Denmark, we had an ideal control group not available anywhere else in the world because for many years, there was only screening in 20% of the country. In 2010, we reported in *BMJ* that there wasn't the slightest trace of an effect of mammography screening in Denmark on breast cancer mortality.⁹⁰

There were many hostile letters to the editor, and we provided extensive replies on *BMJ's* website.^{91,92} However, *BMJ* censored us inappropriately. The editors deleted some of what we had published on 15 April,⁹² without leaving a trace of what they had deleted, and they inserted this message at the top: "This rapid response was amended on 22 April 2010 by David Payne, *bmj.com* editor, on legal advice, and then again by Tony Delamothe, deputy editor, on 23 April 2010."

The editors deleted this: "We will probably never know what happened in the other county, as Tabár has denied other researchers - even the other Swedish mammography trialists (14) - access to his data."

This was correct, and we quoted the Swedish meta-analysis in *Lancet*,⁸⁹ but Tabár once again got his way by threatening with litigation. Already the day after we published our reply, he wrote to *BMJ* and asked the editors to bring his letter "to the attention of the Legal adviser of the British Medical Association."

Tabár claimed that "these allegations concerning my scientific integrity amount to defamation of character." This is ridiculous nonsense. And there were no allegations. We merely conveyed the facts, which included that the assessment of cause of death was not blinded and that the investi-

gators reported a large effect in one of the counties when the official cause-of-death register only showed a small effect.

Tabár referred to a paper published less than one year earlier,⁹³ as if this would miraculously get him off the hook. I have explained in detail why this study is nothing but unconvincing window dressing.¹⁵ Briefly, it was not an independent audit of the cause of death assessments but an assembly of people with conflicts of interest; the authors included Tabár and some of his close friends; the Two-County trialists were directly involved with resolving disagreements; there was no attempt at producing a new data set but “where necessary, clinical records were retrieved;” and the assessments were not blinded. It could hardly be more hopeless than this.

I wrote to *BMJ* that even though Tabár had shared his data now, this did not compromise our statement that he had previously denied access to the other trialists. I also suggested they invite Tabár to publish his views as a contribution to the scientific debate, which they did, but he did not accept the offer.

Then followed a lengthy absurd correspondence between Tabár’s American lawyer and *BMJ*’s lawyer. *BMJ* sent me a US document marked “Private and Confidential; legally privileged,” which was like a voice from another planet. I informed *BMJ* that Tabár’s lawyer had muddled the issues and that I had found many errors in his statements, which I documented over five pages.

The absurdities increased. *BMJ*’s lawyer wrote to Tabár’s lawyer that we were correct that Tabár had denied other researchers access to his data in 2002, and he noted that Tabár had admitted this himself in his letter to *BMJ*’s lawyer. Tabár claimed it was because of “methodological concerns,” which was hypocritical because the concerns people had were about the trustworthiness of Tabár’s study.

At one point, *BMJ*’s deputy editor Jane Smith wrote to me: “Our judgement is that the accusation that he didn’t share his data isn’t worth a fight to the death. That doesn’t mean that we are going to cave in to all that he wants.”

Two months after Tabár had threatened *BMJ*, the case had still not been settled. I wrote to Smith that, “It would be a disaster for Tabár, if he really sued. Better to keep the lid on so that all the worms don’t come out!”

Smith replied: “Our lawyer is still being silent - so we are chasing. But Tabár has been silent too.”

I fully understand why *BMJ* chose to act as they did. When you are dealing with bullies, you need to think carefully about how you react and how much you want to invest in a fight. But when editors cave in to dishonest bullies, truth will be the victim.

I cannot see any limits to Tabár’s dishonesty. Both Tabár and his close collaborator, British statistician Stephen Duffy, abused Tabár’s pyrrhic victory after all the hair-splitting to spread false information.

Tabár claimed that our statement that he had denied the other trialists access to his data was untrue and that “It is to be welcomed that the *BMJ* removed this false claim from the Rapid Response website.”⁹⁴ He didn’t explain that *BMJ* did this after legal pressure exerted by himself and that *BMJ* had not acknowledged that any errors had been made.

Three months later, Tabár had handed the dishonesty baton over to Duffy who stated in *BMJ* that, “One claim made by Jørgensen and Gøtzsche in the correspondence was withdrawn by the editors on legal advice.”⁹⁵ Duffy conveyed the impression that we had done something wrong, just as Tabár did.

This is what dishonest bullies do. When they have done wrong, they threaten journals to make changes, and they then say the whistleblowers did wrong. Welcome to the reality of scientific publishing, a totally upside down world.

There were additional issues. Luc Bonneux told us that *BMJ* removed his whole comment from its website even though he had done the same as we did by pointing out the discrepant results and that Tabár had not made his data available.

After having seen Tabár's lengthy comment on *BMJ*'s website, which conveys the impression that there are no problems with getting access to his data,⁹⁴ Cornelia Baines, one of the two primary investigators for the two Canadian mammography screening trials, submitted a letter *BMJ* did not dare publish.

The editor explained that, "There is a legal history to the response from Dr Tabár, and our lawyer has advised us that we should not publish the part of your response about combining/sharing data."

Baines wrote to me that she found this appalling and that she told *BMJ* how sad it was that they would allow themselves to be so intimidated: "There is nothing incorrect in what I said, nor anything libellous."

BMJ deleted this:

"Dr. Tabár tells us he has been very collaboratively inclined although according to his own information not between 1998 and 2005. However, I distinctly remember participating in a meeting convened by the US National Cancer Institute January 18 and 19, 1994: the NCI Working Group on Breast Cancer Screening Meta/Overview-analyses in Rockville, Maryland. Obviously, it had been hoped that the trialists would agree to submit their data so that analyses of combined raw data could be done by year rather than by quinquennium [every five years]. I so clearly remember Dr. Tabár disdaining to meld his data with data from other inferior trials. I so clearly remember the trialist beside me saying: If the women who participated in all the screening trials heard this they would be outraged."

What *BMJ* published was this:⁹⁶

"I remain skeptical about the amazing muddle of crucial numbers (participants and breast cancer deaths) in the Two-County trial that should not require interminable exegesis 24 years after the trial results were first published in 1985. And when it comes to validating causes of death, I just cannot be persuaded to lend more credence to decisions by selected 'specialists' compared to data from Cancer and Death Registries."

Our closest collaborator in Norway, statistician and doctor Per-Henrik Zahl, and colleagues reported in 2001 that when they found that also the tumour data in the Two-County trial were inconsistent, their requests for access to the data in the publicly funded trial were refused.⁹⁷

It is clear that the cause-of-death assessments were not performed blindly in the Two-County trial, and that a local end-point committee determined the cause of death.⁸⁴ When confronted with the large discrepancy between the Two-County trial report⁸⁰ and the 2002 meta-analysis,⁸⁹ Tabár, Robert Smith from the American Cancer Society, and Duffy gave a most peculiar reply in *Lancet*:⁹⁸

"It is asserted in the overview report that the endpoint committees in the Two-County trial were aware of patients' study groups. No evidence is presented for this assertion."

No evidence? Surely, Tabár remembered what he and his co-investigators had done, and the other Swedish trialists confirmed that the cause of death was not assessed blindly.¹⁵ Blatant dishonesty again.

Tabár's bullying went so far that he tried to stop the 2002 meta-analysis some weeks before it was published, presumably because of its rather frank criticisms of his trial. Ingvar Andersson, primary investigator for the Malmö trial, responded to Crewdson: "There is no way that we negotiate in any way like this."⁹⁹

I have documented many instances of scientific dishonesty in publications based on the Two-County trial.¹⁵ It is particularly disturbing that the 2002 meta-analysis was based on official mortality statistics, and that the official health registries were also used to identify breast cancers and breast cancer deaths in the Two-County trial. It seems impossible to come up with two widely differing estimates of the effect in Östergötland, 10% versus 26%, unless someone committed fraud.

We looked at this and published a study in 2006 that showed serious irregularities.¹⁰⁰ We used the same Swedish registers and found that 192 breast cancer cases and 43 breast cancer deaths seemed to be missing in the main publication of the Two-County trial. We found similar discrepancies in two updates of the trial.

Our findings were a major blow to the trustworthiness of the trial, and it was so threatening to Tabár that it resulted in serious editorial misconduct.¹⁵

We first published our study on 9 March 2006 in the articles-in-press section on the website of the *European Journal of Cancer*. Twenty days later, the Editor-in-Chief, John Smyth, informed us that his journal had received "comments from a number of sources regarding some of the claims made in the article" and that our article had been removed from the website pending further discussion and clarification.

Smyth assured us that his journal "believes that science is best served by rigorous debate, which sometimes may even generate controversy, provided of course that the debate and controversy is objective and motivated by the desire to improve science and medical research and practice."

This was hypocritical. By withdrawing our paper, Smyth made sure this debate couldn't happen.

We asked him, to no avail, to reconsider whether his decision was fair, as we hadn't been offered any kind of process, or even a chance of responding to the issues raised.

Smyth didn't send us the comments he had received but asked for very minor clarifications and changes. We submitted a slightly revised manuscript where we had deleted this sentence: "The numbers of breast cancer deaths in both the study group and in the control group have been changed in favour of screening."

To our great surprise, as our paper had already been published, the revised manuscript was sent out for peer review, and two months later Smyth told us that his decision to withdraw our paper was final. He referred to "the release of new information concerning the randomization process and the trials opening and closing dates" and forwarded what he called selected comments from the peer review process.

Selected comments? We were the victims of a Kafkaesque process where we were only allowed to see selected parts of the evidence raised against us. There was total confusion, too, as some of this "new information" contrasted not only with published data but also with randomisation dates we had received in earlier peer reviews. However, using any of the three different sets of randomisation dates in our analysis, we confirmed our original results.

Despite two appeals, Smyth did not offer us the opportunity to document our analyses.

The peer reviewers complained that we had not responded to “the letter from the paper’s critics,” and noted that the letter contained details of the way the randomisation was performed and the screening periods that had never been emphasised before. Kafka again. How could we respond to a letter we hadn’t been allowed to see? It was grotesque.

At any rate, the data in the letter may be of questionable value because one of the peer reviewers noted that, “They are certainly worth reporting, though they should be reported in a far more objective way.” Curiously, like us, this peer reviewer appeared only to have seen selected comments from the other reviewers, as he noted that “the reference was not provided in the version I received” (although the reviewer, who had extensive knowledge of the Two-County trial, doubted this reference could be important).

This peer reviewer was Anthony Miller, one of the two primary investigators for the two Canadian screening trials. Later, he sent the full review to me, which was revealing. Smyth had deleted only 6% of the whole review before he sent it to us. He deleted this:

“Thus, my conclusion at this time is that it should be pointed out to Zahl et al. that they have not adequately responded to the comments received on their paper, and unless they are able to do so, and refute them, the paper will not be accepted.” Thus, Smyth hid from us that Miller would recommend publication if we addressed the comments, which we could easily have done, but he censored us.

Four days after Smyth had informed us that he had withdrawn our paper, we observed that it was listed as withdrawn in PubMed, in violation of the *European Journal of Cancer’s* own policy. The journal is a member of the International Committee of Medical Journal Editors, which states that,

“In no instance should a journal remove an article from its website or archive. If an article needs to be corrected or retracted, the explanation must be labelled appropriately and communicated as soon as possible on a citable page in a subsequent issue of the journal.”

The committee states that it is a serious step to retract a published paper and that this should only be done after due process and only if scientific fraud has been established.

Smyth did not only retract our paper but removed it entirely from the journal’s website without leaving a trace of it, without sharing essential information with us, without discussing the issues with us and without even notifying us in advance.

The committee’s guidelines make it clear that, “inadequacies exposed by the emergence of new scientific information in the normal course of research ... require no corrections or withdrawals.”

We believe our methods were adequate, that our results were reliable, and that there was no plausible reason for removing our paper, or for failing to republish it.

Elsevier, the publisher of the journal, is a member of the International Association of Scientific, Technical and Medical Publishers, which states that, “Editors and/or publishers will consult with the authors’ and that if an article is removed, ‘bibliographic information about the “removed” article should be retained for the scientific record, and an explanation given, however brief, about the circumstances of its removal.’”

We asked Smyth twice to forward all the comments he had received and to reverse his decision, but he didn’t reply. We didn’t appeal to the journal, as it seemed to have no ombudsman or ethics committee. Furthermore, we knew that the owners of the journal had received complaints from screening advocates, and we therefore felt our chance for a reversal of the editor’s decision was remote.

I was an editor and described our case in an anonymised fashion in June 2006 on the email list of the World Association of Medical Editors and asked for advice. An hour later, Richard Horton replied that *Lancet* would be keen to consider the case for publication, as “editorial misconduct needs to be as ruthlessly dealt with as any instance of research misconduct,” and as it was an important story.

Horton said he would seek the editor’s own view, but Smyth didn’t accept his invitation. We described the affair in *Lancet* in November 2006,¹⁰¹ and published our research paper simultaneously in *Danish Medical Bulletin*.¹⁰⁰

We first considered submitting it to *International Journal of Epidemiology*, but its lawyers were worried because we had already assigned our copyright to *European Journal of Cancer*. This added insult to injury.

Torben Schroeder, the editor of *Danish Medical Bulletin*, was bolder and noted that he shared our concerns.¹⁰⁰ He also explained: “First, the process that led to removal of the accepted and published paper was unilateral. Second, a withdrawn or removed paper invariably leaves you with an impression of scientific fraud. Therefore, DMB has decided to publish the paper.”

The Committee on Publication Ethics (COPE) supported *Lancet* in its decision to bring the case into the public domain. It noted that published work – electronically or otherwise – should not be removed without appropriate correction or retraction and that retraction or removal is a very serious matter for authors and their institutions and should not happen without due process. The chairman of the committee wrote to me that its members disapproved of Smyth’s action, and he wondered what pressures were exerted on him to withdraw the paper.

So did we. Why would Smyth expose himself to condemnation by editorial colleagues? Before I wrote to the World Association of Medical Editors, I consulted a good friend, Michael Baum, who was a member of the Breast Cancer Editorial Advisory Board of the *European Journal of Cancer*. He praised Smyth but also told me that the action was forced upon him by threat of litigation.

Highly likely it was Tabár who threatened the editor, but it was his close friend and foot soldier, Professor of radiology in Helsinki, Peter Dean, that led the attack.

Eleven days after our paper appeared on the journal’s website, Dean sent two letters by himself and one by Jack Cuzick, associate editor of the journal, to the directors at the National Institute of Public Health in Oslo, where Zahl, the first author of our paper, worked. In a derogatory fashion,¹⁵ which is typical of him, Dean wrote that our paper would hopefully not “be seen as harmful to your institution, despite the poor scholarship and even poorer ethical standards involved.”

Also typical of Dean, these letters didn’t contain any scientific substance or concrete criticism of our work that we could respond to. This was apparently not the idea either, as we were not copied on the letters. One of them, sent to the board of directors of Elsevier, included a letter Dean had written to Smyth two days earlier, which he had copied to 150 named people, including many leaders of screening programmes or outspoken screening advocates and even a member of the European Parliament.

Dean also copied the chair of the Cochrane Collaboration Steering Group and Editor Nicholas Wilcken from the Cochrane Breast Cancer Group, although our Cochrane colleagues had nothing to do with our analysis of the Two-County trial.

Dean’s letter to Elsevier was amusing in all its pejorative glory, e.g. “patently shoddy scholarship and serious errors.” We had not made any errors.

Dean remarked that our paper seriously damaged the reputation of the journal and that he knew that a number of assumptions, estimations and approximations were incorrect and contrary

to the published design of the trial. However, as always, he gave himself a free ride, as he offered no concrete evidence in support of his many opinions which, moreover, were false.

Dean responded in *Lancet* to our comment about editorial misconduct with arguments that were also all false,¹⁰² which can easily be seen by comparing his letter with our comment and our republished paper.^{100,101} Dean even claimed that our paper had never been published! He stated that he had no conflict of interest, but we alerted *Lancet's* readers to the fact that he had hidden his title as professor of radiology by giving his address as "Faculty of Medicine."¹⁰³ Furthermore, Dean and Tabár had collaborated for decades and had co-authored 16 mammography-related papers and at least three books, including a teaching atlas.

Dean's spite hits everyone that does not see Tabár as God's gift to womankind. He also harassed Schroeder and told him that he hoped he would not be liable to litigation and that there were several factual errors in the comment we had published in *Lancet* about the editorial misconduct.⁸⁷ There were none of course, but liars don't care that they lie.

Finally, Dean told Schroeder that if he didn't act in ways Dean defined for him in his letter, "this would reflect even more poorly on the *Danish Medical Bulletin*." I'm sure Schroeder had a good laugh over all this.

Dean copied his letter to Schroeder to an impressive list of people that included the deans for the three Danish medical faculties, the chairman and the director of the Danish Medical Association and the legal editor of its journal, the director of the Danish National Board of Health and four other key people working there, the director of the Danish Health Technology Assessment Agency, the heads of the Danish screening units, and Elsebeth Lynge, who chaired the working group that wrote the Board of Health's 1997 report that recommended breast screening be introduced in the whole of Denmark and committed academic misconduct as examiner of Kalager's PhD thesis.

Dean forgot to copy the Queen and our Prime Minister on his email.

In 2016, we ran into a potential retraction problem again. Our research group had been invited to write an article for *The Breast*, which had been accepted for publication. I did not participate, as I was fed up with all the dishonesty in this area.

When my deputy filled out a copyright form, we became very concerned. It said that articles might be rejected even after they had been published online. We made the editors aware that an article posted as "in press" is in the public domain, citable, indexed by PubMed, and by definition a published paper. Making it unavailable would therefore be a retraction.

We noted that there was a conflict between the copyright form and the recommendations of the International Committee of Medical Journal Editors (ICMJE), which *The Breast* - an Elsevier journal - endorsed. We referred to our experience with another Elsevier journal; attached our paper about it;¹⁰¹ and noted that we knew that threats of litigation played a role.

We mentioned that the copyright form allowed the editors to retract a paper after it had been published for reasons other than fraud and that we were strongly disinclined to accept this.

We asked the editors to guarantee that our paper would remain in the public domain once it was published online, even if later retracted, and that, if retracted, we would get access to all correspondence, including notes from telephone conversations and other relevant documentation that would inform us about any outside pressures on the editors to retract our paper. We also requested that, if retracted, we would get an explicit and clear reason, which would be published, together with our reply.

This is how publishing should be arranged, with legally binding guarantees, but what we suggested has never happened, as far as I know. Researchers exist on the mercy of the scientific journals and are expected to accept any type of editorial misconduct without uttering a word of discontent.

The Breast did not take our request lightly. It took a full month before they replied, and the reply was written by the Editor-in-Chief and the publisher:

“Elsevier strongly believes in the importance of the scholarly archive as a permanent, historic record of the transactions of scholarship.” Really? This was not what Smyth believed in.

The other arguments were also unconvincing. We were told that if a serious legal issue arose, a published article could be withdrawn. It was not clear what this meant, particularly because Elsevier operated with two terms, retraction and removal, which confused us. What would this mean if Tabár threatened the journal with litigation? There were no guarantees.

Elsevier said that its standards and procedures for retractions were “based on those developed by a number of library and scholarly bodies, including the ICMJE and COPE.” That was not reassuring either. What if I said that my driving was “based on” the traffic law? Police officers would laugh if I told them that my driving did not fully live up to the law but was only based on it. Many of my colleagues and myself have experienced repeatedly that journals and publishers have no problem with violating their own rules if it benefits them.

Elsevier’s procedure was to retain the PDF version of the original article unchanged except for a watermark indicating on each page that it is retracted. The HTML version would be removed and replaced with a note explaining the reason for the retraction, and hyperlinks would take readers to this screen.

This is not appropriate. It means that readers are directed to a site where they can only see that the paper has been removed. They will therefore think it doesn’t exist, and might not find the PDF.

We responded that Elsevier’s distinction between articles published on a website as “in press” and published in print is entirely arbitrary as both types of article are published, and that Elsevier’s distinction conflicted with the ICMJE criteria and opened up for unacceptable limitations to academic freedom.

We noted that we knew of examples where this policy had compromised the publication of important scientific results due to outside legal and peer pressure and where no valid reason was provided to the authors. We encouraged Elsevier to change its policy. This didn’t happen but my research group published their paper and did not run into difficulties.

Tabár’s harassments were all over the place. In an interview in *Science*, he said that since the Canadian trial of young women aged 40-49 had more deaths in the screening group than in the control group, something was wrong with the trial:

“You start screening and you expect to provide a benefit, and suddenly people die at a higher rate. Now, hold it, we're not going out and killing women. This demands an explanation.”¹⁰⁴

Referring to how Tabár had trashed the Canadian trial because more young women died of breast cancer in the screened group than in the control group, Cornelia Baines submitted a letter to *Science* where she noted that Tabár had found the same in his own trial. They rejected her letter.

Whenever Tabár attacked the Canadian trial for having found excess mortality in young women, he always avoided telling people that he had found the same, although he found 26%

excess mortality compared to 36% in the Canadian trial (none of the estimates were statistically significant).

Baines therefore drew attention to this in a paper she published in *Cancers*.¹⁰⁵ She noted that this mortality paradox had also been seen in two other trials but quickly learned it was not politically correct to mention it. After she described it at a professional meeting, a radiologist jumped to her feet and bluntly accused her of being unethical and irrational for mentioning the phenomenon in public. As Baines said, what is unethical is to suppress scientific observations.

Baines told me that Tabár had threatened a newspaper, but they told him to go ahead and sue and they would counter with a suit for his frivolous action. This caused Tabár to retract.

Baines wrote to me: “Unfortunately I was asked not to reveal the name of the journal; it was the editor who told me about it ... At the Milan meeting one of the Swedish trialists said no one dared to argue with Tabár because they were frightened of him ... And I observed that his outrageous remarks elicited no reaction ... we have not had Tabár's deep pockets to threaten to sue ... If my article gets published I will probably transfer all property to my husband.”

Tabár and Duffy used the dishonest UFO trick incessantly by publishing loads of totally flawed observational studies claiming large effects of screening. In 2001, they published the paper, *Beyond randomized controlled trials*,¹⁰⁶ which was so hopelessly flawed that a statistician called it *Beyond reason*.¹⁵

It was received by *Cancer* on 29 December 2000 and was accepted 6 days later, which suggests it wasn't peer-reviewed, although *Cancer* is a peer reviewed journal. Perhaps it escaped a critical look because *Cancer* is published by the American Cancer Society and Robert Smith, a close ally of Tabár and last author on the paper, was director of cancer screening at the society.

They reported a 63% reduction in breast cancer mortality by comparing the mortality from breast cancer diagnosed in women who attend screening with that in women in an earlier time period before screening was introduced. They had excluded about half of the breast cancer deaths that had occurred to arrive at this impossible result. There were two huge biases in their study. The cancers detected in the period before screening were generally more advanced, and many screening detected cancers were overdiagnosed, which by definition have a breast cancer mortality of zero.

When challenged in letters to the editor, Tabár, Duffy and Smith introduced new hopeless comparisons to defend themselves.¹⁰⁷ They compared women attending screening with women who didn't, although it is clear from their original paper that they knew that such comparisons are seriously misleading.

An accompanying editorial took up five pages,¹⁰⁸ the size of most reports of original research. Tabár's study was highly praised as being seminal, meticulous, a milestone, and a final critical test of the effect of screening. The readers will need to choose between weeping or laughing, as there are no other possibilities, apart from becoming angry by the limitless stupidity and dishonesty.

The claim that screening reduced breast cancer deaths by about two-thirds was uncritically repeated elsewhere, even in a news item in *BMJ*.¹⁵

Tabár and Duffy knew their study was fatally flawed,¹⁵ which everyone with a rudimentary knowledge of cancer screening knows, but they continued to publish more beyond reason studies. In 2003, they went completely overboard in *Lancet*.¹⁰⁹ This time, they also reported significant decreases in deaths from all causes, and from all cancers, and claimed that this showed that breast cancer death is a reliable endpoint.

I killed their study by pointing out its fatal flaws,¹¹⁰ but in their reply, Tabár, Duffy and Smith lied about their methods.¹¹¹ They said they had observed a reduction in absolute mortality in the population invited to screening, which was wrong. They studied women with a breast cancer diagnosis including all the overdiagnosed cases. There were therefore numerous women with an excellent survival prognosis in the screened group, and similar women did not exist in the control group.

As they were lying, I sent a second letter to *Lancet* pointing this out. Nowhere in their paper did they report on absolute mortality in the population invited to screening. But Horton rejected it. He sent it to the authors and encouraged me to get an answer from Duffy. I wrote to him and asked whether he could inform me where in his paper I could find the data he had described or whether his reply was erroneous. Duffy avoided answering my question and replied with another falsehood.¹⁵ The problem with lying is that it breeds more lies to cover up for the first one.

Two months later, Tabár wrote a comment about their study in *Läkartidningen* where he noted that the mortality decrease had been observed among women with breast cancer. Thus, Tabár contradicted not only what he wrote in his letter in *Lancet* with Duffy and Smith but also what Duffy wrote to me. The other problem with lying is that sooner or later people usually contradict themselves.

In France, only about half of the eligible women attend mammography screening. But in 2021, the National Cancer Institute decided to [do something](#) decisively about this public health fiasco. They wanted to combat what they called fake news or even rumours, and their main weapon was ... guess what? Fake news! What they claim on the website is false. They say that breast cancer screening is neither useless nor causing harms, and that its benefits are undeniable for women.

They call it fake news that “false cancers” are detected, leading to unnecessary treatment, and say that a review of scientific studies shows that the benefits of mammography screening far outweigh the risks. This is impossible. They do not refer to any of the numerous high-quality reviews in the literature but to a review by themselves published in French. Made in France.

Maybe this is the worst part:

“In 10% to 20% of cases, some tumours will not progress or will progress only slightly, but today it is not possible to differentiate them from those that will progress. Therefore, they may be subject to what is called “overdiagnosis” and treatment that they could do without. But they are real cancers.” The last sentence is highly misleading, as these cancers are totally harmless.

Their concern is that the scientific debate may negatively impact women and turn them away from screening. It should! But, instead of offering women honest information, the National Cancer Institute propagates fake news to fool them into accepting an intervention that is harmful.⁸⁵

Finally, if even that doesn't work, the Institute [wants censorship](#): “Without this being limited to the field of cancer, a type of regulator could be created, establishing rules on health information, in a framework agreement with those that host the content (media, social networks) so that they can work to eliminate fake news identified by a college of experts.” Male bullies, I assume?

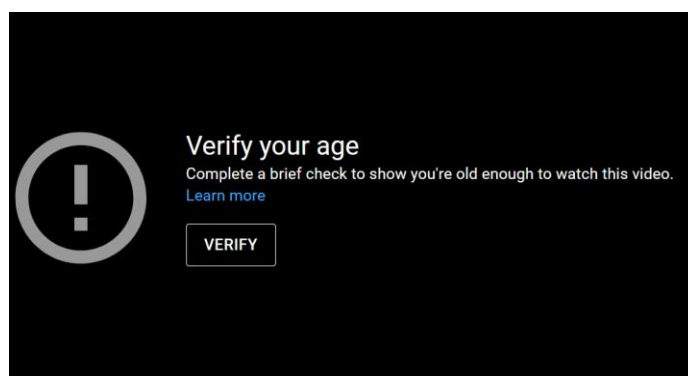
The US horror of seeing a naked breast

In late 2021, I had finally had enough of the widespread censorship on social media (see next chapter). I decided to download the most viewed videos of my lectures and interviews, so that I was certain I would not lose them in case YouTube censored me.

When I came to an [interview](#) at a book café in Barcelona in 2016, I was puzzled. YouTube had blocked access.

I was interviewed about my science, so why was this censored? I had no idea but needed to find out, which became an arduous journey. I was taken through a long series of steps, which was not amusing but pretty irritating.

First, I was asked to verify my age. At my high age? What was this about? I was not a minor trying to buy alcohol on the Internet. And is my age not private information?



Choose how to verify your age

 gotzsche.peter@gmail.com



Use a credit card to verify immediately

You won't be charged. Any transaction fee will be fully refunded.



Use your ID

Submit an image of a valid ID like your driver's license or passport. It may take up to 3 days to verify your ID.

Google wants my credit card, apparently not to ruin me, but to verify my age. If I submit an image of my passport instead, it might take three days before I can possibly see my own interview.

This is crazy. And my passport is a personal document I do not want to share with Google. I never leave it at hotel receptions, even though the staff is often desperate in their attempts at convincing me that I MUST do this, according to their rules. They tell me I will get it back later. Perhaps. Passports are often abused to make fake passports, and if they cannot find mine, or gave it to the wrong guy, I will have a problem, not them.

What if I became arrested next time I went to the US because a Muslim suicide bomber had made a fake passport based on mine? Would you not be worried?

The “amusement” reached new heights (see next page). My date of birth must match my date of birth. Hey, how could it *not* match my date of birth? The Google police was in full swing. “Update date of birth.” Great! As I am quite old, I will wind the clock back some decades by updating my date of birth.



Confirm your date of birth

 gotzsche.peter@gmail.com

Your date of birth must match your ID. Your account lists your date of birth as:

November 26, 1949

[Update date of birth](#)


[Next](#)

The next thing I saw was: “Your ID will be securely stored, won’t be made public and will be deleted after your date of birth is successfully verified.”

Good heavens no. I do not trust social media the slightest bit when they say things like that. As Google now knows how old I am, I might perhaps be exposed to ads for warm underwear, diapers for seniors, Viagra, statins, maybe even funeral services, just in case I won’t make it over the weekend? Google could easily do that even if they deleted my birthdate, by operating with age classes.



Agree to ID verification

 gotzsche.peter@gmail.com



You'll submit a photo of your ID. Your ID must clearly show your date of birth.

Google will use your ID to:

- Confirm your ID is **current and valid**
- Confirm your date of birth
- Improve our verification services for Google products and protect against fraud and abuse

Your ID may be subject to manual review in accordance with Google security policies.

Your ID will be securely stored, won't be made public and will be deleted after your date of birth is successfully verified.

You have the right to block out your national identification number on your document.

I consent to the processing of identification numbers and documents pursuant to applicable national laws, notwithstanding the application of GDPR.

[No thanks](#)

[I agree](#)

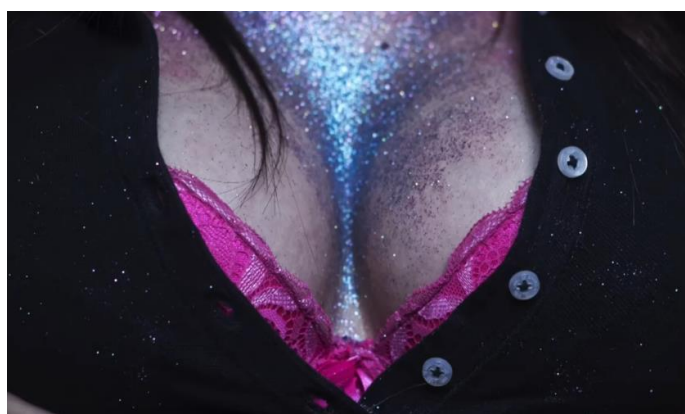
After this, I was done: “You’re all set. Thank you for confirming you’re old enough to use certain Google products.”

But what were these products then? This was the top secret opening picture:



Mammography? No thanks.

Hardly something for which your birth date and passport are required for you to see. But the next picture was pretty interesting for males, I must say:



What an abundance of female attributes. Four seconds later, it became dull again. A little video showed a breast being repositioned by a female helper to provide a better mammogram:



The introduction lasted 14 seconds, and then came the interview with me. It ended with two naked breasts, from the same woman as in the introduction, but you didn't need to be double as old to see *two* breasts instead of one:



I am vehemently opposed to the idea that the United States exports its narrow-mindedness and fear of anything that might be even remotely related to sex to the whole world. Spare us this kind of American imperialism and moral police on European soil. The US has a lot to learn from Europe about freedom and tolerance. A colleague from North Carolina once told me that we Europeans had been very smart by getting rid of our worst religious fanatics who felt so unwelcome in Europe that they fled to the new world. He noted that USA still suffers tremendously from religious fundamentalism, which another east coast US colleague called the American Taliban.

Denmark is a liberal country. In 2011, Peter Øvig Knudsen published a two-volume book, *Hippie*, about a Danish hippie camp, which was established in the summer of 1970. When Apple demanded that he censor his book, which had photos of naked people, he made a version where 47 photographs had been partially covered with red apples to hide genitals and breasts:

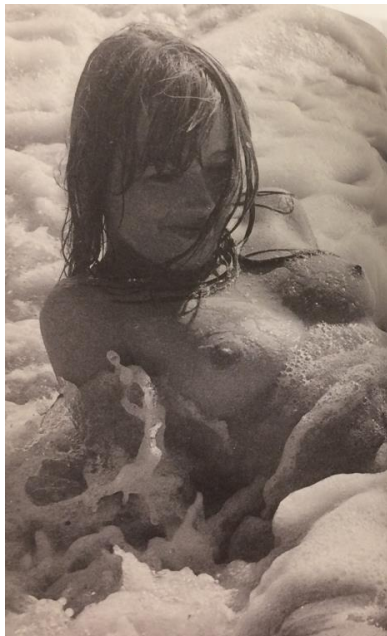
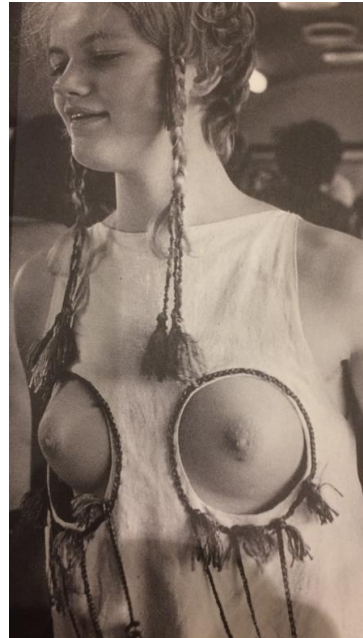


Apple approved this version, but the censored edition went on sale in Apple's iBookstore for only four days.¹¹² Apple removed the book without offering any explanation to the publisher, which led Knudsen to ask: Will Apple ban the use of apples to carry out the censorship they require?

The publisher asked Apple for a justification in writing, but Apple didn't reply. Perhaps pears or oranges would be more acceptable?

Subsequently, Knudsen's publisher made a version where the more sensitive photos were covered, which went on sale in Apple's bookstore. But it is no longer possible to buy the book through Apple's e-bookstore - not even with apple censorship.

The photos are important for the book, as they illustrate what life was like in the camp. Nakedness was widespread. I therefore show a few more photos from the book:



Knudsen [criticised in an interview](#) that a big bookshop censors books according to what he called puritanical Christian fundamentalist guidelines. He was deeply concerned that a foreign player via a high market share may end up deciding which e-books are widely available on the Danish market:

“It is now that the pattern for the future digital cultural consumption is shaped, and the young generations who were born digital risk only encountering an American or foreign censored image of the Danish cultural heritage.”

I couldn't agree more. Everyone can see porn on the Internet for free without apples. But the censorship continued. [The photo above](#) without apples was much shared on Facebook, but it disappeared every time because Facebook's moral police deleted it.



Facebook [threatened to expel Knudsen](#) after he had posted the photos and mentioned Apple's censorship on his Facebook page whereas Google offered to sell the books with the photos of naked people without apples. Hey, Google owns YouTube which did not allow me to see preparations for a mammogram. There is no consistency at all.

With reference to Knudsen's case, the Cultural Affairs Committee in the European Union wrote to Apple and [asked for a dialogue](#) about Apple's censorship, and *The Globe and Mail* in Canada wrote about [How Apple became Big Brother](#).



Woman in front of a mirror

Even world famous paintings have been censored by Facebook. In 2015, [Facebook removed](#) *Woman in front of a mirror* by Danish artist C. W. Eckersberg even though it didn't reveal anything. Facebook later admitted it was an error, but it is absurd that this could happen.

Mothers have been furious that breastfeeding pictures of their newborns were removed just because the photo showed a nipple. But when a journalist tested the limits of Facebook's nipple police by posting Eugène Delacroix's painting, *Liberty leading the people*, commonly associated with the July Revolution of 1830 in France, which showed two naked breasts, nothing happened.

In January 2011, Danish tax-payer-paid public TV (with no advertisements, which is a big relief) had a theme evening entitled, *The cunt*. It had [more viewers](#) than ever before, even more than a theme evening about the golden moments in the European Song Contest. It led to debate of course, also on Facebook, and the artist Frode Steinicke posted a photo on Facebook of the French painter Gustave Courbet's famous painting *L'Origine du monde* - the origin of the world - from 1866.¹¹³

The painting is considered a master-piece in realism and hangs on Musée d'Orsay in Paris where everyone can see it, but Facebook immediately deactivated Steinicke's profile with great, international furore as a result. One needs not go to Paris to find out what the painting is about. It is shown in [Wikipedia's entry for Courbet](#).



Liberty leading the people



The origin of the world

Later in 2011, unrelated to this, a French teacher posted the painting, which had been discussed in a TV programme, on his Facebook profile.¹¹⁴ Facebook not only removed it but also closed the teacher's account. The teacher tried for a long time to change Facebook's mind and when he failed, he sued Facebook of unconstitutional censorship.

This caused huge work for Facebook because, in solidarity with the teacher, thousands of users used Courbet's painting as their profiling image.

The court supported the teacher, but Facebook immediately appealed the verdict, citing that Facebook operates under US and not French law.

The case ended in the Supreme Court in Paris in the spring of 2015. The court ruled that Facebook outside the United States cannot refer complainants to the fact that the social network operates under and is solely subject to US law. This decision resonated and delighted far beyond France's borders, as it set a precedent for lawsuits against Facebook in other countries, if the

social network is guilty of unconstitutional censorship and denial of freedom of expression under the law of the country concerned.

Journalists approached Facebook for a comment on the French verdict, but Facebook refused. Facebook has been very reluctant to comment on anything - and not at all in cases where profiles have been closed for violating the network's rules for nudity.

Facebook censored *Standing naked woman* by another world famous Danish painter, Wilhelm Hammershøi (see just below). Even the Danish national symbol, *The Little Mermaid*, [was removed](#) several times by Facebook because "it violates Facebook's guidelines for ads by containing a picture with too much visible skin or sexually suggestive content. Facebook does not allow pictures of people in positions that show or suggest sex, or pictures of nudity or cleavage, not even if it has artistic or educational purposes."

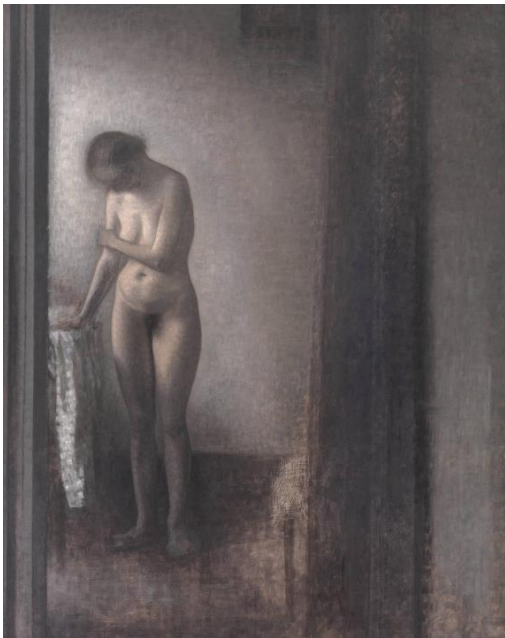
I am speechless. Words cannot express my indignation. Facebook lives on another planet than mine. To understand the Facebook aliens a little better, I looked up information about them. My dismay exploded. This text is from [Facebook](#) (January 2022):

8. Adult Content

Policy

Ads must not contain adult content. This includes nudity, depictions of people in explicit or suggestive positions, or activities that are overly suggestive or sexually provocative.

Ads that assert or imply the ability to meet someone, connect with them or view content created by them must not be positioned in a sexual way or with an intent to sexualise the person featured in the ad.



Standing naked woman



Facebook approved mermaid

Next, I tried to find out what it is the Facebook moral police will find sexually provocative.

Sexually Suggestive Content

Examples

- ✘ Nudity or implied nudity
- ✘ Excessive visible skin or cleavage, even if not explicitly sexual in nature
- ✘ Images focused on individual body parts, such as abs, buttocks or chest, even if not explicitly sexual in nature
- ✘ Dating ads where the focus of the ad is on a partly clothed model



This image shows artistic implied nudity and is non-compliant.



This image shows a woman in a sexually suggestive pose and is non-compliant.



This image is sexually provocative and non-compliant.



This image alludes to sexual activity and is non-compliant.



This image is sexual in nature and non-compliant.



This image shows nudity in a statue and is compliant.

The Little Mermaid was too sexy, but the statue on this page is okay. Is it better to look at one penis than at two breasts? Would the Little Mermaid have been okay if she had only had one breast because she had been mastectomised on one side?

The obsession with female breasts - and nipples, which are forbidden fruit even when mothers are breastfeeding - suggests to me that Facebook's nipple police consist mainly of heterosexual males.

In all its ridiculousness and arbitrariness, it is immensely sad that US social media impose US narrow-mindedness and fear of sex and nudity on the whole world.

Americans are highly religious, so what will Facebook do with all the old paintings of Adam and Eve where Eve shows one or even two breasts? Put oranges on them, as Big Tech is from California? What about the numerous churches in America, 70 in a small town I once passed, which was one for every 100 citizens? Isn't there a single US church with "offending" artwork? There surely must be some.

You better be careful when you eat your next banana that no one is filming you. You might be denied entry into the United States.

In Denmark, we don't have a statue of liberty; we have something better: liberty. We were the first county in the world to legalise pornography, in 1967, and gay marriages, in 1989. In 2015, we had topless girls help traffic police with speed control. An American journalist said that the speed limits were nearly impossible to miss but also that they caused the traffic to come to a standstill.

I cannot say why these beautiful girls escaped YouTube's censorship, but they are [still up](#) there, but now with an age limit for watching the speed limit.



This year, 2022, happens to be the 50th anniversary for one of the most famous ballets in Danish history, [Triumph of death](#), inspired by Eugène Ionesco's play. In a way, the theme is similar to the COVID-19 pandemic because it is about an epidemic that kills everyone in a modern city made of concrete, and infected persons are being haunted by the police wearing not face masks as today but gas masks.

The ballet was performed at the Royal Theatre in Copenhagen. What was totally new was that some of the dancers became naked when they ran amok in a fashion store in the middle of the tragedy. It was also totally new that the music was rock music.

It is an absolute masterpiece in the history of ballet, also worldwide; the whole thing, the dancing, the choreography, and the music. The setup shocked the public, as they were not used to this, but they loved it. It can be seen on Danish Radio's [website](#). YouTube would have banned it immediately.

I will not abstain from showing a photograph from the ballet, if not for any other reason, then to irritate the US moral police that destroys the beauties and the arts like the Taliban destroyed Afghanistan's ancient Buddhas. Why do people want to do this?



6 Censorship by the media, social media and magazines

Newspapers and other media get a substantial part of their information from news agencies. One of the biggest is [Reuters](#), owned by Thomson Reuters. It employs around 2,500 journalists and 600 photojournalists in about 200 locations worldwide.

Fact checking of drug information is not one of Reuters' priorities. A colleague of mine investigated this and found out that Reuters is so deeply financially embedded with the pharmaceutical industry in so many ways that it is essentially impossible to distinguish between studies, news, commercial advertising – so-called infomercials - and a mixture of science and PR campaigns. My colleague signed up for a pharma corporate insider newsletter to see what they are up to, and it turned out it was produced by Reuters.

He also corresponded with a person from Reuter Events who did not hide that financial investments influenced customer journeys. Reuter Events announced an [event](#) for November 2021 that addressed the future of customer experience and journeys by uniting with leaders from across the pharma ecosystem: “See the full, unparalleled speaker line-up and industry leading agenda - get all the info here.”

The website was not informative. I could not see what the two-day meeting was about without entering some details on a form. My colleague did that, and it didn't look good. This is the top of the website for the meeting:



REUTERS EVENTS™

Pharma Marketing USA
November 8 - 10, 2021, Virtual #REpharmaMktg

**Deliver a seamless customer journey through
data-driven decisions**

See it at the only business-critical event for pharma marketing, commercial and analytics innovators;
Reuters Events Pharma Marketing USA (November 8-10, 2021, Virtual). Join 600+ executive attendees -
from across Marketing, Commercial, Analytics, Digital, Data, Brand, IT, Insights, Customer Engagement - as
they look to define the future of our industry.

The meeting would be “Attended by all of top 50 pharma and healthcare companies.” All speakers were from industry, and it was all about squeezing even more money out of the public purse, e.g. “New digital acceptance means new consumer-driven possibilities.” Another talk was: “Personalized engagement in reality: drive HCP retention with hybrid go-to-market models.” I didn't know what HCP was, and it wasn't defined. Wikipedia has 25 different suggestions, so I looked up the presenter and ended on a website in Russian. It seems to mean healthcare professionals. So, folks, let's keep the patients and the doctors close to us, so we can earn even more money!

Big Pharma irrigates everything and everyone with an influence with its copious amounts of money. They pay well, and it works. Reuters is not an independent news agency. James C. Smith was Chairman of the Thomson Reuters Foundation from 2012 until his retirement in 2020. But since 2014 he was also [a Pfizer Director](#). Many other news agencies are not immune either to the outreach of Big Pharma, e.g. the Science Media Centre in the UK.

As might be expected, much censorship follows an erratic zig-zag course because this is what censorship does. In August 2021, *Forbes*, an American business magazine, published an article by a teacher who questioned school mask mandates for children and pointed out the harms this cause.¹ He noted that kids can't see each other's smiles or learn critically important social and verbal skills, which can be developmentally dangerous, especially for children who are experiencing trauma in their lives.

I agree with him. Facial expressions are hugely important for human beings. But *Forbes* removed the article and changed the description of the author from "Contributor" to "[Former Contributor](#)." It seems the magazine changed its mind later because the article went up again.

One of the world's top medical researchers sent this message on an email list:

I sent an op-ed to *New York Times* in March 2020. It was turned down after two days. A month later, I sent another. They said they were interested. We went through daily updates and revisions during a week. They even wrote the entire opening paragraph and said they would make some final edits. Then, after another week, they said they would pass on it. This is just one story among way too many. My experience in the last six weeks, both for myself and for many other leading scientists who have reached out to me, is that the way we have been silenced amounts to the most horrendous and ruthless intellectual dictatorship and censorship I could ever imagine imposed on humans.

Also in March 2020, a major US newspaper assigned a perspective piece on the new coronavirus to journalist Jeanne Lenzer. She sent a paper to them but was told by the editor that his boss was afraid they would be publishing something akin to climate change denialism. Lenzer was asked to send a synopsis of her arguments and the editor responded that her points seemed good to go. Minutes later, she received another note from the editor:

"My boss is, shall we say, feeling an abundance of caution because of our lag time (we don't appear in print for 9 days after we ship to the printer). He wants to say no to this, for now. He's worried that two weeks from now the data will show a wildly different trend and we'll just look wrong."

This was not a good excuse for rejecting the paper. The COVID-19 field moved fast at the time, but with appropriate reservations, this could have been handled.

Lenzer's three arguments were:

1) For case fatality rates, the denominator is critical. In the early cases in Wuhan, mostly sick people were tested, which yielded a 2.5% case fatality rate. In Korea, with more widespread testing, the case fatality rate was 0.7% and in China outside of Wuhan it was 0.4%. In Germany, with more widespread testing, it was 0.2% and in Scandinavia it was 0.1%, the same as for influenza.

2) Modelling predictions of spread and what's to come have been wrong in the past and they are speculative. Dire warnings were issued over the 1957-58 Asian flu; 1968-69 Hong Kong flu; 1977-78 Russian flu; and the 2009-10 H1N1 swine flu pandemic. In some cases, daily body counts made headlines and frightening predictions were made. In the UK, predictions of tens of thousands of deaths were made but only 500 died, and there was a similar scare mongering in the United States.

3) Draconian measures to close schools, work and borders are unproven. The experts say that much is unknown, but they act as if certain doom is in store if nothing is done. John Ioannidis says that a new problem has arisen: Once a state or country takes drastic measures, such as lockdowns and border closings, other states and countries are accused of being irresponsible if they don't take the same actions - even though they are unproven measures.

Novel viruses occur with regularity and will continue to recur. Are we to shut the world down with every new virus? And if we're actually concerned with overall deaths, given the number of deaths from

flu, which at this point are far greater than from coronavirus, why don't we lock down our world every October to April in the northern hemisphere in order to prevent deaths?

Lenzer's concerns at the time were highly appropriate and it is disgraceful that a major news outlet declined to print them, preventing people from thinking about these important issues.

The multi-billionaires are particularly problematic because they have too much influence on what gets published and on what gets discussed.

While other billionaires' media empires are well known, the extent to which Bill Gates' cash underwrites the modern media landscape was not known until recently.² After sorting through over 30,000 individual grants, *MintPress* revealed that the Bill and Melinda Gates Foundation (BMGF) had made over \$300 million worth of donations to fund media projects.

Recipients of this cash included many of America's most important news outlets, e.g. CNN, NBC, NPR, PBS and *The Atlantic*, and also a myriad of influential foreign organisations, e.g. the BBC, *The Guardian*, *Financial Times* and *The Daily Telegraph* in the United Kingdom, *Le Monde* in France, *Der Spiegel* in Germany and *El País* in Spain, as well as big global broadcasters like Al-Jazeera.

There are even more grants than these. Not included are grants to universities for research projects or aimed at producing articles for academic journals, which help shape the narratives around key issues. For example, the Gates Foundation has given at least \$14 million to *Lancet*. Grants are also given to printing of books or establishment of websites.

A journalist noted that, "For a tax-privileged charity that so very often trumpets the importance of transparency, it's remarkable how intensely secretive the Gates Foundation is about its financial flows." As an example, two columnists had been writing glowingly about the Gates Foundation in *New York Times* for years without disclosing that they also worked for a group that has received over \$7 million from Gates' charity.

It is a glaring conflict of interest when the very institutions we rely on to hold accountable one of the richest and most powerful men in the world are quietly being funded by him. This conflict of interest is one that corporate media have largely tried to ignore. Gates is generally presented as a kind nerd who wants to save the world, and *The Guardian* called him "Saint Bill." Critiques are often devalued and algorithmically suppressed, and the media know that if they cover the topic, they will likely lose money.

In most coverage, Gates's donations are broadly presented as altruistic gestures. Yet, this new "philanthrocapitalism" threatens democracy by increasing the power of the corporate sector at the expense of the public sector organisations, which increasingly face budget squeezes, in part by excessively remunerating for-profit organisations to deliver public services that could be delivered more cheaply by themselves.

The philanthrocapitalism is being used deliberately to divert attention away from the economic exploitation that underpins global inequality. Former British Prime Minister Clement Attlee noted that, "If a rich man wants to help the poor, he should pay his taxes gladly, not dole out money at a whim." Big Tech like Microsoft do the exact opposite. They pay virtually no tax in the countries where they operate, which is a huge issue for the European Union that tries to find ways of stopping the [tax havens](#), of which there are several in Europe alone.

Gates, who amassed his fortune by building a monopoly and zealously guarding his intellectual property, bears significant blame for the failure of the COVID-19 vaccine rollout across the world. He pressured Oxford University not to make its publicly-funded vaccine open-source and available to all for free, but instead to partner with AstraZeneca, which meant that those who could not pay

were blocked from using the vaccine. That Gates has made over 100 donations to the university likely played a role in this decision. By the end of 2021, fewer than 5% of people in low-income countries had been vaccinated. The death toll from this is immense.

Although some of Gates' donations go to uncontroversial projects such as reporting on gender equality with a particular focus on the least developed countries and increasing engagement of education reform issues in Texas (which is badly needed since a majority voted for Trump's re-election in 2020), it is also a fact that Gates has his own agenda when it comes to vaccines.

Gates contributes almost half a billion dollars annually to the WHO via the Bill and Melinda Gates Foundation and the GAVI Alliance (which he launched in 2000 under the name Global Alliance for Vaccines and Immunization).³

One of the aims is to collect donations from rich countries to help third world governments procure vaccines.⁴ This praiseworthy initiative has harms, however. The focus on vaccination can detract attention from other important health issues such as pollution, contaminated water, lack of sewerage and poverty.

In 2008, the director of the WHO programme against malaria turned to WHO's Director-General to denounce the "enormous, largely undesirable consequences" that the Gates funding had on his research area.⁴ The scientists were imprisoned in a cartel of funding that made independent review of the studies increasingly difficult. He warned that the foundation's determination to have its favoured research used to guide its recommendations could have untoward consequences for the policy-making process.

Gates is very industry friendly and supportive of patents. His approach has been criticised by Doctors without Borders because it focuses on introducing new expensive vaccines - rather than shifting to a stronger emphasis on improving basic health services and immunisations with cheap vaccines.⁵

The social media have taken over much of the role the traditional media had until recently in the propagation of news. They have an enormous influence on what people think about crucial issues.

They can spread messages quickly to many people, which is essential for those who live in countries with repressive regimes where pervasive censorship is the norm, and they have other advantages. If your research results are important but unwelcome and you face difficulties getting them published in a medical journal, you can upload them on a website and make people aware of them via social media. In this way, you can make them known immediately rather than after 1-5 years when you finally succeed convincing an editor to publish your research.

Social media also have a dark side, and it is very big. Many people fire before they think, and a lot of garbage and falsehoods get attention and become propagated further. Weird ideas get a life of their own, and the worse and the more implausible they are, the more people seem to be drawn to them.

Humans have a peculiar taste for nonsense, including the supernatural. Astronomer and physicist Carl Sagan wrote a whole book about it where he mentioned, for example, that polls have shown that most Americans believe in the Devil's existence and that we are being visited by aliens in UFOs.⁶ A scientist of his acquaintance dryly remarked that, "If the aliens would only keep all the folks they abduct, our world would be a little saner."

The worst abuser ever of social media is likely Donald Trump, the first US President who ruled by tweets. He tweeted over 25,000 times during his presidency; his tweets were considered official

statements; and his handle @realDonaldTrump had over 88 million followers,⁷ although there wasn't much "real" about him.

Trump weaponised the term "fake news" to silence his critics. The big irony is that he may have spread more fake news than anyone else in US history.⁸ He made more than 20,000 false or misleading claims during his presidency, which included a lot of misinformation about the COVID-19 pandemic and how it should be handled.

Trump's many mendacious and hateful tweets, including those pushing conspiracy theories, played a major role for the darkest day in contemporary American history. Trump orchestrated the mob attack on the US Capitol and on democracy itself on 6 January 2021, the day when the voting, which Trump had claimed was fraudulent, would be approved.

The rest of the world just cannot understand why this man got about half of the votes in 2020, after the Americans had seen what kind of person he is, during his four years in the White House.

Trump repeated his gigantic lie about election fraud daily and it was widely disseminated on social media, by himself and others. Even though all investigations and dozens of lawsuits flatly rejected the claim, [two-thirds of the Republicans](#) still believed in this lie by the end of 2021.

This formidable deception would not have been possible without the Internet and social media. The media, perhaps apart from the worst ones like Fox News, would have investigated the claim and would have stopped propagating the fake news. Today, it is the opposite: The worse the lies, the more attention they get. This is ensured by the algorithms used by social media.

It was appropriate that Twitter, Facebook and Instagram closed down Trump's accounts, but it was much too late. Twitter did not permanently ban Trump from its platform before January 2021 when the mob attack on Capitol occurred. Trump refused to intervene even when asked to do so by some of his fellow Republicans in Congress and his own daughter. Several people died, among them one who was murdered by the mob. It was so traumatic that some police officers took their own lives later on.

Another well-known US political figure, particularly in relation to vaccines, is lawyer Robert F. Kennedy Jr. Instagram, owned by Facebook, banned him in February 2021 for "repeatedly sharing debunked claims about the coronavirus or vaccines."⁹

He had about 800,000 followers on Instagram where he posted conspiracy theories about vaccines and falsely linked the measles vaccine to autism.

In 2005, Kennedy published a story in *Salon* about mercury in vaccines, which was later retracted.⁹ His following exploded during the pandemic, as misinformation about coronavirus ran rampant on social media. His non-profit organisation, Children's Health Defense, was the leading source of anti-vaccination ads on Facebook before Facebook stopped accepting them. Kennedy sued Facebook, the fact checkers Politifact, and the Poynter Institute in August 2020, claiming they violated the First Amendment.

I disagree profoundly with Kennedy's views on vaccines, which are dangerous. I did not want to read his bestselling new book about vaccines,¹⁰ but a US filmmaker I collaborate with liked it so much that she bought it and sent it to me. I still don't want to read it. But I opened it, and already on page 19, Kennedy has a section called *Killing hydroxychloroquine*. This drug *deserved* to be killed in relation to COVID-19 because, contrary to what Kennedy claims, it doesn't work (see Chapter 2), and it causes dangerous, even lethal harms.

Kennedy firmly believes that the measles vaccine causes autism even though this hypothesis has been rebutted convincingly in high-quality studies.³ Andrew Wakefield, who launched this

hypothesis, is a star in anti-vaccine circles. The true story about his immense fraud, and how harmful it has been,³ is little known among anti-vaxxers.

The owners of social media have instituted control mechanisms that aim at removing or at least flagging problematic messages. But with billions of messages, e.g. around 200 billion tweets every year, it is impossible to invent controls with a reasonable degree of precision. All such systems must necessarily rely on algorithms, leaving very few messages to be checked by humans.

This is asking for trouble. One of the problems is that social media owners have conflicts of interest, as they get their income from advertising. How can we be sure that messages are not being deleted or flagged as untrustworthy because they threaten powerful economic interests? I would turn it around and say that we can be pretty sure that the owners of social media pay due attention to the financial interests of the advertisers.

They also earn much more money when they allow harmful lies to be spread around, which every tabloid thrives on. Hate speech, brutal lies and sexual harassments also flourish on social media.

Unfortunately, some scientists have adopted the bad habits from social media by labelling other scientists' results or positions as "misinformation" although it is just scientific disagreement,¹¹ which is very common. It seems that evidence is okay as long as it supports the prevailing narrative. If it does not, it's misinformation.

It is worrying that all major social media are owned by Americans. Social media censorship therefore means that the rest of the world slowly but surely becomes americanised. We don't want this subtle US imperialism. As the social media are so powerful, it is of utmost importance that their owners are willing to change promptly the censorship decisions that have been made, without going into defence mode, when it is pointed out to them with convincing arguments that they got the facts wrong. However, they often don't change their wrong decisions, and I shall give many examples of the injustice caused. I shall also explain why the rules social media use to distinguish information from misinformation are absurd and anti-science.

But first, a little information about what the social media are doing, which was described in *BMJ* in May 2021.¹¹ Facebook has removed 16 million pieces of its content and added warnings to around 167 million. YouTube has removed more than 850,000 videos related to "dangerous or misleading COVID-19 medical information."

This huge dragnet has also caught a lot of honest and informative messages resulting in their removal or deprioritisation, which raises the question of whether social media platforms should be tasked with this work at all. It could lead to greater politicisation of science, which is undesirable.

The US CDC cannot be trusted

When *BMJ* questioned Facebook, Twitter, and YouTube (owned by Google), they highlighted their efforts to remove potentially harmful content and to direct users towards authoritative sources of information, including the WHO and the US Centers for Disease Control and Prevention (CDC).¹¹ They generally remove or reduce the circulation of content that disputes information given by the authorities or that spreads false claims that are considered harmful, including incorrect information about the dangers of vaccines.

But what will the social media do when the authorities disagree, which very often happens, particularly in relation to vaccines where the advice from different countries, WHO and CDC often

differ markedly?³ Another issue that makes fact checking close to impossible is that most science cannot be trusted (see Chapter 2).

To call CDC an authoritative source is a bad joke. I have given many examples in my vaccine book that much of the information and advice this agency offers on influenza vaccines are plain wrong.³ The CDC website is a treasure trove of misinformation on influenza, even worse than what I have seen on drug company websites. It announces colossal effects of vaccination without the slightest hint that these estimates come from highly unreliable research such as case-control studies.

Worst of all, CDC claims not only that the influenza vaccines reduce mortality but that they decrease it much more than is biologically possible. Meta-analyses of the randomised trials have not shown an effect on mortality; they have not even shown an effect on hospital admission. CDC's information on flu shots is so misleading that I wrote in my concluding chapter that I don't trust anything this agency writes about the necessity of being vaccinated.

It should also be remembered that people with an influence on vaccine guidelines often have financial conflicts of interest in relation to the vaccine industry. Even when there are no such issues, the authorities sometimes spread seriously misleading information.

CDC recommends that all US health care workers should get vaccinated annually against influenza.¹² Of course they do. They might lose funding if they didn't.

CDC is not clean.³ They receive money from the drug industry, including vaccine manufacturers, even though they say on their website that, "CDC does not accept commercial support."¹³ Following a criticism of CDC and its foundation for accepting a directed donation from Roche for the agency's Take 3 Flu Campaign, which encouraged the public to "take antiviral medicine if your doctor prescribes it," CDC posted an article on its website entitled: *Why CDC recommends influenza antiviral drugs*.¹³

The agency cited multiple observational and industry funded studies, including a meta-analysis described as "independent," even though it was sponsored by Roche and though all four authors had financial ties to Roche, Genentech, or Gilead.

Despite its extensive list of studies, the CDC article did not cite the Cochrane review, which had also been published in *BMJ*. According to the Cochrane review, it is not worthwhile to take oseltamivir (Tamiflu). In adults, the drug reduced the time to alleviation of symptoms by 17 hours, and this meagre result could even be nothing but bias, as it is very flexible to decide when an infection stops, and as the side effects of the drug make it difficult to maintain the blinding.¹⁴

A randomised trial of employees of the National Institutes of Health demonstrated that bias can explain a difference of one day in disease duration for respiratory infections. The employees took 3 grams of vitamin C or placebo daily for nine months and, if they had a cold, they were given an additional 3 grams or placebo daily.¹⁵ The duration of the cold was 7.1 days on placebo and 5.9 days on 6 grams of vitamin C. But after exclusion of those patients who had guessed they were on the drug because of the sour taste of the vitamin, the durations were 6.3 versus 6.5 days.

The truth is that antivirals are pretty useless against influenza. As noted in Chapter 2, another such drug, zanamivir (Relenza), was no better than placebo when patients were taking other drugs such as paracetamol (acetaminophen).¹⁶

During the influenza pandemic in 2009, our governments stockpiled Tamiflu for billions of Euros. They should sue Roche because the company committed fraud.³

The CDC director lied to the public when he said that antiviral drugs could "save your life,"¹³ which looked like classic stealth marketing where the industry places messages in the mouths of

trusted third parties which they, in this case, even funded. There is no reliable evidence that these drugs save lives, and it is highly unlikely that they do or even just reduce hospital admissions.³

CDC is a political body, not a scientific one, and it carefully aligns its studies and messages with what is expected from the White House.¹⁷ They push scientific results that are seriously flawed without caring the least about it.

A CDC study from January 2022, widely covered in news outlets, claimed that kids diagnosed with COVID-19 are 2.5 times more likely to be diagnosed with diabetes. They said “These findings underscore the importance of COVID-19 prevention among all age groups.” They don’t. The researchers had not adjusted for body mass index even though a high BMI is a risk factor for both COVID-19 and diabetes.¹⁷

Against the advice of an FDA advisory committee and WHO, CDC’s Rochelle Walensky recommended vaccine boosters for children aged 12 to 15. She told ABC News that the CDC had seen no cases of myocarditis among vaccinated kids between 5 and 11, but on the same day, data from her own agency showed CDC was aware of at least eight cases of myocarditis within that age group.

FDA is also considered an authoritative source of information but for flu shots, they are not any better than CDC. FDA wrote that, “A lot of the illness and death caused by the influenza virus can be prevented by a yearly influenza vaccine.”³ This is a huge lie.

I have mixed feelings about WHO. There are far too many issues with financial conflicts of interest, and there have been too many unfortunate announcements and recommendations, e.g., the declaration of a flu pandemic in 2009 that proved to be milder than other influenza epidemics; the associated stockpiling of Tamiflu; and the new criteria for vaccine harms, which have been heavily criticised because they make it virtually impossible to ever conclude that a vaccine causes a suspected harm.^{18,19}

The problems with fact checkers

Health Feedback is one of Facebook’s fact checkers. Its website says it won’t select scientists to verify claims if they’ve undermined their credibility by “propagating misinformation, whether intentionally or not.”¹¹ This could create a Kafkaesque situation where scientists are precluded from offering their opinion as part of the fact checking process if they expressed an opinion that fact checkers didn’t like, and which Facebook labelled misinformation.

Health Feedback sometimes verifies claims by looking at what scientists have said on Twitter or in the media. Before COVID-19, half of the reviewers were on Twitter and their average number of followers was 442.²⁰ During COVID-19, 70% were on Twitter and had 42,000 followers, on average, which is sky high. Several of these people have stated their thoughts on COVID-19 policy and support for continued restrictions, and they may even have expressed views about the article they are being asked to review “independently.” This gives people who already terrorise others on social media a golden opportunity of scaling up their terrorism by getting Facebook to label anything they disagree with “misleading.”

Facebook is a sea of garbage where you can find whatever objectionable idea you wish.²⁰ And yet, there is only a tiny subset of stories that the organisation has sought to label "misleading" and there are patently wrong news stories for which Facebook takes no action. There is no explanation about which of the billions of articles and Facebook posts the fact checkers are asked to review; how disputes among reviewers are handled; how reviewers are chosen; how much they are paid;

and how appeals are handled. Facebook should not call this fact checking. It is just checking what their celebrity friends or trolls on Twitter have to say.

To remove posts or videos is generally a bad idea, as there is then no opportunity to discuss what was wrong.¹¹ People with doubts about vaccines should not be silenced, as it has enormous consequences for science and society if we cannot have open debates, which will fuel anti-vaccine sentiments.

Censorship is influenced by social norms. I wonder if social media have ever called religious utterings false or misleading even though religions are full of this. Many people believe in one or more gods, but it has never been documented, and is extremely unlikely, that any gods exist.²¹ All social media have American owners, and it is a social norm in the United States to be religious. When most citizens in a country share a god delusion,²¹ it is not likely to be labelled “false” by people who share the same delusion.

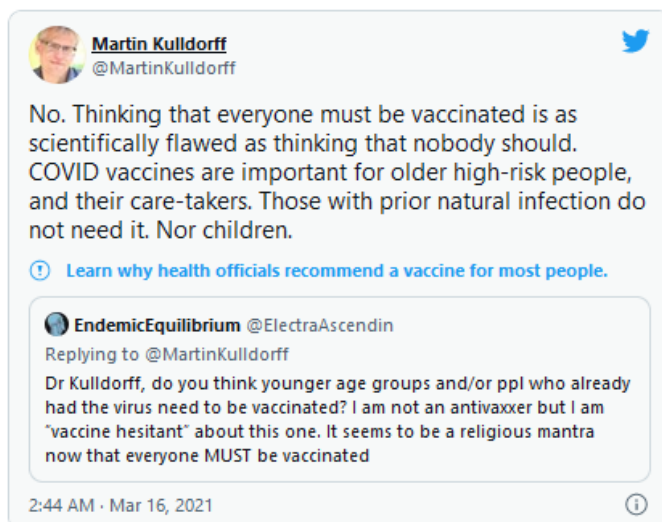
But what about religious hate speeches, which are common in America? Any actions taken? I cannot remember having seen any.

The denial of facts among religious people can be strong, as illustrated by a street preacher who was a coronavirus denier and shared a meme calling the coronavirus pandemic an overblown hoax. He followed in the footsteps of millions of other conservatives who made the mistake of trusting Trump and their favourite media outlets.²² His god didn’t save him. He went to New Orleans in a misguided attempt to save souls, caught the virus and died.

Tom Slater, deputy editor of *Spiked*, noted that two of the most concerning issues the pandemic has caused is the rise of the nanny state - Big Brother is watching you; does the thinking for you; and will tell you what you can and cannot do - and the rise of Big Tech censorship where a handful of Silicon Valley oligarchs set the terms of debate and even rule on what is true and false.²³

In April 2021, representatives from Twitter and Facebook were brought before the UK parliament to discuss their firms’ censorship of discussion around COVID.²³ Two particularly pertinent cases were raised: A statement in a tweet by Martin Kulldorff, Professor at Harvard Medical School, and a statement on Facebook by Carl Heneghan.

Kulldorff had suggested that not everyone needed to be vaccinated against COVID-19, e.g. not children or those who had previously been infected:



His tweet was measured, informative and in accordance with good science. But even though there was nothing wrong with it, it was labelled “misleading” by Twitter. Moreover, tweeters were rendered unable to interact with it and were instructed that “health officials recommend a vaccine for most people,” which was absurd to say because Kulldorff did not address most people but rather few people.

It is also absurd when, during TV documentaries that highlight the serious harms of psychiatric drugs including that they may cause people to commit suicide, a voice-over says that these drugs have helped most people. This is totally false.²⁴ And it conveys the message that the viewers need not pay attention to what they just heard because the benefits are more important.

Face masks, a questionable intervention

In July 2020, Carl Heneghan and Tom Jefferson published an article on the efficacy of face masks.²⁵ They discussed the 12 randomised trials (13,259 patients) that had been carried out on preventing the spread of influenza-like illness or influenza. They did not find a significant effect and concluded that, “Despite two decades of pandemic preparedness, there is considerable uncertainty as to the value of wearing masks.”

Four months later, they published an article about a new Danish study that also did not find a significant effect of face masks.²⁶ It was a randomised trial with over 6,000 participants. Of those wearing masks, 1.8% became infected with COVID-19 compared to 2.1% of the controls. Heneghan and Jefferson concluded that, “It seems that any effect masks have on preventing the spread of the disease in the community is small.”

Moreover, a small effect could vanish in practice if people wearing masks feel protected and therefore keep a smaller distance to other people than if they had not worn masks.

My view during the whole pandemic has been that it should be voluntary to wear face masks. People who are concerned about coronavirus or think they might have become infected can wear them if they want to. They can also wear them when they visit old people and others with a considerable risk of dying if infected.

Some people called Heneghan “anti-science” for daring to convey the results of the trials.²⁷ He and Jefferson noted that there was a troubling lack of robust evidence on face masks for COVID-19 and that, despite being a subject of global importance, there had been a total lack of interest from governments in pursuing evidence-based medicine in this area.

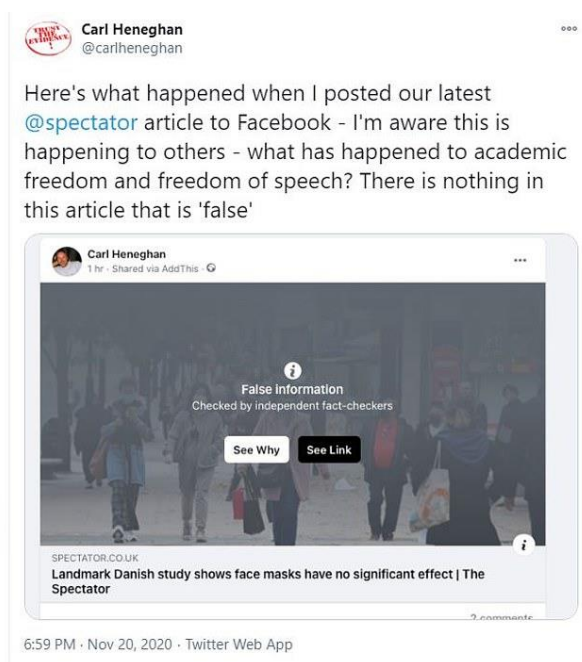
Combining the studies of face mask use for preventing influenza and COVID-19, I calculated a risk ratio of 0.96 (95% confidence interval 0.81 to 1.13, $P = 0.63$).³ In September 2021, a large trial in Bangladesh showed a small effect of face masks.²⁸ In the intervention villages, 13,307 people (7.6%) reported COVID-like illnesses compared with 13,853 (8.6%) in the control villages (as reported on a website; in the publication, these numbers were 12,784 versus 13,287, with the same percentages).²⁹ I would not recommend combining these data with the other trial data because physical distancing was practiced by 29.2% in intervention villages and only by 24.1% in the control villages. The apparent small effect of masks could therefore be due to physical distancing.

Heneghan and Jefferson noted that the only studies that had shown face masks to be effective at stopping airborne diseases had been observational and they are prone to bias.

Heneghan posted a link to the article about the Danish trial on Facebook, and the editor added a comment to the article: “Due to the large number of people passing comment on the article on social media without reading it, we have updated the headline to emphasise that the study is

about face mask wearers.” This is typical of social media. Many people comment on something they have never read.

Facebook immediately labelled the article “false information:”



Only two days after Heneghan and Jefferson had published it, a newspaper reported on Facebook’s inappropriate censorship.³⁰ Facebook had put a warning on the link taking viewers to the article, referring to independent fact checkers who found it was false information.

Heneghan wrote on Twitter that he was aware of this happening to others, but what had happened to academic freedom and freedom of speech? He added that there was nothing in the article that was “false.”

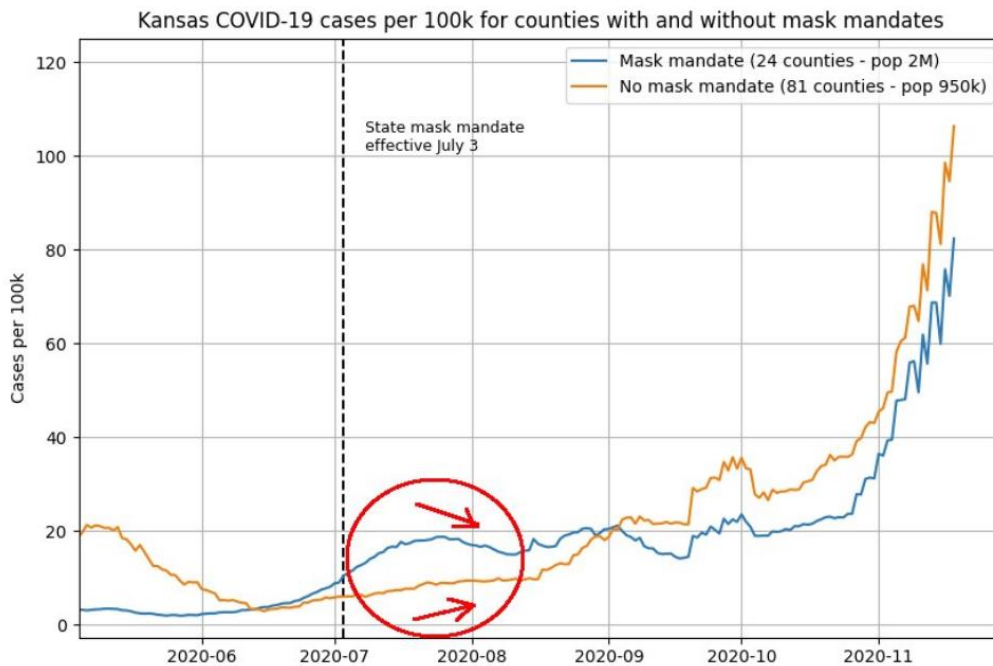
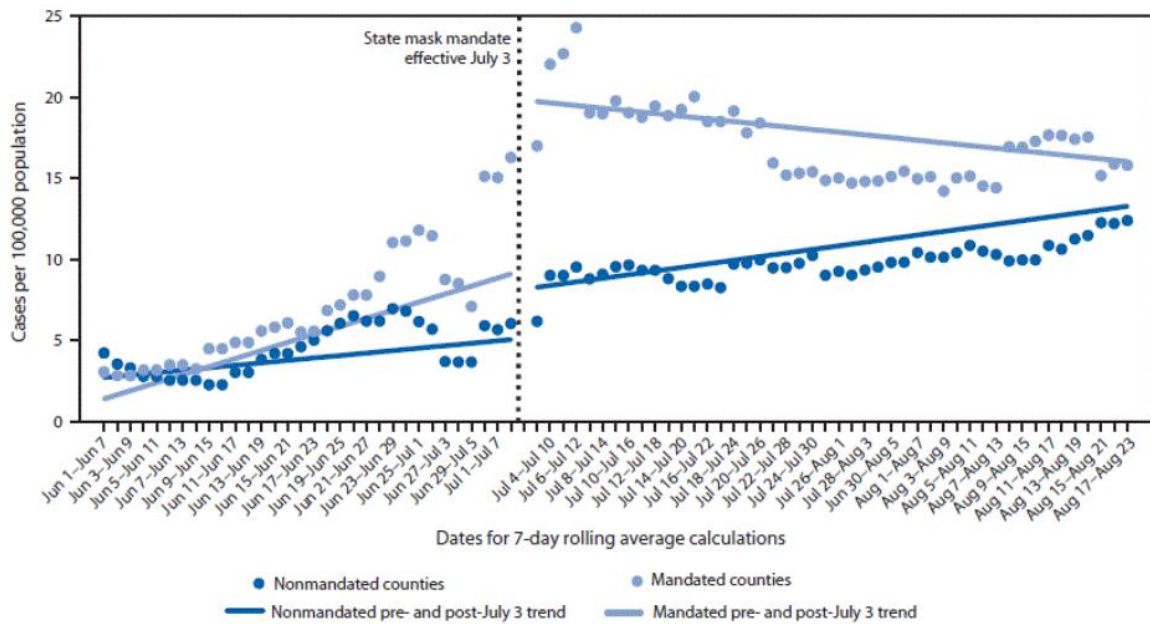
Facebook’s fact checkers were Health Feedback, and their review was titled: *Danish face mask study did not find that masks were ineffective at reducing spread of COVID-19; study was under-powered and results were inconclusive*. This review did not mention the article at all.

Jefferson said that: “It is censorship and it is one of the reasons we face a global meltdown of free thinking and science.”³⁰

A Facebook spokesman said: “Publishers are of course able to appeal the ratings and judgments of the fact checkers.” Ah, well. This doesn’t help when social media don’t care about protests.

In November 2020, CDC published a horribly misleading study that made many people, even well-educated scientists, believe face masks worked. The graph they presented looked highly convincing. Counties in Kansas, which implemented mask mandates on 3 July 2017, saw COVID-19 case rates starting to fall (light blue), while counties that didn’t saw rates continuing to climb (dark blue, see first graph on next page).

Youyang Gu immediately [noted](#) that locales with a more rapid rise would be more likely to implement a mandate, and thus one would expect cases to fall more in such locations independent of masking, as people’s behaviour naturally changes when the risk goes up.¹⁷ When he looked at a longer time period, it seemed that face masks didn’t work (the red arrows mark the time period studied by the CDC, see second graph on next page):



Another claim by the CDC was that schools in Arizona with no mask requirement were 3.5 times more likely to experience a COVID outbreak than schools that mandated masking. This study was also totally flawed.¹⁷ The analysis did not adjust for vaccination coverage in teachers or students; mask mandates were confounded by other patterns of behaviour; and the mask mandate schools were open for fewer hours per day. Moreover, the number of schools included - did not add up and when a journalist asked the paper's authors to provide him with a list of the schools, they didn't. When researchers refuse to cooperate, we should always suspect fraud or other serious problems.

Slater's view was that two social media giants effectively intervened in a scientific debate.²³ Kull-dorff, Heneghan and Jefferson are dissenting scientists who hold positions at esteemed institutions. So, on what basis could Twitter and Facebook simply declare their arguments void? The answers provided to the British parliamentarians were chilling. Someone put up a link to a video in a [tweet](#) with the appropriate handle @BigBrotherWatch:

Parliamentarian: "You marked a tweet by a professor of medicine at Harvard Medical School as misleading. And you lifted the users' ability to share that tweet ... Who in your organisation would have been cited ... and been qualified ... that a professor of medicine was wrong?"

Katy Minshall, head of UK public policy at Twitter: "Well, it is not Twitter saying he is wrong or misleading, it is the CDC and health authorities around the world, and with that tweet you are referring to, my understanding is that it said, if you have had COVID-19 before, you have natural immunity and you don't need the vaccine. That's different to what the CDC and other health authorities around the world have said, which is that vaccines are effective in most people. What we want to do is that, when people see that tweet, to really quickly direct them to authoritative sources of information like the CDC or the NHS [the UK's National Health Service] or the Department of Health, so they can see what the official guidance is and make up their own mind."

Parliamentarian: "On these issues, some of these highly controversial, really, current issues around public health, you think there is a danger in having debate amongst acknowledged experts, and that it is far better that everybody just sees the official public health position, even though that of course in time may change."

Minshall: "I think, that's a good question, and that tweet highlights the complexity of trying to moderate the COVID-19 conversation because you are right, on the one hand, the information environment and what's accurate with regard to the pandemic is evolving with the government providing different and sometimes competing advice, and you thought that ..." (video stops when the parliamentarian interrupts Minshall).

Minshall essentially said that anything that contradicts official guidance from public health authorities is deemed misleading by Twitter. This approach is both wrong and dangerous.

Twitter makes the mistake that Schopenhauer calls "Appeal to authority rather than reason."³¹ Twitter does not rely on evidence-based medicine but on eminence-based medicine, which is the anti-thesis of science.

History is full of examples that the authorities got the facts wrong or relied on substandard research when more reliable research told them a story they did not want to hear, e.g. out of fear for political reprisal. See, for example my description of the CDC just above. It has happened more than once that directors of a national board of health or a drug agency got fired when they stuck to the truth. In Twitter's world, drug agencies are also authorities, but they are totally dysfunctional and often get the facts wrong.^{24,32,33}

Slater noted that Minshall's comment about inviting people to "make up their own minds" is misleading, as Twitter labels statements as incorrect and bans users from interacting with them.²³ Later at the meeting, Facebook's representative told the Lords that their fact checkers, most of whom had no medical or scientific qualifications, essentially had the final say on what is or isn't deemed false on the world's biggest social network.

As recently as in 2018, Mark Zuckerberg insisted that Facebook would not censor conspiracy theories or Holocaust denial, because it was not Facebook's business to rule on what is true.²³ But now Facebook, Twitter and other social media censor not only COVID-denying loons but also

eminent scientists who dissent from official orthodoxy. There was an elitist assumption at the beginning of the pandemic that people are idiots and shouldn't be left to navigate the debate for themselves, which led to pressure being piled on social media to filter, fact check and censor.

The social media own the public square, but at a time when citizens are being asked to put up with unprecedented restrictions on their liberties, freedom of speech is more important than ever. It forces those in power to present their evidence or to admit they have none.

To censor people who have other ideas than those propagated by the regime is the modern version of the [book burnings](#) in Nazi Germany and Austria in the 1930s. This was a campaign conducted by the German Student Union. The books targeted for burning were those viewed as being subversive or as representing ideologies opposed to Nazism. This included books written by Jewish, communist, socialist, anarchist, liberal, pacifist, and sexologist authors, among others. The books by Karl Marx and Albert Einstein disappeared. Books were also burned *en masse* in a Nazi campaign of cultural genocide in occupied territories.

Big Tech censorship has turned a few owners of private companies into non-elected rulers. They are both the lawmakers, the moral police, and the judges in relation to our freedom of speech. Thus, the division of power into three independent bodies, which we have adopted in democratic countries to prevent abuse of power, is completely gone. In essence, this is what characterises a dictatorship.

In this Orwellian world, minority opinions are more or less automatically labelled disinformation by robotic algorithms. Big Robot is watching you.

Lockdown, a questionable intervention

The reborn intolerance toward alternative ideas has been particularly acrimonious in the debate about lockdowns.

There are two main ways to respond to viral pandemics, described in two publications that both came out in October 2020.

The Great Barrington Declaration is only 514 words, with no references.³⁴ It emphasizes the devastating effects of lockdowns on short- and long-term public health, with the underprivileged disproportionately harmed. Arguing that for children, COVID-19 is less dangerous than influenza, it suggests that those at minimal risk of death should live their lives normally to build up immunity to the virus through natural infection and to establish herd immunity in the society.

It recommends focused protection of the vulnerable. Nursing homes should use staff with acquired immunity and perform frequent PCR testing for COVID-19 of other staff and all visitors. Retired people living at home should have groceries and other essentials delivered to their home and should meet family members outside when possible.

Staying home when sick should be practiced by everyone. Schools, universities, sports facilities, restaurants, cultural activities, and other businesses should be open. Young low-risk adults should work normally, rather than from home.

I have not found anything in the Declaration to be factually wrong.

The other publication is the John Snow Memorandum, which came out two weeks later.³⁵ Its 945 words are seriously manipulative. There are factual inaccuracies, and several of its 8 references are to highly unreliable science. The authors claim that SARS-CoV-2 has high infectivity, and that the infection fatality rate of COVID-19 is several times higher than that of seasonal influenza.

This is not correct (see Chapter 5), and the two references the authors use are to studies using modelling, which are highly bias-prone.

They also claim that transmission of the virus can be mitigated through the use of face masks, with no reference, even though this was, and still is, a highly doubtful claim.

“The proportion of vulnerable people constitute as much as 30% of the population in some regions.” This was cherry-picking from yet another modelling study whose authors defined increased risk of severe disease as one of the conditions listed in some guidelines. With such a broad definition, it is easy to scare people. However, they did not tell their readers that the modelling study also estimated that only 4% of the global population would require hospital admission if infected,³⁶ which is similar to influenza.

The two declarations did not elicit enlightened debates, but strongly emotional exchanges of views on social media devoid of facts. The vitriolic attacks were almost exclusively directed against those supporting the Great Barrington Declaration, and many people, including its authors, experienced censorship from Facebook, YouTube and Twitter.

The Great Barrington Declaration has three authors; the John Snow Memorandum has 31. The former was published on a website, which is kept alive, the latter in *Lancet*, which gives its many authors prestige.

In 2021, over 900,000 people had signed the Great Barrington Declaration, including me, as I have always found that the drastic lockdowns we have had, with all its devastating consequences for our societies, were neither scientifically nor ethically justified.³ I did Google searches to get an idea how much attention the two declarations have had. For the Great Barrington Declaration, there were 147,000 results; for the John Snow Memorandum only 5,500.

The Great Barrington Declaration has not had much political impact. It is much easier for politicians to be restrictive than keeping the societies open. Once a country has taken drastic measures, such as lockdowns and border closings, other countries are accused of being irresponsible if they don't do the same - even though their effect is unproven. Politicians will not get in trouble for measures that are too draconian, only if it can be argued that they did too little.³

In March 2021, Martin Kulldorff and Jay Bhattacharya, two of the three authors of the Great Barrington Declaration, drew attention to some of the consequences of the current climate of intolerance.²⁷ In many cases, eminent scientific voices have been effectively silenced, often with gutter tactics. People who oppose lockdowns have been accused of having blood on their hands and their university positions threatened.

Many have chosen to stay quiet rather than face the mob, for example Jonas Ludvigsson, after he had published a ground-breaking Swedish study making it clear that it is safe to keep schools open during the pandemic, for children and teachers alike.³⁷ This was taboo.

Kulldorff and Bhattacharya argued that with so many COVID-19 deaths,²⁷ most of which have been in old people,³ it should be obvious that lockdown strategies have failed to protect the old.

The attacks on the Great Barrington Declaration appear to have been orchestrated from the top. On 8 October 2020, Francis Collins, the director of the US National Institutes of Health (NIH), sent a denigrating [email](#) to Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases and advisor for several US Presidents, where he wrote:

“This proposal from the three fringe epidemiologists who met with the Secretary seems to be getting a lot of attention – and even a co-signature from Nobel Prize winner Mike Leavitt at Stanford. There needs to be a quick and devastating published take down of its premises. I don't see anything like that online yet – is it underway?”

Stefan Baral, an epidemiologist from Johns Hopkins, reported that a letter he wrote about the potential harms of population-wide lockdowns in April 2020 was rejected by more than 10 scientific journals and 6 newspapers, sometimes with the pretence that there was nothing useful in it.³⁸ It was the first time in his career that he could not get a piece placed anywhere.

In September 2021, *BMJ* allowed Gavin Yamey and David Gorski to publish an attack on the Great Barrington Declaration called, *Covid-19 and the new merchants of doubt*.³⁹ A commentator hit the nail when he wrote:

“This is a shoddy smear that is not for publication. The authors have not shown where their targets are scientifically incorrect, they just attack them for receiving funding from sources they dislike or having their videos and comments removed by social media corporations as if that was some indication of guilt.”

Kulldorff has explained what is wrong with the article.⁴⁰ They claimed the Declaration provides support to the anti-vaccine movement and that its authors are peddling a “well-funded sophisticated science denialist campaign based on ideological and corporate interests.” But nobody paid the authors any money for their work or for advocating focused protection, and they would not have undertaken it for a professional gain, as it is far easier to stay silent than put your head above the parapet.

Gorski is behaving like a terrorist on social media, and he is perhaps a troll.³ Without having any idea what I had decided to talk about, or what my motives and background were, he tweeted about me in 2019 that I had “gone full on antivax.”³ My talk was about why I am against mandatory vaccination for an organisation called *Physicians for Informed Consent*. Who could be against informed consent? But when I found out who the other speakers were, I cancelled my talk.

In January 2022, Cochrane published a so-called rapid review of the safety of reopening schools or keeping them open.⁴¹ The 38 included studies comprised 33 modelling studies, three observational studies, one quasi-experimental and one experimental study with modelling components. Clearly, nothing reliable can come out of this, which the authors admitted: “There were very little data on the actual implementation of interventions.”

Using modelling, you can get any result you want, depending on the assumptions you put into the model. But the authors’ conclusion was plain nonsense: “Our review suggests that a broad range of measures implemented in the school setting can have positive impacts on the transmission of SARS-CoV-2, and on healthcare utilisation outcomes related to COVID-19.”

They should have said that since there were no randomised trials, we don’t know if school closures do more good than harm. What they did is what Tom Jefferson has called “garbage in and garbage out ... with a nice little Cochrane logo on it.”⁴²

About the failing scientific integrity of Cochrane reviews, the funder of the UK Cochrane groups noted in April 2021 that, “This is a point raised by people in the Collaboration to ensure that garbage does not go into the reviews; otherwise, your reviews will be garbage.”⁴³

Even though there was nothing to conclude from it, the authors filled 174 pages – about the length of the book you are currently reading - about the garbage they included in their review, which was funded by the Ministry of Education and Research in Germany.

A 2020 rapid systematic review in a medical journal found that school closures did not contribute to the control of the SARS epidemic in China, Hong Kong, and Singapore.⁴⁴

Lockdowns could even make matters worse. If children are sent home to be looked after by their grandparents because their parents are at work, it could bode disaster for the grandparents. Before the COVID-19 vaccines became available, the median age of those who died was 83.⁴⁵

The whole world missed a fantastic opportunity to find out what the truth was by randomising some schools to be closed while keeping others open, but such trials were never done. Atle Fretheim, research director at the Norwegian Institute of Public Health, tried to do a trial but failed.⁴⁶ In March 2020, Norwegian government officials were unwilling to keep schools open. Two months later, as the virus waned, they refused to keep schools closed. Norwegian TV shot the messenger: “Crazy researcher wants to experiment with children.” What was crazy was not to do the study. Crazyness was also the norm in USA. In many large American cities, bars were open while schools were closed.

When people argue for or against lockdowns and how long they should last and for whom, they are on uncertain ground. Sweden tried to go on with life as usual, without major lockdowns. Furthermore, Sweden has [not mandated the use of face masks](#) and very few people have used them.

The criticism of Sweden from all corners of the world has been harsh, but was it justified? It is difficult to compare countries. The best study I could find compared countries with major and minor lockdowns based on data from the spring of 2020, and it did not find a difference in the spread of the infection between the two approaches.⁴⁷ The study included Sweden and South Korea as two countries with minor lockdowns, and England, France, Germany, Iran, Italy, Netherlands, Spain, and the United States as countries with major lockdowns. Since USA was divided into states and Sweden into counties, there were on average 52 subnational units in the regression analyses.⁴⁸

If we look at COVID-19 mortality, there are also problems because some people die with and not of COVID-19, and countries differ in how they deal with this issue and in how reliable their population statistics are.

But we can compare Sweden with the other Nordic countries, as these countries are similar in many ways, and also look at the rest of Europe (excluding Russia and associated republics).

Sweden has not done that badly. There are 42 European countries on the [official list](#) and 23 of them have had more COVID-19 deaths per million inhabitants than Sweden. I show here not the European but the world ranking (there are 226 countries or regions on the list):

World ranking	Nordic Country	Deaths/m Feb 2022	Deaths/m Dec 2020	Per cent increase
49	Sweden	1614	789	205
93	Denmark	693	176	394
112	Finland	391	88	444
118	Norway	276	74	373
133	Iceland	157	82	191

The data from December 2020 are from my vaccine book.³ The death risk was much higher in Sweden in the beginning, but the other countries have caught up, to a large extent. The percentage increase in number of deaths over the last 14 months is much smaller in Sweden than in Denmark, Finland and Norway.

For comparison, these rates as per February 2022 were 2822 in USA, 2500 in Italy, 2330 in the UK, 2056 in France, 2052 in Spain, 1431 in Germany, and 926 in Canada.

Since Taiwan did exceptionally well at the beginning of the pandemic, using aggressive contact tracing,³ I tried to find it in the list, but it wasn't there, not even when I searched on its capital, Taipei. Hong Kong was listed but not Taiwan. Even the Isle of Man in the English channel with only 86,000 inhabitants was listed, but not Taiwan with its 24 million inhabitants.

As explained in Chapter 1, China has a long arm, which is suffocating and disgusting. I found the [data](#) I needed on the Taiwan CDC website. The updated number of deaths was only 36 per million, which is very low.

When we try to find out how well the countries have performed during the pandemic, COVID-19 mortality is the wrong outcome.³ Drastic lockdowns will be expected to increase mortality from other causes. For example, many emergency visits disappeared in USA and a huge number of patients with blood clots in the heart or brain did not turn up at hospitals, likely because they were afraid of acquiring COVID-19.⁴⁹ Since the chance of survival for both conditions is closely related to how fast you get treated with thrombolytics, the death toll is considerable.

It has been estimated, albeit in a modelling study, that lockdowns, lack of staff, and fear of getting infected increased maternal and child mortality in low-income and middle-income countries so much that hundreds of thousands of lives have been lost.⁵⁰

Here, we are not talking about gaining a few years of life at the upper end of the life spectrum, but about loss of lives right from life's beginning, childbirth, and the deaths of tens of thousands of young mothers.

The lockdowns also kill through poverty. As already noted, in October 2020, the World Bank estimated that the corona pandemic had caused an increase of about 100 million people living in extreme poverty.⁵¹ After India introduced a lockdown, migrant labourers feared that hunger would kill them before the coronavirus did.⁵²

It is therefore much more reliable to count the total number of deaths, from all causes, and compare this with an earlier time period in the same country. If it is higher, it is called excess mortality because of COVID-19.

There are [data](#) on this, for the whole world. The baseline consists of the average number of deaths that occurred during the period 2016-2019, which is compared with all deaths that have occurred since January 2020. These are the results for the same 13 countries as above and for South Korea (excess mortality per 100,000):

USA	323	Finland	88
Italy	299	Denmark	62
Spain	259	Canada	53
Britain	222	Norway	36
France	150	South Korea	13
Germany	146	Iceland	-8
Sweden	128	Taiwan	-15

Two factors are particularly important for the mortality in Sweden. First, Sweden did not protect the elderly in nursing homes very well in the beginning, which was a national scandal.

Second, Sweden has had a colossal immigration of Muslims. In Denmark, the infection rate among non-Western immigrants, which are mainly Muslims, has been [over double as high](#) as

among ethnic Danes. This is due to many factors such as not maintaining physical distance in mosques, living closely together in multigenerational households, and having service jobs with lots of human contact.

Moreover, immigrant cultures tend to value social gatherings, connections, and social interactions more than a Western culture. Finally, religious fundamentalism plays a role. In some subcultures, the Quran is used to guide people about everything in life, even in legal issues - Sharia law - and the Quran does not say you should keep a distance of 2 metres from other people when there is a pandemic.

Sweden and South Korea have taught us that the highly drastic and destructive lockdowns and mandating the whole population to look like bank robbers have not been necessary. We should do much better next time and above all, do randomised trials comparing minor restrictions with major ones. It is a huge public health failure that the much needed trials were never done, anywhere.

YouTube censors important vaccine information

In March 2020, when COVID-19 spread across the United States, many public health experts and government officials were urging people to stay home to avoid infection.⁴⁶ John Ioannidis said that the coronavirus might be less dangerous than assumed and that overzealous lockdowns to prevent its spread could pose a greater risk than the virus.

The video with his interview would be viewed more than a half-million times before YouTube took it down saying it violated its policies on COVID-19 misinformation.

Ioannidis' doubts became part of the rancorous debate about how the country should respond to the pandemic. Trump was at war with his own medical experts, and Ioannidis' appearances on Fox News, CNN and other news networks were seized by people seeking to discredit public health officials and reopen the economy.

Ioannidis did what he always does. He followed the data. He argued that governments should focus on protecting the sick and elderly from infection while keeping businesses and schools open for the less vulnerable instead of destroying the world.

It later turned out that it was inaction, not overreaction, that helped create the worst public health crisis in the US in a century, but this cannot justify YouTube's censorship. It is easy to be wise in hindsight.

I also disagree with Ioannidis' co-director, Steven Goodman, who argued that the rules for scientific debates are different when conducted in public. In an open society, the rules should be the same, and many lay people are able to follow the arguments and should not be denied the possibility of making up their own minds. Statements can be exploited for political purposes but the alternative, silencing doubts or withholding them from certain audiences, is more dangerous, and we would not know where to stop.

Some people are very mean. A meme accusing Ioannidis of eating his own faeces was sent to Stanford email accounts, and someone started a rumour online that his 86-year-old mother had died of COVID-19. When friends began calling her apartment in Athens to ask about the funeral, she suffered a life-threatening hypertensive episode.

I was also censored by YouTube. When I opened the Institute for Scientific Freedom on 9 March 2019, a filmmaker filmed the lectures for free, as he found our initiative important, and [uploaded them](#) on YouTube. In November 2021, the filmmaker received an email from YouTube:

Hi NORDICDOX,

We wanted to let you know our team reviewed your content, and we think it violates our **medical misinformation policy**. We know you may not have realized this was a violation of our policies, so we're not applying a strike to your channel. However, we have removed the following content from YouTube:

Video: [Most of you think we know what our vaccines are doing - we don't, Peter Aaby](#)

We realize this may be disappointing news, but it's our job to make sure that YouTube is a safe place for all. If you think we've made a mistake, you can appeal this decision - you'll find more details below.

What our policy says

YouTube doesn't allow content that poses a serious risk of egregious harm by spreading medical misinformation about currently administered vaccines that are approved and confirmed to be safe and effective by local health authorities and by the World Health Organization (WHO). Learn more [here](#).

[LEARN MORE](#)

What you can do next

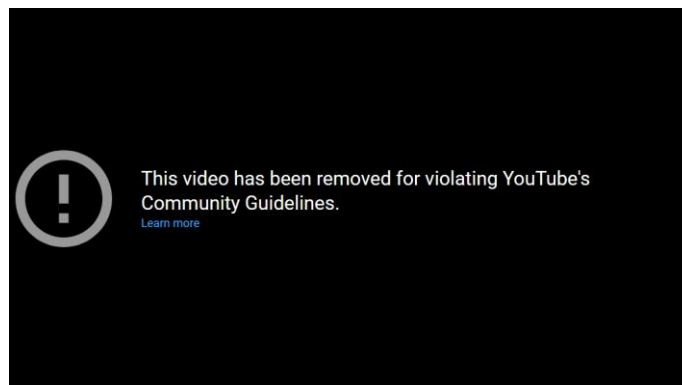
We want to help you keep your content on YouTube, so please:

- Review YouTube's [Community Guidelines](#).
- Double check how your content may have violated our guidelines.
- Appeal here if you think we've made a mistake.

If you have any further questions, please feel free to reach out to us here.

Sincerely,
The YouTube Team

There were several links in the YouTube message but strangely, there was none where it was most needed: "Appeal here." When I clicked on the link to Aaby's lecture about vaccines, this was what I saw:



The filmmaker, Morten Hjertholm from Storyboard Productions, wrote to me that the censorship exerted by social media had worsened during the COVID-19 pandemic and that some people had had their whole YouTube channel deleted without any prewarning and without a plausible reason.

We complained to YouTube even though Hjertholm said that they would likely not change anything, and perhaps not even reply. I got the video from him and wrote a summary of the lecture, which we included in our complaint of six pages.

Our complaint was rejected. We were only allowed to use 800 characters, about 140 words, which is close to nothing if you want to debate a scientific issue. So Hjertholm sent this instead:

“It is inappropriate that YouTube has removed this video. There is no misinformation whatsoever. Professor Peter Aaby is a top vaccine researcher. He talks about how live vaccines seem to decrease mortality much more than can be explained by their specific effects against a particular microorganism whereas non-live vaccines appear to increase total mortality. Aaby’s research has led to changes at the WHO, e.g. WHO recommended against a high-titre measles vaccine. He disagrees with WHO about the DTP vaccine [vaccine against diphtheria, tetanus and pertussis], but Prof Peter Gøtzsche has reviewed the studies. Aaby is right, WHO is wrong. Historically, challenging authorities has been immensely beneficial for mankind and for making scientific progress. This is at the heart of science. I can send a full analysis of Aaby’s lecture.”

The next day, YouTube informed Hjertholm that they had reviewed the content carefully and had confirmed that it violated their medical misinformation policy: “We know this is probably disappointing news, but it's our job to make sure that YouTube is a safe place for all.”

This was bizarre. Censoring scientifically valid and important information about vaccines does not make the world a “safe place for all;” it makes the world a less safe place. Not to mention that we ought to ensure that vaccines are safe for all, which is currently not the case where it is not even a requirement for approval of a vaccine that it has been tested against a placebo vaccine or nothing.

I have done research on drugs for decades and was shocked when I learned in 2016 through my work with vaccines against human papilloma virus (HPV) that the regulatory requirements are much less for vaccines than for pills. Almost all the HPV vaccine trials have a control group receiving a hepatitis vaccine or a strongly immunogenic adjuvant, which makes it impossible to find out what the harms of the HPV vaccines are.³

The WHO agrees. It has stated that using adjuvant or another vaccine as comparator instead of placebo makes it difficult to assess the harms of a vaccine, and that placebo can be used in trials of vaccines against diseases for which there are no existing vaccines.

EMA has stated that the adjuvants are safe, but this is not correct. They cause many harms, which I have documented in my vaccine book.³

The manufacturers and regulators have concluded that the HPV vaccines are safe because they have similar harms profiles as their adjuvants. This is like saying that cigarettes and cigars must be safe because they have similar harms profiles.³ But it is more harmful to smoke 20 than to smoke 10 cigarettes a day, and it is also more harmful to inject more antigens and more adjuvant in people who get an HPV vaccine. A large trial that compared Gardasil 9 (which contains nine antigens and [500 µg of aluminium](#) in the adjuvant), with Gardasil (four antigens and [225 µg of aluminium](#) in the adjuvant) found far more serious local reactions with the 9-valent vaccine (e.g. 272 vs 109 cases of swelling) and also more serious systemic adverse events, 3.3% vs. 2.6%, p = 0.01).³

Someone who does not understand what scientific freedom is or wants to suppress it must have seen the 2.5-year-old video and complained to YouTube, which reacted by enforcing scientific censorship in a brain-dead fashion.

I [uploaded the video](#) on my institute's homepage, explained what had happened, and noted that Aaby's lecture is highly interesting and very important for everyone who wants to understand what vaccines do.

I also published a full article summarising Aaby's lecture and explaining why he disagrees with WHO's view about the diphtheria, tetanus, and pertussis (DTP) vaccine.⁵³ This is undoubtedly the reason why YouTube took the video down, as they do not allow people to disagree with the WHO.

The premises for YouTube's actions are totally wrong. It is not medical misinformation when an honest, diligent, and clever researcher arrives at another result than what is the officially accepted "truth" and talks about it. We call it good science.

One cannot conclude either that it poses a "serious risk of egregious harm." Countless times, the authorities' reassurance that a drug is safe and effective was later proved wrong. Many drugs, including some vaccines, have been withdrawn from the market after independent researchers who did not take pharma money had shown they killed people. Even when the evidence was indisputable, the researchers have often been met with considerable resistance from the drug agencies that were unwilling to admit that they had been wrong when they approved the drug.^{3,24,32}

I needed not go further than this. It is clear that YouTube's faulty reasoning is harmful for a sound scientific debate and therefore also harmful for public health, which YouTube pretends they protect with their inappropriate censorship. But as the story about the DTP vaccine is highly interesting, I shall [go into detail](#) with it.

I have written an [expert report](#) about the heart of the matter, the disagreement between Aaby and the WHO about the effect of the DTP vaccine on total mortality, and I have also described it in my vaccine book.³

I scrutinized a WHO report from 2014 that seems to have been carried out in response to Aaby's findings of increased total mortality of the DTP vaccine in Guinea-Bissau.⁵⁴ It assessed the effect of three vaccines on total mortality in infants and children: BCG (Bacillus Calmette-Guérin against tuberculosis), DTP, and measles.

I updated WHO's literature searches and found two highly relevant studies where Aaby and colleagues had improved on their previous research in response to the criticisms raised in the WHO report.^{55,56} They found that the DTP vaccine doubled mortality, hazard ratio 2.14 (95% confidence interval 1.42 to 3.23), compared with DTP-unvaccinated children, which confirmed their previous findings.

In one of their studies, which represents the best available evidence, they explained that the criticisms raised in the WHO report were either not relevant, or they had taken it into account.⁵⁶ They found that all the documented biases in their observational study favoured the vaccinated group, i.e. they had likely underestimated the harmful effect of the DTP vaccine on mortality.

They noted that all studies of the DTP vaccine that had analysed existing data sets collected for other purposes suffered from substantial biases that led to underestimation of the harms of the vaccine. One is frailty bias, where children with a poor prognosis generally tend to be vaccinated later or not at all. Another is survival bias. These studies have updated follow-up time for DTP-vaccinated children who survived whereas children who died without their vaccination status being documented were classified as "unvaccinated." Such procedures introduce substantial bias

and give a misleadingly high mortality rate in the unvaccinated group that makes it difficult to find a possible increase in mortality with the DTP vaccine.

I identified major problems with the WHO report. Although it reported that most studies showed a deleterious effect of DTP, the authors concluded that the results were inconsistent because two studies showed a beneficial effect. However, there will always be heterogeneity in observational studies, and these two studies did not find a significantly beneficial effect on mortality. Furthermore, it was obvious that they were so seriously biased that they should not have been taken into account.

The authors did not provide summary estimates because WHO's working group had requested that meta-analyses not be done. This is an unacceptable interference with research by a body that includes people with numerous financial conflicts of interest in relation to vaccines. Furthermore, the reasons offered for not performing meta-analyses were invalid. It is difficult to understand why this highly unusual demand (which I have never seen elsewhere) was introduced unless one assumes that the WHO did not want to run a risk of receiving a systematic review that suggested that the DTP vaccine increases total mortality.

WHO's experts who advised against using meta-analysis wrote, after having seen the WHO report, that the data suggested that both the BCG vaccine and the measles vaccine reduce all-cause mortality. I checked this claim by doing meta-analyses of the randomised trials that were included in the report, and I did not find significant reductions in mortality. Therefore, the experts could not conclude that these live attenuated vaccines reduce total mortality without including also the nonrandomised studies in their deliberations.

In contrast, for the DTP vaccine they dismissed the nonrandomised studies (there are no randomised studies). This is inconsistent and scientifically unacceptable, particularly considering that the results for the cohort studies for the BCG and the measles vaccines varied as much as those for the DTP vaccine.

I found many other serious problems with the WHO report, which was very surprising because two of its three authors are senior researchers in the Cochrane Collaboration. These two are the current Editor-in-Chief, Karla Soares-Weiser, and statistician Julian Higgins, who is editor of the 636-page Cochrane Handbook, which describes how to do reliable systematic reviews.

These Cochrane researchers even used vote counting in the WHO report (how many studies are for and how many against?), which is a method recommended against in the Cochrane Handbook.

There were other curiosities. Nowhere in the 34-page official WHO report was there a conflicts of interest declaration and there was no information about funding. But I assume WHO financed the work.

A major problem with WHO is that the people who approve a vaccination programme are also those who will consider whether there is reason to change their own recommendation. Research has shown that people are not likely to change their earlier decision, no matter how strong the evidence is that it was wrong.⁵⁷

Aaby and colleagues have pointed out that WHO uses the DTP vaccine as a marker for good coverage of vaccination in general. WHO has operated with reaching a "milestone of 90% national coverage" with three doses of the vaccine in all countries by 2015.⁵⁸ This should not happen. Programme performance indicators should be those which are known to be positively associated with increased child survival.

In addition to all this, we now have the odd situation that the burden of proof has been reversed. WHO recommends the use of the DTP vaccine and seems to require very convincing evidence that it increases mortality before any action will possibly be taken.

This is problematic. I consider Aaby's findings far more convincing than those in the WHO report, and we base our decisions on the best available evidence. This evidence tells us that the DTP vaccine likely increases total mortality in low-income countries.

YouTube's censorship in this case is of the worst kind. If we are not allowed to challenge authorities, we have created a world we do not want to live in. The essence of science is to challenge the findings of others, which is exactly what Aaby has done based on good science done by himself and others.

But it gets worse. YouTube's [Vaccine Misinformation Policy](#) states:

Don't post content on YouTube if it includes harmful misinformation about currently approved and administered vaccines on any of the following:

- Vaccine safety: content alleging that vaccines cause chronic side effects, outside of rare side effects that are recognized by health authorities.
- Efficacy of vaccines: content claiming that vaccines do not reduce transmission or contraction of disease.
- Ingredients in vaccines: content misrepresenting the substances contained in vaccines.

Thus, we are only allowed to post material about harms of vaccines that have been recognised by health authorities. This provision is detrimental to the public. The authorities include drug agencies, which are very slow in acknowledging even lethal harms of vaccines and other drugs.^{24,32} It took decades for the drug agencies to admit that people become dependent on benzodiazepines and depression pills, and they have not yet admitted that depression pills double the risk of suicide not only in children but also in adults.^{24,59}

This is dangerous ground. We do not want to have high priests of science, which would be the anti-thesis of science.

YouTube does not allow content claiming that vaccines do not reduce transmission or contraction of disease. But this is an essential problem with several vaccines, and it is being lively debated to what extent the COVID-19 vaccines can prevent infection or transmission.

YouTube provides some examples of taboos:

- Claims that vaccines cause chronic side effects such as:
 - Cancer
 - Diabetes
 - Other chronic side effects
- Claims that vaccines do not reduce risk of contracting illness
- Claims that vaccines contain substances that are not on the vaccine ingredient list, such as biological matter from fetuses (e.g. fetal tissue, fetal cell lines) or animal byproducts
- Claims that vaccines contain substances or devices meant to track or identify those who've received them
- Claims that vaccines alter a person's genetic makeup
- Claims that the MMR vaccine causes autism
- Claims that vaccines are part of a depopulation agenda
- Claims that the flu vaccine causes chronic side effects such as infertility
- Claims that the HPV vaccine causes chronic side effects such as paralysis

Thus, it is taboo to claim that influenza vaccines can cause permanent harm, but this is not a claim, it is a fact. The Pandemrix vaccine caused narcolepsy, which is a serious and irreversible disease, in people with certain tissue types.³ Moreover, there are many examples that vaccines have killed people,³ which is worse than getting permanently harmed. But to tell people about this is forbidden by YouTube.

It is also taboo to say that the HPV vaccines cause “chronic side effects.” But they do. EMA published a 40-page report in 2015 concluding there are no serious neurological harms of the HPV vaccines. However, EMA did a very poor job where they trusted what the companies reported to them even though they already knew that the companies had cheated with respect to serious neurological adverse events earlier.⁶⁰ Even though vaccines or adjuvants were used in the control groups, my research group found that the HPV vaccines increased serious nervous system disorders significantly: 72 vs. 46 patients, risk ratio 1.49 (1.02 to 2.16; p = 0.04).⁶¹

This is the absolute bottom of social media censorship. A systematic review of the clinical study reports of the randomised trials are much more reliable than what the companies publish. It is the strongest evidence we have in healthcare. But it is taboo to talk about it if some “authority” denies this evidence based on what dishonest companies have reported to them!

You would think it couldn't be worse than this. But it can. YouTube has a [COVID-19 Medical Misinformation Policy](#), which is extremely detailed guidance over four pages that is absurd. There can be no doubt that fact checkers would disagree if several of them were asked to assess the same video independently.

Already the top of the document is absurd:

“YouTube doesn't allow content about COVID-19 that poses a serious risk of egregious harm. YouTube doesn't allow content that spreads medical misinformation that contradicts local health authorities' (LHA) or the World Health Organization's (WHO) medical information about COVID-19.”

Local health authorities disagree wildly throughout the world and even within the same country, e.g. the United States. This means that whatever we upload on YouTube, which by definition is for an international audience, it is likely to contradict local advice somewhere in the world. Thus, in essence we can hardly upload anything.

It is taboo to contradict local health authorities' guidance on:

- Treatment
- Prevention
- Diagnosis
- Transmission
- Social distancing and self-isolation guidelines
- The existence of COVID-19

It is forbidden to say that hydroxychloroquine or ivermectin “is an effective treatment for COVID-19.” It is correct that there is no reliable evidence that these drugs work.⁶²⁻⁶⁴ The studies that looked best for ivermectin come from regions with high rates of infection with thread-worm (Strongyloides).⁶⁴ As the drug is used to treat worms, this is likely the reason it performed better in worm-infested areas. But we cannot have taboos in science. We must let those who are wrong have their say, so we can debate the issues.

It is also forbidden to say that hydroxychloroquine or ivermectin “are safe to use in the treatment COVID-19.” This taboo is difficult to understand. They are both on the market, and we constantly hear from drug agencies and drug companies that every drug on the planet is “safe and effective.” It is a kind of mantra they have. But the truth is that NO drug is both effective and safe. This is impossible. If a drug has beneficial effects, there will also be people who are harmed. But YouTube does not censor the authorities’ sacred mantras even when they are wrong.

YouTube tells us that we must not encourage the use of prayer in place of medical treatment such as consulting a doctor or going to the hospital. That was a rare glimpse of light in YouTube’s darkness.

It is forbidden to claim that there is a guaranteed prevention method for COVID-19. But I have one: Stay at home, totally alone, receive no visitors, and get your food delivered outside your front door. Then you won’t get COVID-19. It would be boring, but you wouldn’t die.

It is forbidden to claim, “that any medication or vaccination is a guaranteed prevention method for COVID-19.” That was really funny. YouTube’s censors will be incredibly busy. Among those that have claimed [100% efficacy](#) of the vaccines are the [FDA](#), [Anthony Fauci](#), the [Australian government](#), [Science Magazine](#), [Reuters](#), [CNN](#), [US National Public Radio](#), [The Hill](#), [Sky News](#), [Pfizer](#), [Moderna](#), [AstraZeneca](#), and [Johnson & Johnson](#). Fauci and President Joe Biden have both declared in interviews that people cannot get infected if they have been vaccinated, which is 100% efficacy. But it is totally wrong.

The highlight of the absurdity was when a health magazine claimed that this false information had been fact checked:⁶⁵

health

✓ Fact-Checked

The Johnson & Johnson Vaccine Is 100 Percent Effective at This One Thing

THIS IS WHY DR. FAUCI SAYS THE NEW VACCINE HAS SHOWN “SPECTACULAR RESULTS.”

It virtually never happens in healthcare that anything is 100% effective. I cannot think of a single example. So, what was the basis for this false claim?

Reuters noted that, “Two weeks after the second dose, researchers found no cases of COVID-19 in the vaccine group compared to 4 cases in the placebo group, resulting in a vaccine efficacy of 100%.”

Oh dear. As there were 2489 versus 1243 patients in the two groups,⁶⁶ this means that the chance of not getting infected was 100% if you got the vaccine and 99.7% if you did not get the vaccine. This sends a totally different message than claiming 100% efficacy. Furthermore, the claimed 100% effect is highly uncertain as it is based on very few events. The public was misled. But don’t worry, it was fact checked!

The fact checked message seems to have been fraudulent. Six months later, the study was published.⁶⁶ In the meantime, the miraculous effect was gone. This is the whole section on efficacy in the article:

“The vaccine efficacy of mRNA-1273 14 days after the second injection was difficult to assess precisely because of the low incidence of Covid-19 in the trial population (four cases in the placebo group and no cases in the mRNA-1273 group) ... The vaccine efficacy of mRNA-1273 according to the less stringent CDC definition of Covid-19 with an onset of 14 days after the second injection was 93.3% (95% CI, 47.9

to 99.9) in the per-protocol population and 92.7% (95% CI, 67.8 to 99.2) for cases with an onset of 14 days after the first injection in the mITT1 population (Figure 3 and Fig. S2). For the secondary objectives of prevention of SARS-CoV-2 infection with an onset of 14 days after the second injection (in the per-protocol population) and 14 days after the first injection (in the mITT1 population), the vaccine efficacy estimates for mRNA-1273 were 55.7% (95% CI, 16.8 to 76.4) and 69.8% (95% CI, 49.9 to 82.1), respectively (Figure 3).

The vaccine efficacy of mRNA-1273 was 39.2% (95% CI, -24.7 to 69.7) for asymptomatic infection with an onset of 14 days after the second injection (per-protocol population) and 59.5% (95% CI, 28.4 to 77.3) with an onset of 14 days after the first injection (mITT1 population) (Figure 3). The breakdown of asymptomatic cases starting 14 days after the first dose (mITT1 population) were 14 cases in the mRNA-1273 group and 20 in the placebo group according to RT-PCR results and 15 cases in each group according to serologic results against nucleocapsid (Table S11). The person-years of follow-up were 513 to 522 (6156 to 6264 person-months) in the mRNA-1273 group and 238 to 248 (2856 to 2976 person-months) in the placebo group.”

We see here vaccine efficacies of 93%, 56%, 70%, 39%, and 60%. Pick what you like, but none of them are 100%. As has been said many times during the COVID-19 pandemic, science should not be communicated through press releases, and truth was the first victim.

It is forbidden to say anything about COVID-19 vaccinations that contradicts expert consensus from local health authorities or WHO. I suppose this means that we are not allowed to protest when experts in a role of authority say the vaccines are 100% effective?

It is forbidden to say that an approved COVID-19 vaccine will cause contraction of other infectious diseases. But this is precisely what is expected. Peter Aaby has shown in study after study, that non-live vaccines increase total mortality, by increasing infections with other microorganisms.^{3,67} I have already mentioned the Canadian studies that showed that people who received a seasonal influenza vaccine in 2008 had an increased risk of getting infected with another strain in 2009.⁶⁸

YouTube’s follies are far from over. It is forbidden to say that masks do not play a role in preventing the contraction or transmission of COVID-19. What would happen if we were honest and said we don’t know if face masks have any effect? I am convinced YouTube would ban this.

It is taboo to say that wearing a mask is dangerous or causes negative physical health effects. But they do. Some people are allergic to masks; some have experienced that their glasses become dewy so they cannot see; some have fallen for this reason, and you might even crash on your motorcycle.

Many people, including me, hate wearing masks because they itch and we cannot recognise the people that greet us. I have seen masked people in a canoe in Spain, far from other people; on a golf course in Spain; and outside a car wash in my hometown (see photos below).

The fourth photo is of me, hiding behind a mask on a ferry, just for the fun of it, after someone suddenly said hello to me. In her bank robber outfit, I couldn’t see it was one of my PhD students.

I didn’t wear a mask because my wife was bringing me coffee, but I was immediately reprimanded for this, by a guy with shoulder stripes, as she was a couple of meters away with the coffee.

I drank so slowly that the coffee lasted the entire journey, a full hour, so I would not get harassed again.



Next comes a really horrible one. It is forbidden to say that the symptoms, death rates, or contagiousness of COVID-19 are less severe or equally as severe as the common cold or seasonal flu. But this is what I have found, and I have explained carefully why I believe that SARS-CoV-2 *per se* is not more lethal than influenza.³ I also wonder on what basis YouTube declares that COVID-19 is more contagious than influenza. I seriously doubt they can document this or that it is true.

It is forbidden to say that COVID-19 vaccines are not effective in preventing the spread of COVID-19. As this is being hotly debated, then why does YouTube decide we cannot discuss it?

Facebook censors important information about psychiatry

Facebook, founded in 2004, is owned by Meta Inc., the world's largest social networking website, which had an astronomical revenue of \$84 billion in 2020, nearly all of which came from advertising.⁶⁹

It is in reality a monopoly. Facebook is used by almost 3 billion people on a monthly basis, and Meta's strategy is to buy potential rivals before they become too big, sometimes at exceptionally high prices, which has drawn attention from the US Federal Trade Commission and the European Union.

In 2021, The European Commission opened a formal [antitrust investigation](#) to assess whether Facebook violated EU competition rules by using the data it collects about the users to obtain undue competitive advantage.

Meta's products include messenger services, photo and video sharing, augmented reality, and many other apps and services.⁶⁹

Instagram is a photo and video-sharing app where users can upload, edit, and tag photos and videos.

WhatsApp is a mobile messenger and calling service which allows users to send messages and make calls at no cost, regardless of location. Users can also send photos, videos, and documents. Meta bought WhatsApp at a time when the company had more than 400 million active monthly users, making it a fast-growing potential rival to Facebook.

Oculus VR is a virtual reality technology company that has a headset designed for video gaming. It can also do 3D scene mapping reconstruction.

Onavo performs mobile web analytics on other mobile apps to determine customer usage. It was developed in Israel and has occasionally been classified as spyware, forcing Meta to pull it from both the iOS and Android app stores.

Beluga is a messaging app service, which Meta bought in the midst of the startup's fundraising process for an undisclosed sum. Thereby, Facebook acquired the technology that eventually became the highly successful Messenger platform. In the process, Meta expanded its offerings and eliminated a potential rival.

Facebook's censorship is dysfunctional. The algorithms used to detect material that is removed are not good enough; the fact checkers are not good enough; the idea that we are not allowed to say anything about vaccines that contradicts official announcements is harmful for public health; and hate messages are not being stopped. I shall deal with each of these problems in turn.

Robert Whitaker is the founder of [Mad in America](#), a lively website that has 3 million monthly visitors. It provides invaluable information, analyses, and scholarly criticism of published psychiatric research, which are immensely helpful for psychiatric patients, their relatives and friends, and for those psychiatrists that are willing to learn, which, unfortunately, is a small minority.^{24,59}

Many of Whitaker's experiences with Facebook have been bizarre. Mad in America is often hassled by Facebook whose algorithms remove the boosting of reports from their science team. They therefore need to appeal to a human being, and they almost always win. But it takes precious time from people who could do more for psychiatric patients if they weren't blocked by Facebook robots.

This is harmful for public health. I mean it. Whether Facebook can also be beneficial for public health, we don't know, and no one knows what the balance between harms and benefits is.

In December 2020, Mad in America published a [science review](#) of a report from *Psychological Medicine* about heavy cannabis use being a risk factor for psychosis and cognitive deficits. They mentioned it on a Facebook page and spent a small amount to boost the post to a larger audience. Not only did Facebook's algorithm deny the boost; Facebook disabled their ad account, saying they would no longer be able to boost any posts:



Ad Account Disabled for Policy Violation

Your ad account and its ads were disabled. It appears your ad account was used to create one or more ads that don't comply with our Advertising Policies or other standards. Our policies and standards help keep Facebook safe and welcoming for everyone. We use either technology or a review team to remove anything that doesn't comply with our policies or standards as quickly as possible.

Your ad account was disabled for not complying with the following policies:

Unacceptable Business Practices Policy - We don't allow ads that promote products, services, schemes or offers using deceptive or misleading practices, including those meant to mislead or scam people out of money or personal information (ex: products that boost Facebook or Instagram likes, etc.). Please read through our Policy for more details including a few examples of do's and don'ts.

As Whitaker wrote to me: "It's just nuts." Mad in America's science review had absolutely nothing to do with stealing money from people or misinforming them. This is what made Facebook react robotically:

 **Mad In America**
20h · 🌐

A recent study published in Psychological Medicine explores the potential effects of early, chronic, and heavy cannabis use. The authors examine the relationship between heavy use of cannabis and psychosis-related psychological phenomena, as well as cognitive dysfunction.

Comparing statistical data between "case" and "control" groups, for heavy cannabis users, they found significantly increased presence of psychosis-related phenomena and significantly reduced cognitive funct... [See More](#)



MADINAMERICA.COM

Heavy Cannabis Use Linked to Psychosis and Cognitive Deficits

Whitaker noted that Facebook prevented boosting of several messages during just five weeks in the autumn of 2020, which - ironically, considering that Facebook uses artificial intelligence - included reviews of science articles that questioned the merits of artificial intelligence for diagnostic purposes. The censorship concerned reviews of these articles:

- LGBT elders at higher risk for cognitive decline due to minority stress.
- What would anti-racist mental health care look like?
- Voting while “mentally ill”: a legacy of discrimination.
- Researchers call on global mental health movement to address racism.
- Disability and mental health discrimination in artificial intelligence [AI] systems.
- Using AI to find vocal biomarkers of “mental illness” is likely to deepen bias.
- Discussing racial stress with black youth can improve mental health and create systemic change.
- Drama therapy as psychosocial support for survivors of domestic abuse.

Mad in America’s science editor not only had his Facebook ad account revoked for trying to boost these articles; he was permanently banned. Mysteriously, this ban was later removed.

There doesn’t seem to be any good reason why the Facebook robots would target these articles. It is particularly worrying that Facebook prevented boosting of two articles about addressing racism. Whitaker suspects that the science reviews he publishes on Mad in America have been tagged by robots as “anti-science” and thus cannot be boosted.

Blogs and other material are also often blocked by Facebook. Also in the autumn of 2020, these articles from Mad in America were blocked:

- Does the National Association of Social Workers code of ethics prohibit peer work?
- Researchers: Antidepressant use in children increases suicide, no evidence of benefit [this was rejected, then upon review accepted, then rejected again, then upon another review accepted again].
- How the UK Mental Health Act uses psychiatric discourse to justify rights restrictions.
- Involuntary psychiatric detentions on the rise, raising ethical questions.
- Web-based video resource highlights the importance of peer support in psychosis recovery.
- *Insane medicine: How the mental health industry creates damaging treatment traps and how you can escape them.*

I became angry when I saw this. All over the world, psychiatrists and other doctors prescribe depression pills to children even though they don’t work and double their risk of suicide. Facebook rejected this important information twice!

Moreover, the book *Insane medicine*, written by child and adolescent psychiatrist Sami Timimi and serialised on Mad in America for free, was also attacked by Facebook. Timimi is one of the brightest and most caring psychiatrists I have ever met, and his book is a masterpiece that can help hundreds of millions of psychiatric patients and their loved ones to get a better life. But Facebook came in the way.

A third of my colleagues also came in trouble in relation to psychiatry. Lawyer Jim Gottstein wrote *The Zyprexa papers*,⁷⁰ which is a book about illegal, forced drugging with psychosis pills that destroyed patients. Psychiatrists, lawyers, and Eli Lilly lied shamelessly, and judges didn’t care. Gottstein needed to go to the Supreme Court in Alaska before he got any justice, and he ran a great personal risk by exposing documents that were supposed to be secret. He is a true hero, and the book has great potential. It could be our generation’s *One flew over the cuckoo’s nest*.

Gottstein was afraid Facebook would block him, so he posted a piece on his Facebook page in September 2021 thinking Facebook would allow him to share it with people who were not known for criticising psychiatry. But this was what he saw:

Post

An error occurred while processing this request. Please try again later.

If you think this doesn't go against our Community Standards let us know.

Facebook blocked him after rather few shares, He does not know why. He was blocked for a full day. It is impossible to understand which rules of Facebook's moral police lawyer Gottstein had violated with this innocent message, devoid of breasts or nipples or hints of sex (see Chapter 5):



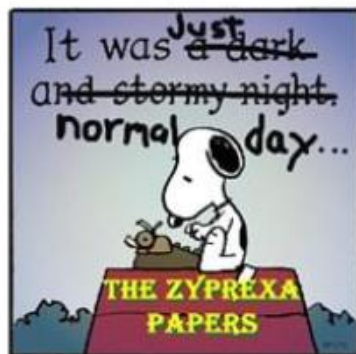
Jim Gottstein

20h · 🌐

...

"It was a dark and stormy night" has been called "the literary posterchild for bad story starters" and ridiculed and mocked for decades. I think it is a great opening line and decided to play with it for the opening line in my book, *The Zyprexa Papers*.

<https://thezyprexapapers.com/>



before Dr. David Egilman called me out of the blue on November 28, 2006. The days are short that time of year in Anchorage, Alaska, and it was getting dark by mid-afternoon. Dr. Egilman told me he had been hired as an expert witness by one of the law firms representing patients who had taken Zyprexa and contracted diabetes or other metabolic problems. He wanted to know about documents relating to Zyprexa I might have. In truth, he was feeling me out to see whether I might be willing to subpoena him, so he could legally send me secret documents. These documents revealed the pharmaceutical company Eli Lilly (Lilly) had from the beginning suppressed information showing Zyprexa caused these life-threatening conditions. In addition, they showed Lilly had illegally marketed this powerful and dangerous drug for use in children and the elderly. He wanted me to then send them to Alex Berenson, a reporter for *The New York Times* with whom he was already working on a Zyprexa exposé.

Facebook censors important information about COVID-19 vaccines

In March 2020, a woman posted an article on Facebook by Juan Gervas, which in its English translation was called [Fighting coronavirus \(COVID-19\) pandemic. First, do not harm.](#)

Facebook took it down because it went against their community standards. This is not an explanation. Gervas is very active on a large email list I am on where I have learned a lot about COVID-19 and other issues. I often disagree with him but that is immaterial. No one should be censored, and the science he uses to support his views generates many fruitful discussions.

In November 2021, Facebook censored Gervas for 30 days. He had argued that the COVID-19 vaccines are failed vaccines and that we must demand they be improved. I would not call them failed because most people who die in intensive care units are unvaccinated, but they are poor vaccines, much poorer than the randomised trials showed.

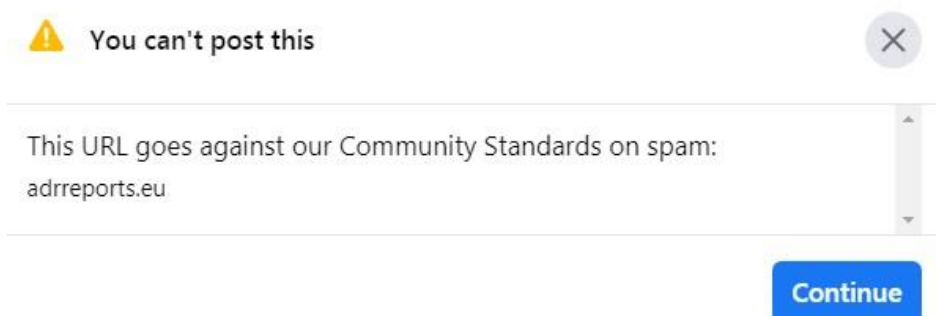
One of Gervas' claims was that humanity must be revaccinated every six months, which is exactly the advice we had in Denmark. But Facebook has taken us into the area of hair-splitting semantics. Would Gervas have passed Facebook's censoring filter, if he had said the vaccines were poor rather than failed, or would that also have brought him in bad standing?

Twitter did not react whereas LinkedIn removed Gervas' content. LinkedIn is also an American invention. It is a business- and employment-oriented online service that is primarily used for professional networking, career development, and job searching.

In early 2021, while discussing the harms of the COVID-19 vaccines, someone posted a link on Facebook, adrreports.eu, to EudraVigilance, EMA's database of suspected adverse drug reaction reports. The link goes directly to the database:



But this is what Facebook did:



These foolish "community standards" plus Facebook's artificial intelligence, which is not particularly intelligent, block a lot of relevant information and we have no idea why.

Facebook gives the impression that a link to a database of suspected adverse drug reactions is spam, dangerous or "false information." This is as absurd as it gets. I am sure the drug industry loves Facebook deeply.

I thought it couldn't get worse, but it could. Facebook blocks communication between people who are convinced they have been seriously harmed by a COVID-19 vaccine. This makes it even more difficult than it already is to find out if a vaccine causes rare but serious harms. This censorship is a serious threat to public health.

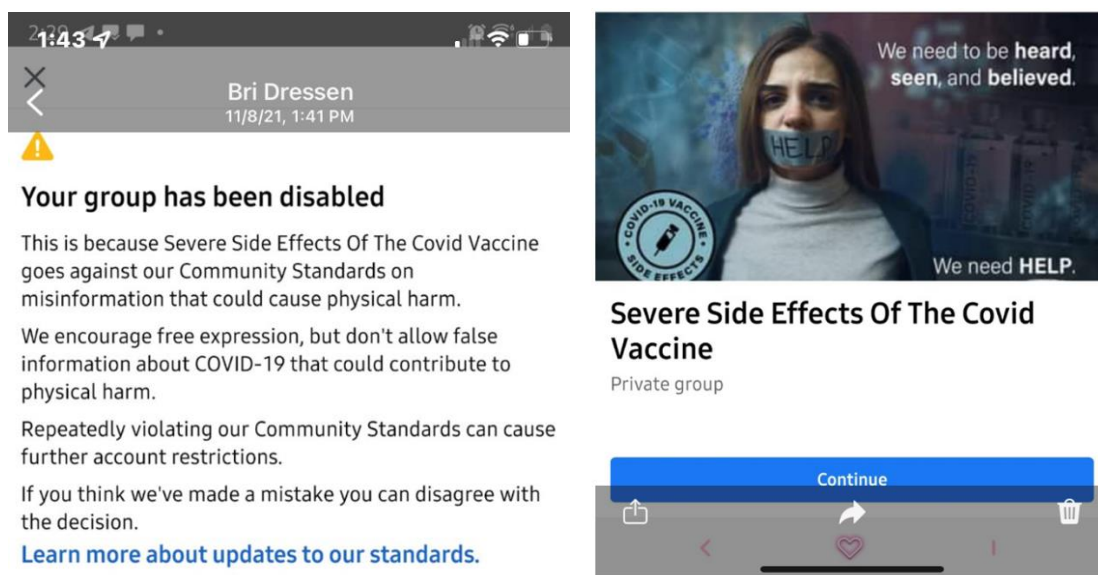
Despite the obstacles, groups of people in several countries have come together online where they have found out that they are not alone. Many have suffered from similar incapacitating symptoms as themselves that do not seem to disappear again, and that started in close proximity to their COVID-19 vaccination.

An egregious example of censorship is related to this. On 2 November 2021, Kim Witczak, a consumer advocate represented at FDA’s advisory board, and other experts met with Brianne Dressen and others who were convinced they had been harmed by the vaccine. They participated in a [panel discussion](#) hosted by a US Senator. YouTube removed the important 3-hour meeting deeming it “misleading” and spreading “misinformation.” The event press release that Witczak wrote was rejected by the press distribution company for the same reason. Today, there is a 34 minute [summary](#) on YouTube.

Facebook’s fact checkers removed a group to which Dressen belongs of thousands of supposedly vaccine injured people for being “false.” They fought back, which involved showing medical records from 35 people.

After this, Facebook provisionally let them back in. But for how long? What will happen when vaccine zealots complain about this group and ask Facebook to remove the “false” information? Why on earth does Facebook think this is any of their business?

Apparently, Facebook thinks it is okay that those who are convinced they have been harmed by a vaccine and try to find out what happened are denied a voice:



Facebook’s announcement was totally devoid of empathy and civility. Dressen’s group was “disabled” – quite some irony considering that the members of the group *were* disabled - because “severe side effects of the COVID vaccine goes [sic] against our community standards on misinformation that could cause physical harm.”

Whether it is because of the vaccines or not, these people *had* demonstrably been seriously physically harmed. Indeed to such an extent that Dressen informed the panel that she knew about seven suicides herself and that there were likely around 15 in total.

In the article, *New England Journal of Misinformation*,⁷¹ David Healy describes what happened when Dressen wrote to Eric J. Rubin, Editor-in-Chief of *New England Journal of Medicine*, alerting him to fraud in a vaccine trial the journal had published of the AstraZeneca COVID-19 vaccine.⁷² Dressen wrote:

I was a participant in Astra-Zeneca’s Covid-19 vaccine trial (1). I suffered serious and severe adverse effects after the first dose of AZC1222, was disabled and remain so today.

I write to request inaccuracies in the trial publication be corrected, and to demand complete reporting of the trial publication and results.

The authors state that 180 AZD1222 recipients “withdrew” and “all serious adverse events will be recorded from the time of informed consent through day 730.” This is inaccurate. During hospitalization due to my adverse events, the trial investigators unblinded me, saw that I had received AZD1222 and recommended that I not receive the second dose. The trial smartphone app was subsequently disabled on my phone. I did not withdraw. I was withdrawn, and AstraZeneca chose to stop collecting my data after 60 days despite the fact that I remain with persistent symptoms one year later.

The trial publication lacks complete reporting of my adverse events, and readers are not informed that the trial smartphone app did not allow study participants to record adverse events in their own words.

The authors state that “No new vaccine-related safety signals were identified” but this may be an unreliable conclusion due to test clinics and the study sponsor neither recording nor reporting adverse events that did occur in study participants like myself.

This was a damning criticism of the trial publication that should have led the editor to react promptly and strongly. He didn’t. His reply was arrogant and did not address the issue at all but was a copy and paste from previous rejections of submitted letters:

“I am sorry that we will not be able to publish your recent letter to the editor. The space available for correspondence is very limited, and we must use our judgment to present a representative selection of the material received. Many worthwhile communications must be declined for lack of space.”

Next, Dressen wrote that omission of adverse reactions is a violation of a key tenet of clinical trial reporting and asked if NEJM would issue any corrections. She noted that she was aware of another trial participant who suffered a similar reaction and was also missing from the article, and that both of them had reported their injuries to the NIH.

Rubin’s second reply was even more arrogant than the first one and totally misleading. It was a classic Schopenhauer diversion:³¹ “We rarely publish case reports and we have no investigative powers.”

Dressen replied:

“I think there has been a misunderstanding. I did not ask to publish a case report, nor have I called for an investigation. I am reporting errors in the NEJM trial publication that require correction, and my understanding is that the journal is the place to report errors in a publication. Will you be taking action?”

Rubin wrote back that, “The best we could do is forward your letter to the manufacturer. Only they are in a position to see the primary data. But you can do that yourself and I would encourage you to do so. Only you can provide the information that they can use to investigate.”

When presented with evidence of fraud, NEJM says Dressen should contact the fraudster! What a society we would have if this was how the police reacted when you reported a criminal to them.

Dressen pointed out that Rubin’s reassurance that the manufacturer had the data was wrong, as AstraZeneca stopped recording data on her at day 60.

I also have convincing evidence that AstraZeneca committed fraud in its COVID-19 vaccine trials.

When my wife got the AstraZeneca COVID-19 vaccine, she became terribly ill. She had not been so sick in her entire life, apart from one time when she had influenza. She had serious symptoms that lasted for several days. The first night she could not sleep. Her temperature rose to 38.7°C (101.7°F) ; she had nausea, dizziness, and loss of appetite; felt miserable; and needed to stay

home from work for four days. She also had severe headache and muscle aches that lasted for several days. During the first two days, she only consumed half a slice of rye bread. On day three, she was slow cerebrated in a way we had never experienced before. Even on day five, she was tired and had not fully recovered.

It wasn't likely that she had incidentally acquired a nasty virus infection at the same time as the vaccination. The first 13 colleagues at her hospital department (she is Professor of clinical microbiology) also became so sick from the AstraZeneca vaccine that they needed a sick leave even though they all like their job.

By definition, when you can't work, it is a severe adverse effect of a drug or vaccine in clinical trials. So, 100% in her department had a severe adverse effect caused by the AstraZeneca vaccine. But in AstraZeneca's trial report in *Lancet*, only 1% had a severe adverse reaction.⁷³ So, in the published clinical trial report it was 1% and in my wife's hospital department it was 100%. I had never seen such a large discrepancy before between what a company publishes and what people experience. By far most of the subsequently vaccinated 35 people at her department also became so sick that they needed a sick leave.

Many of these cases were reported to the Danish Drug Agency. Because many Danes had similarly bad experiences, Denmark stopped using the AstraZeneca vaccine.

Maryanne Demasi has published many thoughtful articles on COVID-19 and has therefore automatically faced trouble from Facebook.

A reader told her that his Facebook account was restricted when he shared her article, [*A 'one size fits all' approach to vaccinating kids aged 5-11 yrs?*](#)

Demasi also got emails saying that her page had been "shadow banned." This term gives associations to secret CIA operations. I looked it up, and [it means](#) blocking or partially blocking a user or their content from an online community so that it will not be readily apparent to the user that they have been banned. Facebook works in the shadows like criminals do.

Shadow banned comments posted to a blog or media website will not be visible to other users accessing the site. By partly concealing or making a user's contributions invisible or less prominent to other members of the service, the hope is that, in the absence of reactions to their comments, the problematic or otherwise out-of-favour user will become bored or frustrated and leave the site. Spammers and trolls might also be discouraged.

This is really, really bad. You are not even notified that Big Brother has blocked your messages. A Facebook user told Demasi that she was shadow banned and that when others tried to share her content, they had restrictions placed on their accounts.

It was impossible for others to access her article questioning the vaccination of children, even when she used another access route. She used to get a lot of traffic on her Facebook posts but now she hardly got any.

I have read [every article](#) Demasi has published about COVID-19 and there is nothing in them that justifies any form of censorship. Absolutely nothing. She is always careful with getting the science right, and she never draws unwarranted conclusions. Being a good journalist, she asks questions. She makes people think, which apparently Facebook's "community standards" do not allow.

Even articles that praise the COVID-19 vaccines can be subjected to Facebook censorship. A doctor wrote an article about the dangers of vaccine hesitancy and praised the near-miraculous

developments of the COVID-19 vaccines.⁷⁴ He ended his article by saying that “scientists don’t know what to do to stop the viral spread of hateful disinformation, coronavirus’s most loyal ally.”

Facebook inserted a meaningless sentence below the photo in the article, which stated that, “COVID-19 vaccines go through many tests for safety and effectiveness before they’re approved. Source: World Health Organization.”



This blatant misinformation should have been labelled “false” by Facebook! Due to the emergency, the vaccines were not tested according to usual standards (which are already much too low), but were rushed through and awarded emergency status to justify this.

It was only after the COVID-19 vaccines were brought into use that we discovered that they can cause serious and unexpected harms, including blood clots and myocarditis (inflammation in the heart). Facebook echoed the drug companies, which always refer to the many tests for safety and effectiveness that have been carried out before a drug is being approved when serious harms or even corpses land on their table.

I suppose this label was added by a robot. There must be thousands of articles about vaccines that have similarly been falsely labelled.

In our new, not-so-brave, surreal, monopolistic Facebook world, none of us understands what is going on. I have seen many variations of people’s frustrations on email lists I am on, and here is a little useful advice I received.

When someone sends you a link, only copy the information needed in the link to pass it along. Facebook or Google might trace the information back to the source and then ban the source or shadow ban it and change their algorithms so that this person's posts are not seen as much.

An article had a link of 260 characters referring to a study of the duration of immunity after natural infection with the delta variant. The second half of the link just showed that the link came from a campaign newsletter, and they had included the member ID information. This can be concealed by changing, for example, the last 5 digits in the link to xxxxx.

The link can be passed successfully to others after deletion of everything that starts with a question mark, which in this case was 138 characters. It is therefore prudent to always look for a question mark in links before forwarding them.

Facebook versus *BMJ*: Pfizer's COVID-19 vaccine trial

Sometimes, fact checkers for social media are scientists. A spokesperson for Science Feedback told *BMJ* that, to verify claims, its editors usually start by searching the relevant academic literature and select scientists on the basis of "their expertise in the field of the claim/article."¹¹

However, as we have just seen, fact checkers sometimes don't try to assess the science but rely on what others think, the authorities or their friends. There is also a temptation to side with the angry complainants or with what they think is the majority or the "consensus."

In the old days, the authority was the King, and it didn't matter if his judgments were right or wrong. If you appealed them, you might be jailed or executed.

The King needed to approve all books before they were published. The social media have sent us back to the Middle Ages. Their tasters sometimes try to find out if the dish being served might be indigestible for the King of social media or threaten his economic interests, weighing in on what the politicians currently feel for.

Minority opinions have a hard time in this intolerant system, which concurs badly with our idea that a democracy must respect minority opinions and take them into account. Moreover, fact checkers cannot know if a minority is correct. They often are because most scientists cannot distinguish between good and bad science, and most science is junk science (see Chapter 2).

Peter Aaby's research is an astounding example of this.³ His studies in Africa and elsewhere have disproved the die-hard dogma that malnourishment plays a significant role for measles mortality.⁷⁵ By using Danish patient files from 1915 to 1925, he confirmed his findings from the tropics that the more children there are in a family, the higher the death rate during measles epidemics.⁷⁶ He concluded that this is because overcrowding results in more intensive exposure within families, transferring greater doses of the virus. The children died before they had mounted an effective immune response. This explains why measles outbreaks can be particularly deadly in countries experiencing a natural disaster or conflict, with overcrowding in refugee camps that not only greatly increases the risk of infection,⁷⁷ but also the risk of dying from it.

Aaby's findings were met with great disbelief by the establishment - and would therefore have been banned by Facebook and other social media - but they are highly convincing. They are over 30 years old and have now been generally accepted, but dogmas have a life of their own, and a whole generation of doctors impregnated with false information needs to die out before the dogmas, perhaps, disappear for good.

One can still find the erroneous idea about malnourishment in articles and textbooks, also in a so-called fact sheet from WHO from 2018: "Severe measles is more likely among poorly nourished young children."⁷⁷ This means that even today, Aaby would be banned by social media if he told people the truth.

Vinay Prasad has pointed out that there is a clear risk that the scientific debate becomes subject to commercial imperatives because the drug and medical device industry will take their concerns to social media and journal companies:¹¹

"On a topic like cancer drugs, a tiny handful of folks critical of a new drug approval may be outnumbered 10:1 by key opinion leaders who work with the company." Thus, other views on

hugely expensive cancer drugs with little or no effect will be deemed false by Facebook. Facebook willingly contributes to corruption.

A shocking case of a Facebook fact checker's wrongdoing and unwillingness to admit it involves the *BMJ*. On 2 November 2021, investigative journalist Paul D Thacker published an article in the *BMJ* about serious problems with data integrity in Pfizer's pivotal COVID-19 vaccine trial.⁷⁸

Brook Jackson, regional director in Texas for Ventavia Research Group, a contract research organisation, had told *BMJ* that Ventavia falsified data, unblinded patients, employed inadequately trained vaccinators, and was slow to follow up on adverse events reported in Pfizer's trial. She provided *BMJ* with dozens of internal company documents, photos, audio recordings, and emails.

The staff conducting quality control checks were overwhelmed by the many problems they found. In 2020, Jackson had a meeting with two Ventavia directors who explained that the company wasn't able to quantify the types and number of errors they found checking the trial paperwork: "It's something new every day ... We know that it's significant."

After repeatedly notifying Ventavia of the problems to no avail, Jackson complained to FDA on 25 September 2020. Ventavia fired her later the same day, as she was deemed "not a good fit."

Jackson wrote to FDA that Ventavia had enrolled more than 1000 participants at three sites. The full trial enrolled around 44,000 participants across 153 sites that included numerous commercial companies and academic centres. She listed a dozen concerns she had witnessed, including:

- Lack of timely follow-up of patients who experienced adverse events.
- Protocol deviations not being reported.
- Vaccines not being stored at proper temperatures.
- Mislabelled laboratory specimens.
- Participants placed in a hallway after injection and not being monitored by clinical staff.
- Targeting of Ventavia staff for reporting these types of problems.

In Pfizer's briefing document submitted to an FDA advisory committee meeting held on 10 December 2020 to discuss Pfizer's application for emergency use authorisation of its COVID-19 vaccine, the company made no mention of problems at the Ventavia site. The next day FDA authorised the vaccine.

In August 2021, after the full approval of Pfizer's vaccine, the FDA published a summary of its inspections of the company's pivotal trial. Nine of the trial's 153 sites were inspected, but Ventavia's sites were not among them.

Jackson's observations were confirmed by other employees who all left or were fired. One of them wrote to Jackson that "everything that you complained about was spot on." Two former employees spoke to *BMJ* anonymously for fear of reprisal and loss of job prospects in the tightly knit research community and confirmed broad aspects of Jackson's complaint. One said that she had worked on over four dozen clinical trials in her career, including many large trials, but had never experienced such a "helter skelter" work environment as with Ventavia.

After Jackson left the company, the problems persisted. In several cases, Ventavia lacked enough employees to swab all trial participants who reported COVID-like symptoms, to test for infection. An employee said that the environment at Ventavia was unlike any she had experienced in her 20 years doing research.

Pfizer didn't care. After Jackson had reported the problems with Ventavia to FDA, Pfizer hired Ventavia as a research subcontractor on four other vaccine trials.

Thacker's paper confirms what we have known for decades, that trials of vaccines and other drugs are far less reliable than the published trial reports suggest,^{3,24,32} and also that neither the companies nor FDA take the problems seriously.

A week after publication of Thacker's article, readers began reporting a variety of problems when trying to share it.⁷⁹ Some were unable to share it. Many others had their posts flagged with a warning: "Missing context ... Independent fact-checkers say this information could mislead people."

Those trying to post the article were informed by Facebook that people who repeatedly share "false information" might have their posts moved lower in Facebook's News Feed. Group administrators where the article was shared received messages from Facebook informing them that such posts were "partly false."

Moreover, readers were directed to a "fact check" performed by a Facebook contractor on 10 November named Lead Stories,⁸⁰ which the *BMJ* editors found to be inaccurate, incompetent, and irresponsible:

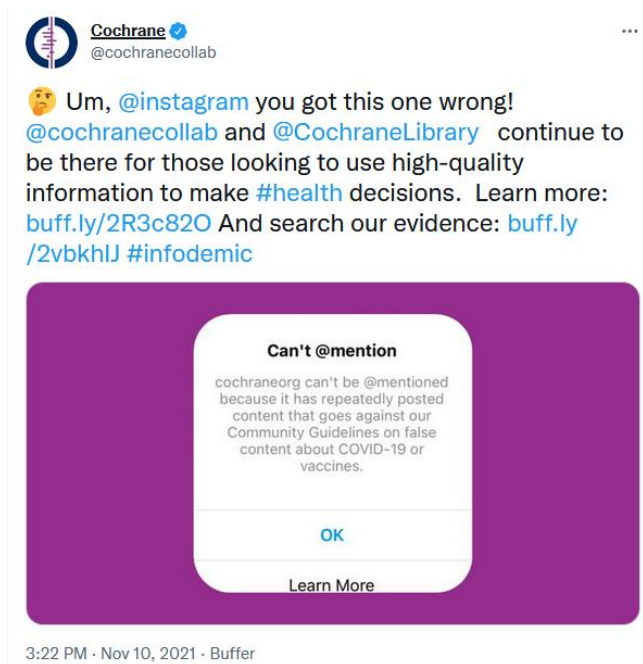
- It fails to provide any assertions of fact that the *BMJ* article got anything wrong.
- It has a nonsensical title: "Fact Check: The British Medical Journal Did NOT Reveal Disqualifying And Ignored Reports Of Flaws In Pfizer COVID-19 Vaccine Trials."
- The first paragraph inaccurately labels *BMJ* a "news blog."
- It contains a screenshot of the article with a stamp over it stating, "Flaws Reviewed," despite the Lead Stories article not identifying anything false or untrue in the *BMJ* article.
- It published the story on its website under a URL that contains the phrase "hoax-alert."

The *BMJ* editors contacted Lead Stories, which refused to change anything about their article or actions that led Facebook to flag Thacker's article. They also contacted Facebook, requesting immediate removal of the "fact checking" label and any link to the Lead Stories article, thereby allowing the readers to freely share the article on the platform.

Nothing happened. Then, on 17 December 2021, *BMJ*'s outgoing Editor-in-Chief, Fiona Godlee, and the ingoing editor, Kamran Abbasi, wrote an open letter to the co-founder and Chief Executive Officer of Facebook, Mark Zuckerberg,⁷⁹ where they raised serious concerns about the so-called fact checking being undertaken by third party providers on behalf of Facebook/Meta.⁸⁰

The *BMJ* editors noted that the host of poor clinical trial research practices occurring at Ventavia could impact data integrity and patient safety, and that Thacker's article was published following legal review, external peer review and subject to *BMJ*'s usual high level editorial oversight and review.

They mentioned that other high quality information providers had also been affected by the incompetence of Meta's fact checking regime and exemplified this with the way Instagram (owned by Meta) had treated the Cochrane Collaboration. They quoted [this tweet](#) about the case, which was also about vaccines:



Cochrane has faced trouble many times. In July 2021, the authors of a Cochrane review of ivermectin concluded:⁸¹

“Based on the current very low- to low-certainty evidence, we are uncertain about the efficacy ... the reliable evidence available does not support the use of ivermectin for treatment or prevention of COVID-19 outside of well-designed randomized trials.”

This was a reasonable conclusion. Cochrane wrote on Facebook that Instagram got it wrong and blocked “the wrong people” because of its use of artificial intelligence. Not only posts about this review but also other COVID posts from Cochrane had been wrongly flagged too many times.

I looked up Cochrane’s Twitter account and found out that posts about the ivermectin review had not only been blocked but removed. We don’t know if robots did it or if people believing in ivermectin had complained so loudly to Instagram or Facebook that they reacted with censorship.

The *BMJ* editors wrote to Zuckerberg that, “Rather than investing a proportion of Meta’s substantial profits to help ensure the accuracy of medical information shared through social media, you have apparently delegated responsibility to people incompetent in carrying out this crucial task ... We hope you will act swiftly: specifically to correct the error relating to *The BMJ*’s article and to review the processes that led to the error; and generally to reconsider your investment in and approach to fact checking overall.”

When I tweeted about the *BMJ* versus Facebook calamity on 18 December, someone retweeted: “I prefer misinformation over censorship.” I agree, but there was no misinformation in Thacker’s article.

Lead Stories saw my tweet and retweeted: “You should read this first if you believe any ‘censoring’ went on. [Our reply to BMJ’s open letter](#).”⁸²

I responded in a new tweet: “Lead Stories’ reply is pathetic, which you can see if comparing it with the *BMJ* letter to Zuckerberg,” and published my observations in *BMJ*.⁸³

In all his self-righteousness, empty rhetoric, and total unwillingness to admit he did anything wrong, the reply from Lead Stories’ Dean Miller to *BMJ*’s open letter is very scary.⁸² The only honourable thing to do would have been for Miller to admit he was wrong and to ask Facebook to

remove the flagging of Thacker's article. Instead, he demonstrated to the whole world that Lead Stories cannot be trusted. Miller is not a young, inexperienced late-comer who might be excused; he is Managing Editor of Lead Stories with a long editing experience.

Miller's arguments illustrate so well the huge problems we have with social media censorship. He doesn't like Thacker's headline, *Covid-19: Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial*, and makes a lot out of his distaste for it by calling it a scare headline that oversells the whistleblower and overstates the jeopardy.

He claims the headline is the reason the article has appeared in hundreds of Facebook posts and tweets and that many anti-vaccine activists have used it as "proof" that the entire clinical trial was fraudulent and the vaccine unsafe. He shows a picture with 120,956 "Facebook interactions" and says that it was likely unknown to *BMJ* that the publication of their article coincided with a hugely viral story making the rounds in anti-vaccine circles falsely claiming the CEO of Pfizer was arrested for fraud.

This is quite a mouthful, but the mouth is empty. First, it is not a task for fact checkers to police neutral and informative titles according to their personal taste. Second, the title doesn't oversell or overstate anything. It is factual and describes what the article is about. Third, authors are not responsible for others' abuse of the facts they convey. This happens all the time and cannot justify censorship. Fourth, it is totally irrelevant for fact checking that some people write something about the CEO of a drug company that is not related to *BMJ's* article.

Miller makes even more out of the title. He says it fails to make two important distinctions:

"1. The allegation concerns just three of the 153 sites at which the vaccine was tested on 44,000 participants. It would have been less misleading to say 'data integrity issues at 3 of 153 Pfizer trial sites.'

2. *BMJ.com's* whistleblower is not a lab-coated scientist titrating doses or checking patient symptoms. By her own account, Brook Jackson holds a 30-hour certification in auditing techniques focused on proper electronic medical records and data capture as well as lab procedures."

Miller deceives his readers deliberately. Being a journalist, he knows that it is not possible to write so much in a title.

His first argument is also a red herring, as Thacker wrote in his article that the data integrity issues concerned only three of the trial's 153 sites. More importantly, Miller does not consider what this might mean for the whole trial. It takes a lot of courage to step forward publicly, and it carries a huge cost, as the whistleblower will never get a job in the drug industry again. People are therefore not likely to blow the whistle. The obvious question to ask therefore is: When this can happen in a contract research organisation, what does it then mean for the other 150 trial sites? Were there also important problems at some of the other sites?

Miller's second argument is a pathetic and evil attempt at character assassination. It is totally irrelevant whether Jackson wears a lab coat when at work or what her background is. What matters is that she provided evidence of wrong-doing committed by the company. Miller's comment about her 30-hour certification is so misleading that it borders on fraud. Thacker wrote: "Jackson told the *BMJ* it was the first time she had been fired in her 20-year career in research. Jackson was a trained clinical trial auditor who previously held a director of operations position and came to Ventavia with more than 15 years' experience in clinical research coordination and management."

Miller explains that part of Lead Stories' mission is to fight what WHO calls an "infodemic" of misleading claims about COVID-19. But there are no misleading claims in Thacker's article. Miller

behaves as the Thought Police in Orwell's novel, *1984*. This belongs to totalitarian states, which Orwell warned about.

Miller claims that Facebook merely warned of "Missing Context," and that there were no restrictions in traffic, which contradicts *BMJ*'s information that some users were unable to share Thacker's article.

Moreover, the "Missing Context" label is used for content that may mislead without additional context, but there is nothing in Thacker's article that can mislead "without additional context."

Miller fires a colossal non-sequitur when he claims there was missing context: "Given the enormous engagement the article received and the kinds of reactions it elicited that certainly seems to have been the case here."

The reactions to something that is correct cannot make it incorrect. Miller seems to be unaware of the basic rules of logic, also when he states that Jackson worked at the lab for just two weeks. A judge would say that this cannot annul the clear evidence of wrong-doing she provided to *BMJ*.

Miller uses the trick guilt by association when noting that Jackson tweeted something that agreed with what a "leading COVID misinformation-spreader" had written. He believes she is hugely biased because she wrote in response to a tweet that vaccination makes sense if a person is in a high-risk category.

As already noted, it is perfectly reasonable to suggest that people in a low-risk category, e.g. children, do not need to get vaccinated, and even WHO has said this. Furthermore, whatever Jackson's views are of the COVID vaccines, they are irrelevant for Ventavia's wrong-doing.

Miller talked to Ventavia and FDA and concludes that, "It's not at all clear yet whether there are data integrity issues if you ask the other stakeholders, and that's the crucial missing context."

This is plain, unadulterated 100% nonsense, as it cannot annul the clear evidence produced by Jackson. Miller's faulty reasoning means that if the police investigate a murder and turn to gangsters who all say that no one died, the police would then be obliged to say they are not sure anyone died even though other people, including their own staff, have seen the corpse with bullet holes in it.

It is amazing that Miller believes what Ventavia told him, as he documented himself that they lied when they claimed Jackson had not worked on Pfizer's trial. Miller even provided a copy of a letter to Jackson in which she was expressly welcomed to the Pfizer trial team.

Miller opines that the problems were not ignored, which is also untrue. The company ignored them; FDA ignored them; FDA did not even inspect the three trial sites after Jackson had informed the agency about the problems; and Pfizer continues to use Ventavia as a contract research company.

Desperately trying to justify his wrongful actions, Miller uses the trick Schopenhauer called "Turn the tables."³¹ He tries to put the blame on *BMJ* for the calamity he has himself caused by claiming that *BMJ* failed to document what is "inaccurate" in Lead Stories' fact check. Miller is wrong again and he does not even apologise for denigrating Thacker's fact-based article in one of the world's best medical journals by calling *BMJ* a "news blog."

The end of this deplorable story is deplorable in itself. Even two months after the editors sent it, Zuckerberg had not replied to *BMJ*'s open letter. And *BMJ*'s various appeals, including to Meta's Oversight Board, led [nowhere](#).

This whole story is abhorrent. In Miller's so-called fact check report,⁸⁰ which *BMJ* criticised, he wrote about Jackson: "Her Twitter account, which was created in September 2021, includes recent

posts about the *BMJ* report as well as others that support some elements of vaccine resistance ... On Twitter, Jackson does not express unreserved support for COVID vaccines.”

These statements have nothing to do with a fact check. They remind me of one of the darkest periods in US history, the McCarthyism in the 1940s and 1950s, when US senator Joseph McCarthy spread fear of communist influence, which involved accusations of subversion or treason without proper regard for evidence.

The story is much bigger than Miller and Lead Stories. There are numerous other stories about busybody fact checkers, and they raise a pertinent question. Facebook and other social media get a large part of their income from advertisements. Could this be the reason why Lead Stories was completely unreasonable?

Pfizer is one of the richest drug companies in the world, and the Peoples Vaccine Alliance has estimated that Pfizer, BioNTech and Moderna will make pre-tax profits of \$34 billion in 2021 between them, and that their monopolies have produced five new billionaires during the pandemic, with a combined net wealth of \$35 billion.⁸⁴

At any rate, this story is very scary. The social media and their fact checkers are a threat to democracy, open societies, and free scientific debate. It gives associations to the religious police in Iran, the Taliban, the Chinese Communist Party, and the Ministry of Truth in 1984. But today, it is not only Big Brother is watching you. It has come close to everyone is watching everyone, and Big Brother has been replaced by Big Tech, which cannot be overthrown by a revolution.

The social media have become monsters and we do not yet know how best to fight them.

Fact checkers accepted non-facts as truth about the origin of COVID-19

Lead Stories say they work with the CoronaVirusFacts/ DatosCoronaVirus Alliance, a coalition of more than 100 fact checkers who are fighting misinformation related to the COVID-19 pandemic and they provide a link to something called [Poynter](#).

When you try to find out what this is, the first message that pops up is GIVE NOW, like a beggar's hand in the street: “What we do: Through the work of the Center, journalism can evolve its values and the public will better understand how those values impact their everyday lives, building practices of mutual trust and transparency.” Not exactly what Miller did.

The Poynter homepage mentions that there has been a CoronaVirus Fact-Checking Grant Program, with \$2 million in support from WhatsApp and Facebook; the latter providing flash grants for fact checkers fighting coronavirus misinformation.

The website for the Alliance is bad. It blocked my computer constantly when I tried to navigate on it. Its opening page states that they have done over 9,000 fact checks and that, “When the new coronavirus pandemic started, many hoaxes were about the origin of the virus. Then the alliance detected falsehoods on how the disease spreads, and cures and preventions.”

As I was convinced they got the origin of the virus totally wrong, I tried to find out what the earliest fact checks said about it: “Spend some time with the database. The filters can help you search efficiently. The content is definitely intriguing.” Sounded promising, so I clicked on GO TO THE DATABASE. I searched on origin, sorted by the oldest posts first, but this was not what was shown. The dates were not in numerical order. So, I went through them. There it was. On page 2, there was a fact check from 6 May 2020, which was updated a year later, on 29 June 2021:

Fact-checked by: FactCheck.org

2020/05/06 | United States

FALSE: The origin of the novel coronavirus was “manipulated,” contain coronaviruses, and masks can “reinfect” wearers.

Explanation: Experts have refuted the claim that the virus is "not naturally occurring, vaccines have saved millions of lives, and masks do not cause reinfections.

[READ THE FULL ARTICLE \(FACTCHECK.ORG\)](#)

The fact check said that experts have refuted the claim that the virus is not naturally occurring. This is false. Experts have never refuted this claim. In fact, it is highly likely that SARS-CoV-2, the virus that caused the COVID-19 pandemic, escaped from a laboratory in Wuhan, and that it was also manufactured there (see Chapter 7).

I read the full article of about 4,000 words, which was interesting.⁸⁵ It addresses a documentary called *Plandemic*, which went viral on social media, with hundreds of thousands of views. As I did not want to rely solely on the fact check, I looked up other information sources, which confirmed most of the issues in the fact check story.

The *Plandemic* video is totally dishonest. It weaves a grand conspiracy theory by using a host of false and misleading claims about the pandemic and much else. The video is largely an interview with Judy Mikovits, a discredited American researcher who fully deserves her label as an anti-vaxxer. Her many outrageous claims include that, “They will kill millions as they already have with their vaccines.” It is unclear which vaccines she refers to, but vaccines, e.g. those against measles, polio, diphtheria, and smallpox, have saved many millions of lives.³

Mikovits claims that, “If you’ve ever had a flu vaccine, you were injected with coronaviruses;” that hydroxychloroquine is effective against COVID-19; that using masks could lead to people infecting themselves with their own breath; and that “Ebola couldn’t infect human cells until we took it in the laboratories and taught them.”

I can fully understand why this video was removed. But amidst all the nonsense, Mikovits happened to get one thing right: The virus was not naturally occurring. FactCheck wrote about this that the exact origin of the coronavirus was not known, but that the genetic features of SARS-CoV-2 indicated it was neither created in a lab nor manipulated. They quoted the infamous letter by Kristian G. Andersen and colleagues published in *Nature Medicine* in March 2020: “Our analyses clearly show that SARS-CoV-2 is not a laboratory construct or a purposefully manipulated virus.”⁸⁶

I shall come back to this letter in Chapter 7 and will only say here that, as the fact check was updated in June 2021, it is totally inexcusable to accept this false information. Their analyses did not at all show what they claimed, which had been pointed out numerous times before June 2021.

The fact check did not say anything about the gain-of-function experiments in Wuhan, which purpose was to render a harmless virus dangerous in order to study its properties. Once again, a false narrative was accepted, which was that the NIH grant to Wuhan was used to “conduct genetic analyses of the viruses ... aimed to analyze the risk of coronavirus emergence and help in designing vaccines and drugs to protect us from COVID-19 and other coronavirus threats.”

This description of what really went on in Wuhan is fraudulent (see Chapter 7). It was not a passive study of genetics, i.e. the genomes provided by nature, it was fabricating entirely new viruses!

Other fact checkers were equally gullible. When one of my colleagues posted a message on Facebook about one of the best articles ever written about the origin of the pandemic, from May 2021,⁸⁷ his post was first labelled “Missing context,” and next it was removed.

The justification for this was a 4184-word [fact check](#) by Health Feedback, with 16 references. It was outdated by one year and they wrote that Kristian Andersen and colleagues had established that SARS-CoV-2 is of natural origin, which is wrong. They used superlatives to further their case, e.g. the 27 people that signed a highly misleading *Lancet* letter⁸⁸ (see Chapter 7) were called eminent scientists.

If you want to appear scientific, objective, and neutral, the worst thing you can do is to use such adjectives, which is persuasion by raising your voice or by referring to authority.

Mikovits recently published a book, *Plague of corruption: restoring faith in the promise of science*, with Kent Heckenlively, and with a foreword by Robert F. Kennedy. On Amazon, it is described this way:

“Dr. Judy Mikovits is a modern-day Rosalind Franklin, a brilliant researcher shaking up the old boys' club of science with her groundbreaking discoveries. And like many women who have trespassed into the world of men, she uncovered decades-old secrets that many would prefer to stay buried. From her doctoral thesis, which changed the treatment of HIV-AIDS, saving the lives of millions, including basketball great Magic Johnson, to her spectacular discovery of a new family of human retroviruses, and her latest research which points to a new golden age of health, Dr. Mikovits has always been on the leading edge of science.”

This colossal praise is utterly false. Rosalind Franklin was an X-ray crystallographer who played a pivotal role for the discovery of the molecular structure of the DNA, the double helix. She deserved to share the Nobel Prize with Francis Crick, James Watson, and Maurice Wilkins, but the Nobel Committee did not make posthumous nominations.

I investigated the claims. I searched on PubMed, with *Mikovits J* in the author field and *retrovirus* in the title field. There were only four results. The first, from 1996, had nothing to do with the discovery of a retrovirus. The next, from 2009, in *Science*, had Mikovits as last author. It was labelled retracted and was retracted in 2011.⁸⁹ The third was a similar publication in *Virulence* from 2010.⁹⁰ The fourth was a short notice in *Science* from October 2011 where Mikovits et al. stated that they retracted two figures and a table.⁹¹ This was two months before *Science* retracted their paper.

In July 2011, *Science* published an editorial expression of concern.⁹² They noted that Mikovits et al. had reported that a retrovirus called XMRV was present in the blood of 67% of patients with chronic fatigue syndrome (CFS) compared with 3.7% of healthy controls, but that, since then, at least 10 studies conducted by other investigators had failed to detect XMRV in CFS patients.

In the same issue, *Science* published a study that examined blood samples from 61 CFS patients from the same medical practice that had provided patient samples to the study by Mikovits et al. but there was no XMRV in any of the samples. *Science* explained that the study by Mikovits et al. had attracted considerable attention and had had a far-reaching impact on the community of CFS patients and beyond.

In December 2011, *Science* retracted the article explaining that multiple laboratories, including those of the original authors, had failed to detect the virus; that there was evidence of poor quality control; and that the authors had omitted important information.⁹³ *Science* regretted the time and resources that the scientific community had devoted to unsuccessful attempts to replicate these results.

This is the true story about Mikovits having made a “spectacular discovery of a new family of human retroviruses.” She didn’t discover anything and might have committed fraud.

On Simon & Schusters’ homepage, we are told that Mikovits’ book is “#1 on Amazon Charts, New York Times Bestseller, USA Today Bestseller - Over 100,000 Copies in Print!”

It is a colossal tragedy for public health and sanity in human populations that the absolute worst books about vaccines sell the most. Many people do not want to become informed, only to have their worst prejudices “confirmed.” Robert F. Kennedy’s book about vaccines has sold over [one million copies](#).¹⁰

Facebook allows murder to be shared

Facebook has been much criticised for allowing hateful content, which is often shared a lot and increases revenue from ads. Facebook wants us to believe that almost all hate speech is taken down, when the fact is that almost all of it remains on the platform. This was totally unknown before Frances Haugen, a Facebook employee turned whistleblower, and her legal team sent internal documents to the US Securities and Exchange Commission in October 2021.⁹⁴

In testimony to the US Senate in October 2020, Mark Zuckerberg said that Facebook was proactively identifying about 94% of the hate speech they took down. A few months later, Zuckerberg said that they had removed about 12 million pieces.

This information is seriously misleading and constitutes “obscene hypocrisy.”⁹⁴ A leaked document from March 2021 says, “We may action as little as 3-5% of hate ... on Facebook.” Moreover, the 12 million pieces removed is also deceptive, as 250 million pieces of hate speech were likely left up.

The 94% that Facebook has publicly touted only means that the other 6% were taken down because users complained about them. What Zuckerberg should have said is that their algorithms are so bad that they only lead to removal of about 5% of hate speech.

Facebook has known for years that it is failing miserably to control hate speech on its platform, but they have hidden this from investors, politicians, and the public. I cannot help thinking: It is not time to take down Facebook? I think so.

Here comes a horror story about Facebook inaction.⁹⁵ When 24-year old Louisa Jespersen from Denmark was trekking in Morocco in December 2018 with a Norwegian female friend, Maren Ueland, they were attacked by Islamic State terrorists and decapitated.

The assassins filmed the murder and [distributed the video on Facebook](#). It arrived many times to Louisa’s mother, Helle Jespersen. The first time was a few days after the murder when it arrived on Louisa’s Facebook page. Jespersen has worked hard to make Facebook stop this, which it hasn’t.

The video was also sent to Louisa’s sister. Several anonymous senders were involved. This happened again and again, often with hateful comments, e.g. “She died as an idiot;” “If she had used her head, she would not have lost it;” and “I have seen the video where they kill her and it is very entertaining.”

Right after Louisa's death, the video flourished online, and several Danes received prison sentences for sharing it.

Every time Jespersen receives the 80 seconds video or explicit images from it, she reports this and the sender to Facebook. Sometimes, the video is taken down. Then time passes, and it arrives

again. The police tried to stop the videos by taking over the profiles of Jespersen and her children and reporting the senders to Facebook. They also tried to find the senders, but after a few months they stopped monitoring the profiles.

The problem for the police is lack of resources to pursue cases where foreigners share murder videos. But Jespersen cannot understand why the people who send the illegal video or photos to her are not stopped by Facebook.

It is illegal to share the video, and Facebook could stop it permanently from being shared - notice and stay down this is called - but does not do this; they work after the principle, notice and take down. What is particularly grotesque is that Facebook is obliged to follow the European Union rules about notice and stay down when it comes to copyrighted works of, for example, music and pictures, but not for privacy-infringing content, not even when it is murder.

At a hearing in the Danish parliament, Facebook admitted that they had the algorithms to ensure a permanent stay down, but they argued it was a problem that the senders changed minor details in the technical format. I am not an IT expert, but I have no doubt that this problem can be fixed, at the very least much better than Facebook's current inaction.

Jespersen reported a user who had uploaded a photo of Louisa's bloody body to Facebook on 3 October 2021 but three months later, Facebook had not done anything. At another time, Facebook noted that the photo did not violate Facebook's guidelines.

What? Have they gone completely mad? For Facebook, it is worse seeing a female breast, or even just a nipple from a breastfeeding mother (see Chapter 5), than seeing a brutal murder.

On 11 December 2021, Jespersen reported a photo a person had uploaded on her daughter's profile where Louisa's head is being cut off. Again, this was not a violation of Facebook's guidelines. Can you believe this? This is Facebook! How can they be so ice-cold? It was not removed:

"We understand that you do not like it. We recommend you hide the commentary, annul the friendship, or block the person who uploaded it."

What about showing a little respect for the grieving mother for a change?

When Danish TV reported on Facebook's inaction on 9 January 2022, there were ten pieces Facebook had still not removed. Jespersen has now reported Facebook to the police.

I must say I would appreciate it if Facebook was banned. The EU has led the way globally with regards to data protection and privacy rules, and this caused Zuckerberg to threaten to [shut down](#) Facebook and Instagram in Europe in February 2022.

Please, Zuckerberg, do us a favour, will you? Shut down your activities in Europe.

Twitter

In June 2021, I got nervous when I saw that there was a message from Twitter in my inbox:

"Twitter is required by German law to provide notice to users who are reported by people from Germany via the Network Enforcement Act reporting flow. We have received a complaint regarding your account @PGtzsche1, for the following content:

Tweet ID: 1394921959121637377. Tweet Text: Made in China: the coronavirus that killed millions of people was likely fabricated on purpose to make it dangerous to humans as part of the gain-of-function research and escaped from the Wuhan Institute of Virology because of sloppy safety procedures. [url]

We have investigated the reported content and have found that it is not subject to removal under the Twitter Rules (<https://support.twitter.com/articles/18311>) or German law. Accordingly, we have not taken any action as a result of this specific report."

I am not on Facebook and never will be, but if I had posted this on YouTube or Facebook, I am absolutely certain they would have taken it down, according to their foolish Community Guidelines and Community Standards, respectively.

Was it pure luck that Twitter accepted it? I don't know. Someone working for Twitter had read my article, *Made in China: the coronavirus that killed millions of people*,⁹⁶ and concluded there was nothing wrong, even though it was a frontal attack on the prevailing narrative that China is totally innocent in relation to the death of 6 million people (see Chapter 7).

Even so, this worried me, for several reasons.

What if the complaints had come from a country that does not have a law requiring that I must be notified? Would I ever have found out that Twitter had checked on me? Likely not.

Why do we accept a system that allows anonymous complainants? In common law, this is only allowed in case the complainants are endangered if their identity becomes known, e.g. if they are witnesses in trials involving violent, organised crime. Complainants often have axes to grind, and it is therefore necessary to know who they are to reduce the risk of abuse.

What would have happened if I had published my article earlier when it was "generally agreed" – so the narrative went - that the virus had a natural origin? Perhaps it helped that I carefully described how the false narrative started and noted, with examples, that dangerous viruses sometimes escape from labs.

Facebook has tried to buy Twitter, but luckily the deal did not get through. We have enough concentration of the ownership to social media already.

In the autumn of 2021, Twitter blocked Juan Gérvas after he had alerted people to an article that reported on three suicides, one suicide attempt and one case of aggression towards others in close relation to starting hydroxychloroquine for COVID-19. The psychiatric adverse reactions appeared within 2-5 days after initiating therapy in people who had no prior psychiatric history.

Twitter's censorship made no sense. The US package insert for hydroxychloroquine lists under Warnings: "Neuropsychiatric events, including suicidality: Suicidal behavior has been rarely reported in patients treated with PLAQUENIL." Under adverse events is listed: "Psychiatric disorders: Affect/emotional lability, nervousness, irritability, nightmares, psychosis, suicidal behavior."

Gérvas propagated highly relevant information. FDA had revoked the emergency use authorisation for using hydroxychloroquine for COVID-19 more than a year earlier, [in June 2020](#), when a large randomised trial found no benefit for survival or recovery.

Understandably, Gérvas was frustrated that it took three months for Twitter to recognise their mistake, apologise and reinstate his account. He called Twitter a pre-Mesopotamian company and suggested that people followed him on Telegram instead.

The alternatives to Twitter and YouTube go too far in the opposite direction, and I will therefore not recommend using them. But you might need to if you want to follow someone who has been censored on the mainstream social media for no good reason.

Telegram has been used by ISIS for spreading propaganda; by neo-Nazi and fascist hate groups to organize a gun rally; and has been considered a white supremacist "safe haven" and a valuable tool for right-wing [extremists](#). The app has been used for distribution of pornographic material, including child and teenage pornography. Telegram was founded by two Russian brothers who founded VKontakte (VK), which is known for its lack of moderation when it comes to white supremacy.

Gettr is a social media platform targeted to American conservatives. [Extreme content](#) is prevalent and has included racism, antisemitism, and terrorist propaganda. The white supremacist Proud Boys organisation has also been promoted on the platform.

Parler is associated with Donald Trump supporters, conservatives, conspiracy theorists, and far-right [extremists](#). Posts on the service often contain far-right content, antisemitism, and conspiracy theories such as QAnon.

Odyssey has guidelines that prohibit pornography and promotion of violence or terrorism, but forbidden content [remains in place](#) and continues to allow it to be shared even though it cannot be found via search or browsing channels. Files will only be removed if courts deem them illegal, and Nazi videos about the superiority of the white race will not be removed.

[Rumble](#) get a lot of its traffic from Parler. Conspiracy theories and misinformation about COVID-19 get propagated on Rumble after YouTube or Facebook have pulled them.

Censoring emails

When the postman brought out our letters, no one censored them. But the electronic censorship is so pervasive that it prevents us from writing what we want in emails. This is an obscure area.

When I tweeted about the *BMJ* versus Facebook affair, I wrote: “Open letter from *BMJ* to Facebook about inappropriate censoring of serious data integrity issues in Pfizer’s COVID-19 vaccine trial and totally incompetent so-called fact check. This is very serious. Big Tech is destroying open debate and our democracies. <https://bit.ly/3Ebad3E>.”

I always use the bit.ly abbreviation for links, as tweets allow only 280 characters. But Google doesn’t like it. When I sent my tweet out on two email lists on 18 December 2021, Google censored me:

I’m sorry to have to inform you that your message could not be delivered to one or more recipients. It’s attached below.

Your message was rejected by Google, most likely due to presence of bit.ly links in the email body or subject.

xxx@gmail.com [anonymised by me] failed: host alt2.gmail-smtp-in.l.google.com (173.194.202.27) said: 421 4.7.0 [46.30.212.1215] Our system has detected that this message is suspicious due to the nature of the content and/or the links within. To best protect our users from spam, the message has been blocked. Please visit <https://support.google.com/mail/answer/188131> for more information. u18si10313926plg.95 - gsmtpl (in reply to EOD command)

I wrote to my colleagues:

“There is no end to the absurdities and Big Tech censorship. When I sent the message below about Facebook censorship, Google censored it ... It is unbelievable. I recommend everyone with a gmail to get another mail host. You do not expect censorship when you send emails! I have now attached the open letter, which Google ‘thinks’ should not be open.”

I thought I would circumvent Google’s censorship by removing the bit.ly part: “Just tweeted: (something, which Google censored). See my tweet account: <https://twitter.com/PGtzsche1>.”

Not so. I now got error messages from people who don’t use gmail, e.g. from @bmj.com. But this time, the message was different, even though it still recommended me to visit support.google:

THIS IS A WARNING ONLY. YOU DO NOT NEED TO RESEND YOUR MESSAGE. #
#####

<xxx@bmj.com> delayed: host alt1.aspmx.l.google.com (142.250.157.26) said: 421 4.7.0 [46.30.212.1315] Our system has detected that this message is suspicious due to the nature of the content and/or the links within. To best protect our users from spam, the message has been blocked. Please visit <https://support.google.com/mail/answer/188131> for more information. a72si11005949pge.317 - gsmtpt (in reply to EOD command)

This message was now not failed but delayed and I was told I did not need to resend it. But also that it had been blocked. This seemed contradictory. Moreover, the distinction between a failed and a delayed message does not hold. Sometimes, a failed mail arrives anyway.

Sending letters by email is a land where the postman speaks gobbledygook, and there is no one you can talk to for having it translated.

One of my emails bounced back to me with the message that it “could not be delivered to one or more recipients. It's attached below.” Not even this was correct. I have never seen anything “attached below.”

The reason for non-delivery was that my message “contains a known spam email address” and I was told that one particular person had not received my email. When I asked her, she said that she *had* received my email, and she does *not* use gmail.

Why is it so confusing and why are there errors all over the place? This is not communication. It is miscommunication.

I couldn't figure out why my attempt at circumventing Google's censorship failed. I had copied the address to my Twitter account into the email and there were only three full links and only in the references in *BMJ's* letter to Zuckerberg that was published on *BMJ's* website.⁷⁹ It also escaped me why Google was involved again when neither I nor my *BMJ* colleagues used gmail.

I tried to find out what the problem was by going to support.google as suggested, but I didn't get any wiser:

Why has Gmail blocked my messages?

Troubleshoot delivery issues with Postmaster Tools

[Gmail Postmaster Tools](#) provides senders with metrics on parameters such as reputation, spam rate, feedback loop, etc. It can help you prevent your emails from being blocked or sent to spam by Gmail.

Here at Gmail, we work very hard to fight spam. While in some cases we may classify a message as spam and deliver it to the spam folder, we also try to find ways to reduce the amount of spam being sent to Gmail in general. If we detect that a message has a strong likelihood of being spam, we'll block the message from being sent to Gmail.

A message might be blocked if it contains suspicious-looking or spammy text or if the sending IP has had a history of sending unsolicited messages.

Is all of the mail I'm sending being blocked?

It's likely that only a subset of the messages which have a strong likelihood of being spam are being blocked and not all of your messages. However, to help improve your deliverability, we recommend reviewing our [Bulk Sender Guidelines](#).

If you're forwarding mail to Gmail and your domain also forwards spam, we recommend reviewing our [mail forwarding best practices](#).

A long life in research has taught me that IT people are second to none in confusing people. Why would Google consider my mail to be spam and why were not *all* people with a gmail account blocked but only some of them, as I found out?

My troubles weren't over, although I use Outlook, a Microsoft product. When I asked the *BMJ* editor if she had received my email, I was told: "Server error: '450 4.7.1 You have more than 100 failed deliveries the last hour, try later.'"

Great. Punished again by the invisible IT monster. How much later is later? I sent an email to myself after a while, which came through. But I have no idea about how many of the emails I sent that morning that never came through. This caused me problems, as some people never got my mails, and the IT monster didn't tell me who they were.

When I wrote to two colleagues eight days later, ironically with the subject heading, *Censorship in relation to COVID-19*, I was told my message had failed because it "contains a known spam email address. (in reply to EOD command)."

I had written to the same two people nine months earlier, and this message was embedded in the email, but it had a third recipient, with a @gmail.com address. He is very active on a large email list. I therefore thought it was his email address that was called spam at mailrelay3-3.pub.mailoutpod1-cph3.one.com even though I did not write to him. His email address just happened to appear somewhere in the text of my mail.

I gave up, but two months later, I decided to do some detective work on this issue. I had been told that my message "contains a known spam email address." My message. Well, logically, there must be a spam email address somewhere in my message, which is the body of the email, right? Or perhaps the subject line?

No! None of this is correct. The brains of IT people are very different to the rest of us. I looked up what "in reply to EOD command" means on Google. I found a cry for help in Dutch about this, and I can understand some Dutch. Someone replied that, "Such an error indicates that your mail is rejected by our server, generally for security reasons. Your email will probably be seen as spam. Please contact our Abuse department at abuse@kpn.com."

Aha, so the spam email address was not in the message, as I was told it was, but it was the sender's email address! This is double Dutch. I was the spammer! On 18 December, I was told I had sent too many emails, but not that I was a spammer. Eight days later, my email to only two people had failed because I *was* a spammer. I asked my two colleagues if they had received my email, and this they had, even though my email was "failed."

I hope you can see the logic in all this because I can't.

Gmail explains that they may block a message if "the sending IP has had a history of sending unsolicited messages." How many people know what IP means? What is an unsolicited message? And why may we not send unsolicited messages if we are on an email list and enrich each other with our messages? The email list that sometimes blocks me has 136 recipients. Some people have asked others to email for them because they are *always* blocked.

A Canadian colleague told me that his emails to me would go through many servers on its way, which is why it was impossible to find out what goes wrong.

We decided to test the system. Like me, he does not use gmail. He would send me an email with anti-vax content, and I suggested that he resent the email, replacing the offending bits with xxx, but oh, no, no! He said that xxx in our brave new world might flag as pornography and he would therefore put in some random letters instead.

Several days and hundreds of emails later, I received a phony email from him with a link to the *BMJ* article about Facebook's censorship: "replied Subject: vaccines don't work. Wow, check out this evidence that covid vaccines are killing people and scientists everywhere are lying. The epidemic isn't real. <https://www.bmj.com/content/375/bmj.n2635>."

I took it for real and responded that he couldn't be serious. It then dawned on me that it was his test email. But I have seen so much nonsense about vaccines and the pandemic, also from intelligent and educated people, that I was prepared for the worst and therefore believed the email was sent in earnest.

Every time I write to my Canadian colleague, I am told that my message is delayed, "server temporarily unavailable," which is the modern version of, "The postman was bitten by a dog, so you won't get mail the next few days."

I do not believe in conspiracies. What looks like a conspiracy, virtually always has a simple explanation. But my email experiences made me understand why some people do.

What I miss are explanations that are correct and which you can understand. If you are stopped in the traffic, the police will tell what you did wrong. If your emails are blocked, you don't have a clue what your offence is. What a world we have created.

I did some further searches on the Internet and became a little wiser. [One of the posts](#) explained that spammers love URL shorteners because they make it easy to hide malicious websites from their victims. It is therefore best to use the original URL whenever possible. If you use a commonly abused link shortener domain in your emails, receivers may choose to block your mail, just to be safe.

I am learning to speak gobbledygook, but I am a slow learner, and the dictionary is bewildering.

7 Systematic cover up for the origin of the COVID-19 pandemic

The cover up for the origin of the COVID-19 pandemic is the worst cover up in the history of medicine, for one of the worst international catastrophes ever, which has so far killed 6 million people. As soon as the new disease appeared, it was intercepted, stolen, and politicised by people with ulterior motives,¹ and, as you will see, *all* the key persons and top officials lied.

It is a very dirty story of conflicts of interest and systematic deception, far beyond China's borders, reaching deep into the United States. It was highly successful in misleading the whole world and in censoring anyone who dared challenge the official but false narrative. As the initial events were quickly and conveniently forgotten, I shall start by repeating them.²

Chinese doctor Li Wenliang warned about a new SARS-like illness in Wuhan in early December 2019 in a group chat with other health professionals.³ A few days later, he was detained by the police for "spreading false rumours" and they forced him to sign a document admitting he had "seriously disrupted social order" and breached the law. At least seven other people were similarly disciplined. Li Wenliang acquired the disease himself and died in early February 2020.

Chinese lawyer Zhang Zhan went to Wuhan to cover the outbreak.⁴ She was detained and later received a 4-year jail sentence for "spreading lies." She was force-fed after starting a hunger strike in detention and her health deteriorated. Several other citizen journalists disappeared.

On 31 December 2019, Taiwan alerted WHO to the risk of human-to-human transmission of the new virus, but WHO did not pass on the concern to other countries.⁵ China has ensured that Taiwan is not a member of WHO, and WHO's cosy relationship with China was criticised, particularly when WHO overly praised China's handling of the coronavirus outbreak despite the fact that China had covered it up.³

In February 2020, Steven Moshier from the *New York Post* published the article, *Don't buy China's story: The coronavirus may have leaked from a lab.*⁶ After an emergency meeting in mid-February with President Xi Jinping, the Chinese Ministry of Science and Technology released a directive titled: *Instructions on strengthening biosecurity management in microbiology labs that handle advanced viruses like the novel coronavirus.*

This came close to an admission that the pandemic might be due to lab leak. China had only one Biosafety Level 4 (BSL4) microbiology lab that was equipped to handle deadly coronaviruses, and it was located in the Wuhan Institute of Virology. However, the virologists didn't like working under these conditions.⁷ They have to wear a space suit, do operations in closed cabinets, and everything takes twice as long. Their work was therefore performed at the BSL3 or BSL2 level,⁸ which is the biosafety level of a US dentist's office.

Moshier noted that few people know that Chinese researchers sometimes sell their laboratory animals to street vendors after they have finished experimenting on them even though this is illegal.⁶ Chinese authorities first blamed a seafood market not far from the Wuhan Institute, even though the first documented cases of COVID-19 involved people who had never been there.

In the very first weeks of the pandemic, there was some brilliant investigative journalism by Chinese journalists that showed that the market theory was wrong, but this was censored.⁹ Next, the Chinese authorities pointed to snakes, bats, and pangolins.⁶

But Moshier concluded that the evidence suggested that the virus may have been carried out of the lab by an infected worker.

This is one of the earliest articles that explained why a lab leak was the likely origin of the pandemic. A year later,¹⁰ the *New York Post* noted that the *New York Magazine's* latest cover story,

The lab-leak hypothesis, perhaps the most insightful article ever written about the origin of COVID-19, by American novelist and essayist Nicholson Baker,¹ concluded that COVID-19 is a human-engineered virus that escaped from a Wuhan lab.

This was the very same theory that moved Facebook to block Mosher's article for two months, calling it "False Information,"¹⁰ which it wasn't. And even though Mosher expressed less certainty than Baker, and it was in the opinion section of the newspaper, it was Mosher who was blocked. Back then, media figures even accused Mosher and the newspaper of spreading a "conspiracy theory."¹¹

Baker believed the virus was made more infectious in the laboratory, perhaps as part of a scientist's well-intentioned but risky effort to create a broad-spectrum vaccine, and accidentally escaped.¹ He spoke to a number of scientists who said their first thought on hearing of the outbreak was "lab accident."

However, once President Trump and Secretary of State Mike Pompeo suggested the virus came from a Chinese lab, many deemed it "deeply taboo" to agree.¹ Experts called for comment were themselves often engaged in gain-of-function research that manipulates viruses so that they become more infectious, more deadly, or both - and they didn't want to lose their funding if the public turned against their research. One expert Facebook relied on had regularly worked with Wuhan's researchers and done experiments in their lab.

China didn't want the world to know about the origin of COVID-19 and American media helped Beijing bury the story.¹⁰

After having studied the issues carefully, I was no longer in doubt and wrote an article about the obvious: *Made in China: the coronavirus that killed millions of people*. I published it on my website in May 2021¹² and repeated it in a medical journal in December 2021.¹³

The Lancet causes the worst censorship and fake news ever in science

Let's have a look at what has aptly been called "Beijing's useful idiots"¹⁴ and how they misled the whole world.

On 19 February 2020, a group of virologists and others published a *Lancet* letter, which derailed the debate about the origin of COVID-19. From that date on, only one "truth" was allowed, which was that the pandemic had a natural origin and was not due to a lab leak in Wuhan.¹⁵

This was the darkest moment in science in my lifetime. It was a pillar of shame, like the one created by Danish artist Jens Galschiøt in 1996 that commemorates the Tiananmen Massacre victims when likely thousands of peaceful demonstrators, mostly students, were brutally murdered by the Chinese regime in 1989.¹⁶

The People's Liberation Army, which the Chinese leaders ordered to carry out the massacre, "liberated" the people who demonstrated against the Chinese dictatorship by shooting them. The country is called the People's Republic of China, but it is the leaders' republic; the people are being oppressed. It was similarly ironic that East Germany was called the German Democratic Republic even though it was also a brutal dictatorship.

The pillar of shame - an 8 metre towering entanglement of human suffering cast in bronze, copper and concrete - stands in the University of Hong Kong campus. "The old cannot kill the young forever" is engraved on the base of the pillar.



The Pillar of Shame. Photo: Kris Cheng/HKFP

A student said to the *Hong Kong Free Press*:¹⁶ “To me, the Pillar of Shame was a symbol of the fight with crimes against humanity. We refused to let go.”

This is what I feel about the gain-of-function experiments in Wuhan. A crime against humanity.

In 2008, the Hong Kong Alliance in Support of Patriotic Democratic Movements in China painted the statue orange in support of Galschiøt’s Colour Orange campaign, which aimed at highlighting China’s human rights violations, on the occasion of the Beijing Olympics Games.

The human rights violations in China were also felt in Hong Kong. Galschiøt was invited to Hong Kong on 30 April in 2008 - 100 days before the Olympics - but he and his two sons were denied entry at Hong Kong’s airport. After a seven-hour interrogation, they were sent back to Denmark for failing to satisfy immigration requirements. The Alliance invited Galschiøt to Hong Kong again in May 2009 to participate in the maintenance of the pillar and events commemorating the 20th anniversary of the Tiananmen Massacre – and he was once again denied entry.

The chair of the Alliance was asked in 2018 if he was worried that the pillar would not be allowed to stay now that the political climate was changing. He replied:¹⁶

“I believe any attempts to move the Pillar of Shame would symbolise a complete stripping of the university’s freedom of speech and expression. The pillar standing here symbolises not only its basic values - of the fight for freedom and the fight for democracy - but symbolises an even more fundamental thing, which is freedom of expression. So I think no one will dare challenge this core value. I hope the school understands that free thought, free speech, free expression, and free research are most important. If even these freedoms are gone, then the school should be closed down.”

I think his statement was political. We all expect that someday, the statue will be demolished on orders from Beijing.

Emails released through Freedom of Information Act requests reveal that Peter Daszak, a British zoologist who works in the United States, recruited some of the world’s top scientists to counter claims of a possible lab leak and secretly organised and drafted the *Lancet* letter, which established a veneer of “scientific consensus” and quashed debate.^{17,18} As the letter is crucial for understanding the pervasive censorship that ensued, I shall bring it in its entirety:¹⁵

Headline: *Statement in support of the scientists, public health professionals, and medical professionals of China combatting COVID-19.*

“We are public health scientists who have closely followed the emergence of 2019 novel coronavirus disease (COVID-19) and are deeply concerned about its impact on global health and wellbeing. We have watched as the scientists, public health professionals, and medical professionals of China, in particular, have worked diligently and effectively to rapidly identify the pathogen behind this outbreak, put in place significant measures to reduce its impact, and share their results transparently with the global health community. This effort has been remarkable.

We sign this statement in solidarity with all scientists and health professionals in China who continue to save lives and protect global health during the challenge of the COVID-19 outbreak. We are all in this together, with our Chinese counterparts in the forefront, against this new viral threat.

The rapid, open, and transparent sharing of data on this outbreak is now being threatened by rumours and misinformation around its origins. We stand together to strongly condemn conspiracy theories suggesting that COVID-19 does not have a natural origin. Scientists from multiple countries have published and [analysed genomes](#) of the causative agent, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2),¹ and they overwhelmingly conclude that this coronavirus originated in wildlife,^{2, 3, 4, 5, 6, 7, 8, 9, 10} as have so many other emerging pathogens.^{11, 12} This is further supported by a letter from the presidents of the US National Academies of Science, Engineering, and Medicine¹³ and by the scientific communities they represent. Conspiracy theories do nothing but create fear, rumours, and prejudice that jeopardise our global collaboration in the fight against this virus. We support the call from the Director-General of WHO to promote scientific evidence and unity over misinformation and conjecture.¹⁴ We want you, the science and health professionals of China, to know that we stand with you in your fight against this virus.

We invite others to join us in supporting the scientists, public health professionals, and medical professionals of Wuhan and across China. Stand with our colleagues on the frontline!

We speak in one voice. To add your [support](#) for this statement, sign our letter online. LM is editor of ProMED-mail. We declare no competing interests.”

The letter was translated into Chinese, which is highly unusual for an English language medical journal. There was also a highly unusual insert, with words in bold: “To **register your support** see <http://chng.it/SDpTB9Kf>.”

I looked up this link on 7 January 2022. It was a traditional petition, *Support for the Public Health Professionals of China Combatting COVID-19*, on a site called change.org. The text was similarly misleading as the *Lancet* letter but considerably more punchy:

“Following the events around the emergence of COVID-19 in China, international scientists have been dismayed by the spreading of rumors, misinformation and conspiracy theories on the virus’ origins. These rumors are now specifically targeting scientists and health professionals who have been working extremely hard to fight this outbreak and have shared data with unprecedented speed, openness, and transparency. Some of these scientists have already received threats of violence to their families and themselves. These rumors and conspiracy theories threaten to undermine the very global collaborations that are vital to combat this disease that has already spread across continents, and for that reason have been condemned by many, including repeatedly by the WHO Director-General, and the Director of The Wellcome Trust.

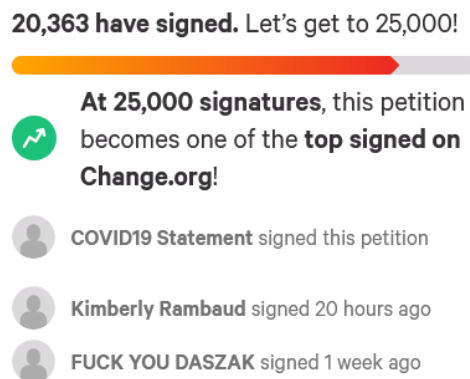
A [group of 27 public health scientists from 8 countries](#) have signed an “open letter” in the *Lancet* to support scientists, public health and medical professionals of China fighting the outbreak of COVID-19 and to roundly condemn conspiracy theories surrounding it. These scientists include Sir Jeremy Farrar OBE, Jim Hughes (former Asst. Surgeon General, former Head of CDC NCID, Rear Admiral US Public

Health Service Rtd.), Rita Colwell (former Head of the US National Science Foundation), multiple members of the US National Academy of Medicine, Prof. Sai Kit Lam (Member of Malaysian Academy of Medicine who co-discovered Nipah virus), John Mackenzie (Officer of the Order of Australia, member of WHO GOARN Steering Committee), Dr. Jerry Keusch (former Head of NIH Fogarty International Center), and other leaders in the field of infectious disease research and public health.

Their goals in publishing this open letter are to reach as wide an audience as possible at this critical juncture of the COVID-19 outbreak, so that unfounded rumors may be quashed, and a message of encouragement and solidarity will be read by colleagues in China who are working hard to fight the outbreak as well as by the leaders at governmental agencies in China, USA, and around the world that might otherwise give credence to misinformation and conspiracy theories.

If you would like to add your name and support of the Scientists, Public Health and Medical Professionals of China Combating the Novel Coronavirus (COVID-19) Outbreak, please sign below.”

The petition aimed for 25,000 signatures. People could write comments and two were highlighted at the top:



It must have been a robot that selected these two, as one of them said: “FUCK YOU DASZAK.” As there were many hundreds of comments, I assume the robot highlighted the two most recent ones. I browsed a few, and one was amusing: “I am signing because I want to stop fake propaganda.” It is easy to fool people by referring to authority. The *Lancet* letter was fake propaganda.

When I checked again, a month later, there were two fewer signatories than before, which is difficult to understand. The “fuck you Daszak” message was gone. Instead, the two first messages praised China highly, but they were two years old! I don’t think more than a few would praise China today.

Even a cursory analysis of Daszak’s *Lancet* letter reveals how horrible it was. Jamie Metzl, who sits on WHO’s advisory committee on human genome editing, said it was:

“Scientific propaganda and a form of thuggery and intimidation. By labeling anyone with different views a conspiracy theorist, the *Lancet* letter was the worst form of bullying in full contravention of the scientific method.”¹⁸

The worst part of the letter is this one:

“The rapid, open, and transparent sharing of data on this outbreak is now being threatened by rumours and misinformation around its origins. We stand together to strongly condemn conspiracy theories suggesting that COVID-19 does not have a natural origin ... Conspiracy theories do nothing but create fear, rumours, and prejudice that jeopardise our global collaboration in the fight against this virus.”

There was no sharing of data. Zero. China hid everything that could incriminate them as being responsible for the pandemic through reckless experimenting with corona viruses disregarding the safety instructions in the lab.

It is appalling that scientists call the most plausible hypothesis, that the virus escaped from the lab, rumours, misinformation, and conspiracy theories. I have never seen anything like this in my whole career. This alone should have made *Lancet* reject the letter. The deplorable trick Daszak used was to “Choose metaphors favourable to your position.”¹⁹

It is nonsense to claim that a lab leak must be caused by a conspiracy. Lab leaks of dangerous viruses happen virtually every year.⁷ The smallpox virus escaped three times from labs in England in the 1960’s and 1970’s, causing 80 cases and 3 deaths. The SARS virus, responsible for the Severe Acute Respiratory Syndrome which emerged from Chinese bats in 2003 and killed 774 people,² leaked from laboratories in Singapore and Taiwan, and twice from China.²⁰ The most notable lab leak is the 1977 H1N1 lab escape from China that caused a worldwide influenza pandemic,²⁰ mostly in young people, with about 700,000 deaths.¹² Humans are fallible, and accidents can occur in a myriad of ways.

Daszak was president of the EcoHealth Alliance of New York, which funded the dangerous coronavirus research at the Wuhan Institute.^{1,7} The *Lancet* letter stated that the authors had no conflicts of interest. This wasn’t true, as already its strongly emotional title revealed. Furthermore, if the SARS-CoV-2 virus had escaped from research Daszak funded, he would be potentially culpable. The letter was only 350 words but had 27 authors. We call this persuasion by big numbers and authority, which escalated in the petition.

Daszak urged colleagues involved in gain-of-function research not to sign the letter, in order to obscure the connection, telling one of them: “We’ll then put it out in a way that doesn’t link it back to our collaboration so we maximize an independent voice.”¹⁸

He told his fellow signatories that the letter would not be sent under the EcoHealth logo and would not be identifiable as coming from any organisation or person. He even considered not signing the letter himself. He wanted “to avoid the appearance of a political statement,”²¹ although this was exactly what it was.

Virologists like Daszak had much at stake. For 20 years, mostly beneath the public’s attention, they had been playing with fire by routinely creating far more dangerous viruses than those that exist in nature.⁷ Many other leading experts in emerging coronavirus threats, who rushed to dismiss the lab leak theory, were also conflicted, fearing that confirmation of a leak would shut down virology labs around the world and cut off their precious flow of funding.¹⁸

In April 2020, the NIH wrote to EcoHealth Alliance: “You are instructed to cease providing any funds to Wuhan Institute of Virology.”¹

In response, Daszak and the chief scientific officer of New England Biolabs - a company that sells seamless gene-splicing products to laboratories - got 77 Nobel Prize winners to sign a statement saying that the cancellation deprived the “nation and the world of highly regarded science that could help control one of the greatest health crises in modern history and those that may arise in the future.”¹

Daszak’s cheap trick is called, “Appeal to authority rather than reason.”¹⁹

Later, as a condition of further funding, the NIH wanted Daszak to arrange an outside inspection of the Wuhan lab and to procure from Wuhan’s scientists a sample of whatever they had used to sequence the SARS-CoV-2 virus.^{1,22}

This is significant because it shows that the NIH assumed that the virus was man-made.

The NIH set up Centers for Research in Emerging Infectious Diseases (CREID), and put Daszak's EcoHealth in charge of trapping animals and looking for obscure bat viruses in Singapore, Malaysia, and Thailand.¹ Richard Ebright hit the nail when he likened the virus hunting and collecting to "looking for a gas leak with a lighted match."

"We're going to work in remote parts of Malaysia and Thailand to get to the front line of where the next pandemic is going to start," Daszak told US National Public Radio.¹ Or to start one.

A year later, in April 2021, the House Energy and Commerce Committee asked Daszak to provide details on federal funds passed on to the Wuhan Institute; on what information they had on bat viruses worked on at the lab that were closely related to the COVID-19 virus; and on what his charity knew about a mysterious database of virus genomes held by the lab, which was taken offline in 2019. The Committee asked 34 questions and gave a one-month deadline, which Daszak ignored.¹⁸

After 1.5 years with Daszak's bullying, lies and arrogance, people had finally had enough. In September 2021, a group of scientists, the Paris Group, called for his removal because he had "withheld critical information and misled public opinion by expressing falsehoods."²³ They sent their [letter](#) to the NIH and the Department of Health and Human Services. They cited a [tweet](#) where Daszak claimed the Chinese labs he worked with had never kept live bats, even though by the Wuhan scientists' [own accounts](#), live bats were present at the facility since at least 2009. Moreover, lab personnel had filed patents to breed the animals around the same time when EcoHealth proposed to inoculate wild bats with novel coronavirus spike proteins. Grant reviewers were concerned by the plans to put human-specific furin cleavage sites into the spike proteins of SARS-related viruses.²³

The Paris Group felt that Daszak showed a level of disrespect for scientific and ethical norms without precedent when he failed to disclose his plans, even as he was participating in organised efforts to uncover the pandemic's origin. Daszak also defended that the Wuhan Institute took its data offline asserting that hacking threats justified keeping the databases under wraps. This is plain nonsense.

In a briefing, Daszak referred to the data as an Excel spreadsheet, but there were 16 databases with 600 gigabytes of data, with records for 22,000 samples, mostly from bats, and sequences for at least 500 recently discovered bat coronaviruses. Among those coronaviruses, 50 were SARS-related and 19 at a minimum were grown in culture.²³ The log notes, which are in Chinese, refer to a subset of viral sequences that "cannot be published ... we have no idea what they are."

Political leaders also began to lose their patience with Daszak. On 30 November 2021, they explained in a [press release](#) that they had sent a letter to the National Academy of Medicine urging it to immediately suspend Daszak and to carry out a comprehensive investigation into his conduct related to the COVID-19 origin.

The letter pointed to a number of Daszak's actions that may violate the Academy's Code of Conduct and warranted urgent action:

- Daszak's refusal to answer questions relevant to the origin of the COVID-19 pandemic, including Congressional requests;
- Daszak's failure to properly report his financial ties to the Wuhan Institute;
- Daszak's leading role in shutting down all scientific discussion about the lab leak theory, presumably to avoid oversight of risky research his group funded in Wuhan;

- Daszak’s refusal to cooperate with the scientific community and his unwillingness to share information relevant to the origin of the COVID-19 pandemic; and
- Daszak’s repeated inaccurate statements about his group’s work in Wuhan and numerous official representations to NIH that are contradicted by documentation.

Daszak also declined to answer questions from Daily Mail reporters who visited his home, warning them to “leave the area and never come back” and calling police. He habitually called any criticism of what he was involved with “politically motivated” or a “conspiracy.”¹⁸

Right after the *Lancet* letter, Facebook’s fact checker Science Feedback quoted it in an article,¹⁸ which came to play a key role for the censorship. This article purported to debunk the *New York Post* opinion column by Mosher questioning China’s denials of a lab leak scenario.⁶

Facebook routinely censored articles exploring the lab leak theory, labelling them “false information” and punished news publishers by limiting their reach on the platform. This can have serious consequences. Facebook severely limits the spread of articles it deems debunked, pushing them far down in the News Feed, if they appear at all. Though Facebook’s system of strikes against a publisher is opaque, a news organisation that repeatedly publishes articles deemed false information can see the reach of all their articles reduced.

Facebook’s appalling censorship lasted 15 months. In May 2021, they announced that they would no longer take down posts claiming that COVID-19 was man-made or manufactured.²⁴ Twitter had no plans of changing its policy and YouTube did not find it was a policy violation to claim that the virus was man-made or originated in a lab accident because “there has not been consensus” on its origins.

This is really bad. Science is not about consensus; it is the opposite of consensus. Scientists disagree, which brings science forward. The idea that Facebook’s change in policy is because “the Wuhan lab-leak theory gains attention” is similarly misconceived. Scientific truths are not determined by a show of hands.

I don’t buy the argument that the social media faced intense political pressure,²⁴ and that we should therefore pity them. We all have an obligation to reject censorship, which is the first step toward dictatorship. What happened to the First Amendment about freedom of speech that Americans talk about all the time? Why have they accepted that Facebook suspended it? Wake up, everyone, before it is too late.

Only one week after the *Lancet* letter, a similarly deplorable letter of 1070 words was published in *Emerging Microbes & Infections*, a journal owned by Taylor & Francis.²⁵ Its authors called it a conspiracy theory to suggest that the COVID-19 pandemic could have started from a lab accident. The article was published 13 days after it was submitted. Emails made public by the US Right to Know show that the authors deliberately bypassed the normal peer review.²⁶ The journal is published with a Chinese firm and its Shanghai-based editorial office accepted the article within 12 hours.²⁷ Editor Shan Lu told two of the authors he would share a “secret” with them - that Taylor & Francis could become “very suspicious” when he pushed “a super-fast review and accept (basically no review).”

The authors also violated publication ethics by not disclosing that their article had been secretly edited by two key scientists whose lab research involves gain-of-function experiments, Shi Zhengli, the “bat lady” from the Wuhan Institute of Virology, and Ralph Baric from the University of North Carolina who requested not to be cited as having commented on the manuscript.²⁶

The authorship policies for Taylor & Francis require that all contributions made by anyone who has assisted with the manuscript content must be acknowledged and their source of funding declared. They should be included in an acknowledgments section with an explanation of their role, or they should be authors.

Shi and Baric were not acknowledged, and their sources of funding were not declared. When contacted for comment, none of the four authors responded.

The letter was downloaded 75,000 times, making it the third most downloaded article published in 2020 by Taylor & Francis, which puts out 2,500 journals. Fake news seems to be far more attractive than news.

Taylor & Francis has pushed hard into the Chinese market - alongside its owner, Informa - since opening an office in Shanghai in 2005.²⁷ The publisher has been criticised for dropping dozens of journals from its offerings to Chinese libraries at the Communist regime's request.

Only one month after the *Lancet* letter, on March 17, a group of virologists led by Kristian G. Andersen published a similarly misleading letter in *Nature Medicine* declaring that, "Our analyses clearly show that SARS-CoV-2 is not a laboratory construct or a purposefully manipulated virus."²⁸

Among the five signatories of the letter was an expert who got China's top award for foreign scientists after nearly 20 years' work there and a guest professor at the Chinese Centre for Disease Control and Prevention.¹⁴ By June 2021, the letter had been accessed 5.4 million times and cited almost 1,500 times in other papers.

When I read this paper two years ago, I concluded that their analysis had not shown anything. Their central argument is this one: While analyses suggested that SARS-CoV-2 may bind to a human protein receptor, angiotensin-converting enzyme 2 (ACE2), on the cell surface with high affinity, computational analyses predict that the interaction is not ideal. Since the receptor-binding domain in the virus's spike protein is different from those shown in other SARS-viruses to be optimal for receptor binding, the high-affinity binding of the SARS-CoV-2 spike protein to human ACE2 "is most likely the result of natural selection."

If you think this speculative way of arguing is nonsense, you are absolutely right. Back then, I wrote in my notes: "This argument is totally invalid. The conclusion does not follow from premises."

A year later, 14 scientists wrote a letter to *Lancet* asking them to reopen the debate about the pandemic's origin, but *Lancet* rejected the letter,²⁹ which the authors therefore published on a website.³⁰

They documented that the arguments for a natural zoonosis were inconclusive and that Andersen et al.'s arguments in their *Nature Medicine* article were logically flawed.³⁰ What Andersen did was to propose two hypotheses. So if hypothesis A (the virus is manufactured) is wrong, hypothesis B (it is an infection jumping upon us in nature) must be correct. However, the paper misses the fact that there might be hypothesis C.^{29,30}

Hypothesis C is that the pandemic could have been caused by a lab leak. And the virus could have been made dangerous through serial passage experiments. Such experiments involve an artificial selection of the random mutations that increase the fitness of the virus to the new host, thereby resulting in a fast evolution of genomic sequences. These experiments were routinely performed in the Wuhan Institute of Virology.

The scientists also mentioned that the closest animal virus (RaTG13) showed a 4% difference with SARS-CoV-2, a genetic distance that has been estimated to reflect 4 to 7 decades of evolutionary divergence. This is a very strong argument against natural infection.

Kristian Andersen was highly active on social media condemning the lab leak theory and confronting its proponents.¹⁴ In a tweet from 14 February 2020, he wrote that any type of lab origin would have to involve a massive conspiracy.²⁹ In May 2021, researchers started documenting how often he had called the possibility of a lab leak a conspiracy theory. After deleting hundreds of tweets, Andersen shut down his Twitter account.

Freedom of Information Act release of emails revealed that he had previously admitted to Anthony Fauci that the virus had unusual features that “(potentially) look engineered” and are “inconsistent with expectations from evolutionary theory.” This contradicted his *Nature Medicine* letter to such a degree that it is fair to call it mendacious.¹⁴

The emails also revealed that, on 1 February 2020, an emergency top secret conference call was held on a Saturday to discuss the shocking fact that the virus looked like it might have been engineered in a laboratory.³¹

A day before the teleconference, Andersen told Fauci that the genetic structure of the virus looked like it might have been engineered in a lab: “The unusual features of the virus make up a really small part of the genome (<0.1%) so one has to look really closely at all the sequences to see that some of the features (potentially) look engineered.” Andersen added that he and Edward Holmes, plus a handful of other top scientists “all find the genome inconsistent with expectations from evolutionary theory.”

Details of what was said at the meeting, including extensive notes taken by one participant and further thoughts shared by others, were blacked out by the NIH before the emails were made public.

Just three days after the meeting, Andersen’s position on the virus’ potential origin changed dramatically. He went from having concerns about possible genetic engineering to telling another group of scientists that “the data conclusively show” the virus wasn’t engineered, and he called suggestions of engineering “fringe” and “crackpot” theories.

Within a few weeks, Andersen, and a team of scientists, including Holmes, published their analysis of the SARS-CoV-2 virus, first on a pre-print site, then as the infamous letter in *Nature Medicine*.²⁸ Holmes did not reveal that, in addition to his work at the University of Sydney, he also had [appointments](#) with the Chinese government.

It remains unclear what new evidence came to light if any in those three days in early February 2020 to change Andersen’s opinion. He wouldn’t talk with a journalist who had spent a decade revealing hundreds of serious safety breaches at US biological research labs. Andersen has since said that some of the analyses were completed in days. This seems highly implausible to me.

In September 2019, just three months before the COVID-19 outbreak, the Global Preparedness Monitoring Board, a group of 15 politicians and scientists brought together by WHO, warned that a new disease could spread rapidly around the planet, killing millions of people while sparking panic, crippling economies, and destabilising security.³² The board members included Anthony Fauci and their words were astonishingly prescient. Among the risks highlighted by these experts were the technological advances that allow for disease-creating microorganisms “to be engineered or recreated in laboratories”, and they warned that their accidental release might be more devastating than a natural epidemic.

Yet, when the catastrophe struck soon after, everyone behaved as one of Beijing's useful idiots,¹⁴ and the denial was total. In May 2020, a [CBS headline](#) was: "Dr. Fauci again dismisses Wuhan lab as source of coronavirus."¹ In an [interview](#), Fauci said:

"If you look at the evolution of the virus in bats, and what's out there now is very, very strongly leaning toward this [virus] could not have been artificially or deliberately manipulated - the way the mutations have naturally evolved. A number of very qualified evolutionary biologists have said that everything about the stepwise evolution over time strongly indicates that it evolved in nature and then jumped species."

Later, Fauci claimed that he had been open towards the lab leak hypothesis all the time. This is one of the reasons why some people call Fauci a liar. He also lied about what type of experiments that were carried out in Wuhan (see below).

I was not alone with my scepticism. A month before Andersen's new role as one of Beijing's useful idiots,¹⁴ in February 2020, French scientists published a paper online describing their investigation of a small insertion in the genome of the new SARS-CoV-2 virus.¹ The virus's spike protein contains a sequence of amino acids that forms a "peculiar furin-like cleavage site," which is essential for the virus's entry into human cells.³³ The RNA bit for this particular molecular feature - not found in SARS or any SARS-like bat viruses but present in a slightly different form in the more lethal Middle East Respiratory Syndrome (MERS) virus - codes for the amino acids arginine, arginine, alanine, and arginine. Its presence heightens the pathogenicity of the virus.

It cannot be investigated retrospectively whether the genome was manipulated. Newer methods of cutting and pasting viral genomes seamlessly leave no defining marks.^{1,7} Nor do other methods for manipulating viruses such as serial passage.

It was also in February 2020 that Botao Xiao from the South China University of Technology posted a short paper on a preprint server about the origin of the virus.¹ He pointed out that no bats were sold in the seafood market and that it was unlikely that a bat would have flown from the south of China to Wuhan: "The killer coronavirus probably originated from a laboratory in Wuhan." He suggested that high risk laboratories should be relocated far away from densely populated areas. A journalist wrote in January 2021 that his article disappeared from the server, but it is available today.³⁴

Still in February 2020, Fang Chi-tai from the National Taiwan University described the anomalous furin cleavage site in a lecture.¹ He noted that the virus was unlikely to have four amino acids added all at once and said it was "indeed possible that the amino acids were added to COVID-19 in the lab by humans."

When Taiwan News published an article about his talk, Fang disavowed his own comments, and the Taiwan Public Health Association removed a video of his talk from its website, saying, "It has been taken down for a certain reason. Thank you for your understanding." It is not difficult to guess what this means: We have more than enough trouble with China already.

Researchers at the Wuhan Institute were led by Shi Zhengli who worked with Ralph Baric from USA. He pioneered techniques for genetically manipulating the viruses, which became a major aspect of research at the Institute.³⁵ Their work focused on enhancing the ability of bat viruses to attack humans to "examine the emergence potential."⁷

In 2015, Baric and Shi published a paper about their manufacture of a dangerous virus with a "potential for human emergence."³⁶ They adapted a human SARS virus so that it would work in

mice; inserted the spike protein of a bat virus, SHC014, discovered by Shi in southern China; dabbed the mice nasally with virus; and infected human airway cells with their new virus.¹ In both mice and human airway cells, the chimeric virus caused a “robust infection.” They wrote that scientific review panels might deem their research too risky to pursue but argued that it had the potential to prepare for and mitigate future outbreaks.⁷

Or to create one. It is extremely likely that their gain-of-function experiments created the COVID-19 pandemic. I deliberately use the term “extremely likely,” partly because it is true, but mainly because those who lied blatantly about the origin of COVID-19, including the WHO report from February 2022 (see below), said it was “extremely unlikely” that it was a lab leak. People also said it was “extremely unlikely” that it was a manufactured virus (see below).

On 9 December 2019, just before the pandemic outbreak, Daszak talked in glowing terms of how his researchers at the Wuhan Institute had created over 100 new SARS-related coronaviruses, some of which could enter human cells and cause untreatable SARS disease in humanised mice.⁷

Daszak acknowledged the clear danger of these experiments, but when he heard of the outbreak in Wuhan shortly afterwards, he did not provide public health authorities with the plentiful information at his disposal but immediately launched a public relations campaign to persuade the world that the epidemic couldn’t possibly have been caused by one of his manufactured viruses.⁷ “The idea that this virus escaped from a lab is just pure baloney. It’s simply not true,” he declared in April 2020.

The US State Department inspectors were alarmed when they visited the Wuhan Institute in early 2018 because it had a serious shortage of appropriately trained staff needed to safely operate it.^{1,7}

In January 2021, the Department reported that several researchers became sick in the autumn of 2019, before the pandemic outbreak. Knowledge of the cases came from a mix of public information and US intelligence.⁷ Three people working at a BSL3 lab fell sick within a week of each other with severe symptoms requiring hospital admission. This was “the first known cluster that we’re aware of, of victims of what we believe to be COVID-19.”

Shi claimed that there were no sick workers.³¹

Shi’s group collected more than 1,300 bat samples during some 8 visits to the Mojiang cave in Yunnan between 2012 and 2015.⁷ The two closest known relatives of SARS-CoV-2 were collected from bats in Yunnan. These viruses did not infect people living around the caves, and the pandemic broke out 1500 kilometres away, in Wuhan, even though the bats’ range is only 50 kilometres.

If the bat viruses infected an intermediate host first, the bats would need to be in frequent contact with the intermediate host, which would need to often cross paths with people.⁷ This didn’t happen.

For SARS, researchers documented the changes in its spike protein as the virus evolved into a dangerous pathogen.⁷ After it went from bats to civets, there were six further changes before it became a mild pathogen in people. After a further 14 changes, the virus was much better adapted to humans, and with a further 4 changes, the epidemic took off.

In contrast, the SARS-CoV-2 virus has hardly changed at all, at least not before millions of people had become infected.⁷ From its very first appearance, it was well adapted to human cells. According to Baric, this “suggests that the virus may have been introduced from a single source.” This is compatible with a lab escape. It is not compatible with the massive variation and selection that leads to a slow evolution.

Of all known SARS-related beta-coronaviruses, only SARS-CoV-2 possesses a furin cleavage site.⁷ Proponents of natural emergence say it could have picked up the site from some as yet unknown beta-coronavirus. But bat SARS-related beta-coronaviruses don't need a furin cleavage site to infect bat cells, so it is unlikely any of them possesses one, and none has been found.

Virologists have known since 1992 that a sure way to make a virus deadlier is to give it a furin cleavage site, and researchers, including Shi, have added a furin site in at least 11 gain-of-function experiments.⁷

Studies of the genetic coding for the furin cleavage site virtually eliminates the possibility that COVID-19 has a natural origin.^{7,20} SARS-CoV-2 has a pair of arginine codons favoured by human cells but not by corona-viruses.⁶ They are routinely used in labs. If the emergence were natural, it would require a recombination event at a site on the virus's genome where recombinations are rare, and the insertion of a 12-nucleotide sequence with a double arginine codon unknown in the beta-coronavirus repertoire, at the only site in the genome that would significantly expand the virus's infectivity. This sequence of events is extremely unlikely.

The circumstantial evidence that the virus was man-made is overwhelming. It is extremely unlikely that the codons routinely used in gain-of-function experiments entered the genome by some random mutations. The four amino acid units at the furin cleavage site in the virus are all together.⁶ But mutation is a random process involving copying errors, so it typically affects single amino acids at different spots in a protein chain.

Other observations also make the natural emergence theory highly implausible. We don't even know if SARS-CoV-2 ever infected a bat, but we do know that it has only feeble affinity for bat cells.⁷ And why should a natural epidemic break out in Wuhan, and nowhere else? None of the bats in that region carry any coronaviruses that are closely related to SARS-CoV-2.

Total US cover up for its major responsibility for the pandemic

The United States' role in all this was disgraceful. From 2014 to 2019, Daszak's EcoHealth Alliance had a grant from the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), to do gain-of-function research with coronaviruses at the Wuhan Institute.^{1,7}

For the first three years, there was a moratorium on gain-of-function research, but with a loophole in a footnote.⁷ The US funding agency could make an exception if its head determined "that the research is urgently necessary to protect the public health or national security." It seems that the director of the National Institute of Allergy and Infectious Diseases (NIAID), Anthony Fauci, or the director of the NIH, Francis Collins, or both, invoked the footnote to keep the money flowing to Shi's research.

They should not have allowed the research, as it was not urgently needed to protect public health or national security. Virtually all naturally occurring coronaviruses are harmless, as they only cause common cold symptoms.

When the moratorium was ended in 2017, it was replaced by a reporting system, which required agencies to report for review any dangerous gain-of-function work they wished to fund.⁷ However, according to Richard H. Ebright, a molecular biologist at Rutgers University and a leading expert on biosafety, both Fauci and Collins declined to forward proposals for review. In dealing with the moratorium and the reporting system, they "systematically thwarted efforts by the White

House, the Congress, scientists, and science policy specialists” to regulate dangerous gain-of-function research.

Thus, Fauci and Collins circumvented the regulations and farmed out the high-risk research to unsafe foreign labs.⁷ The US government therefore shares a strange common interest with the Chinese government in covering up for the origin of COVID-19. The NIH is in the terrible position of having funded disastrous experiments that extremely likely caused the death of 6 million people, including a million Americans.

Even as late as in December 2021, when Collins left his job as director for the NIH, he denied NIH’s pivotal role in the disaster in an interview in *Nature*.³⁷ When asked about his view on experts who had said that the NIH had allowed EcoHealth unusual latitude in its gain-of-function research, he replied with a typical Schopenhauer diversion:¹⁹

“This term ‘gain of function’ has caused so much confusion and so much misunderstanding, some of it rather intentional, to distort the facts of what happened. Which is why we’re trying to just avoid the use of that term. Let’s talk instead about ‘enhanced pathogens of pandemic potential’. [EcoHealth was] not crossing the line into the area that required that extensive kind of oversight.”

We got it, Collins. When we see a hungry tiger, just call it a cat; then everyone will be safe. Collins documented in this interview that also he was a liar. He clearly gave the impression that researchers in Wuhan were just studying what had happened naturally.

The virologists knew better than anyone the dangers of gain-of-function research, but the power to create new viruses, and the research funding obtainable by doing so, was too tempting. They lobbied against the moratorium imposed on US federal funding for gain-of-function research in 2014 and got it raised in 2017.⁷

Their behaviour had long alarmed other biologists.⁷ In 2011, Dutch scientist Ron Fouchier, using grant money from Fauci’s group at the NIH, created a mutant form of a highly pathogenic avian influenza, H5N1, and passaged it ten times through ferrets to prove that he could “force” this potentially fatal disease to infect humans, “via aerosols or respiratory droplets.”¹ Fouchier succeeded to manufacture a virus that presented a huge risk of causing a devastating pandemic in humans if it escaped from his lab.

Avian influenza has a low potential for infecting humans but when it does, the fatality is considered to exceed 50%,³⁸ which makes it over 50 times as deadly as COVID-19. So why did the US government pay for this dangerous research?

This was explained by Anthony Fauci, Francis Collins, and Gary Nabel, NIAID director of vaccine research, also in 2011.³⁸ They noted that researchers funded by the NIH had engineered influenza viruses, i.e. created laboratory viruses that do not exist in nature, and had identified several mechanisms by which the virus might evolve to transmit efficiently in the ferret. They did not use the term, but this is exactly what we call gain-of-function experiments. They argued that such research has implications for outbreak prediction, development of vaccines, and treatment. This research included defining the mutations required for mammalian transmission.

About “generating a potentially dangerous virus in the laboratory,” they wrote in the article’s headline that this was “a risk worth taking” and said that “safeguarding against the potential accidental release or deliberate misuse of laboratory pathogens is imperative.”

This was too much for some scientists. Marc Lipsitch and others went into action and the *New York Times* published the editorial, [An engineered doomsday](#), in January 2012.

Soon afterward, distressing screwups in secure federal laboratories occurred involving live anthrax, live smallpox, and live avian influenza.¹ Lipsitch and others - the Cambridge Working Group – wrote a strong statement in 2014 about the perils of such research, which was signed by over 300 scientists noting that such work might “trigger outbreaks that would be difficult or impossible to control.”^{7,39}

Fauci reconsidered, and the White House announced in 2014 that there would be a “pause” in the funding of new influenza, SARS, and MERS gain-of-function research.⁷

The Cambridge Working Group continued to write letters of protest and plead for restraint and sanity. Steven Salzberg said that, “We have enough problems simply keeping up with the current flu outbreaks - and now with Ebola - without scientists creating incredibly deadly new viruses that might accidentally escape their labs.”

David Relman said that, “It is unethical to place so many members of the public at risk and then consult only scientists - or, even worse, just a small subset of scientists - and exclude others from the decision-making and oversight process.”

Richard Ebright wrote that creating and evaluating new threats very seldom increases security: “Doing so in biology - where the number of potential threats is nearly infinite, and where the asymmetry between the ease of creating threats and the difficulty of addressing threats is nearly absolute - is especially counterproductive.”

In the end, Baric was allowed to proceed with his gain-of-function experiments, and the research papers that resulted became a sort of Anarchist’s Cookbook for the rest of the scientific world.¹

For more than 15 years, corona virologists strove to prove that the threat of SARS was ever present and must be defended against, so that their funding would not dry out. They proved it by showing how they could doctor the viruses they stored so that they could jump directly from bats to humans.¹

More and more bat viruses came in from the field teams, which were sequenced, synthesized and “rewired,” to use a term Baric likes. In this international genetic cookery, hundreds of new variant diseases were invented and stored. And then one day, somebody messed up. This is a reasonable and “parsimonious explanation” of what might have happened.¹ Note that Andersen et al. called it a “parsimonious explanation” when they argued in *Nature Medicine* that COVID-19 was *not* a manufactured disease.²⁸

When Baric and Shi had documented in 2015 how they had manufactured a new, dangerous virus,^{1,36} Daszak was impressed and said that these findings “move this virus from a candidate emerging pathogen to a clear and present danger.”

As a child, I saw the movie *Frankenstein*, and as an adult I have enjoyed James Bond movies. I never thought I should see anything like this for real; monsters being produced by people who were not evil and strived for supreme world power but, please excuse me, were just plain dumb in their naïve and unrealistic belief that the monsters they created could be controlled. I also come to think of *Dr. Strangelove or: How I Learned to Stop Worrying and Love the Bomb*, one of the best films of all time. It is from 1964, only two years after the Cuban missile crisis where the Soviet Union wanted to install nuclear weapons on Cuba. Now, it is Vladimir Putin who stopped worrying and attacked his peaceful neighbour, Ukraine, with all his bombs.

In 2016, Shi sent Baric a fresh bat virus spike protein, and Baric inserted it into the backbone of a human SARS virus and used the clone to attack human airway cells.¹ Baric used his new monster

to infect transgenic humanised mice. The mice died, proving, according to Baric, that this particular bat virus was an ongoing threat potentially “poised to emerge in human populations.”

Really? It was Baric who created the threat by manufacturing the monster. The bats just want to hang around in their caves far away from Wuhan and bother no one.

Even after COVID-19 had killed millions, US virologists and Daszak barricaded themselves behind a Chinese wall of silence or derided lab escape as a conspiracy theory, often in a most absurd fashion, as illustrated by a letter in *Nature Medicine* by Angela Rasmussen from January 2021:⁴⁰

“All indications suggest that, like SARS-CoV and MERS-CoV, this virus probably evolved in a bat host until an unknown spillover event into humans occurred. Unfortunately, this did little to quell often contradictory and sometimes outright ridiculous conspiracy theories that spread faster than the virus itself: SARS-CoV-2 was the result of a laboratory accident or was intentionally engineered, and this was concealed to hide either spectacular incompetence or a complex international conspiracy involving Bill Gates, the Chinese Communist Party and 5G wireless network infrastructure with an end goal of ushering in a new world order. The proof presented to corroborate these theories relied heavily on cherry-picked evidence ranging from withdrawn preprints to secret diplomatic cables about vague lab safety information to grossly overinterpreted satellite and mobile phone data, all of which prove exactly nothing about SARS-CoV-2 origins.”

How come that what is supposed to be a respected scientific journal can publish such rubbish? If you think a lab leak is most likely, you must also think that this leak was caused by spectacular incompetence or a conspiracy involving Bill Gates, 5G technology and the Chinese Communist Party?

Why did several of our most prestigious journals sink so deep that you cannot tell the difference to gossip magazines or tabloids? People who were already sceptical towards science had their scepticism reinforced by such follies, which fuel anti-vaccine sentiments.

Many scientists let us down when they kept quiet even though they thought of a lab accident when they first heard about the epidemic. There were “very intense, very subtle pressures” on them not to push on issues of laboratory biohazards.¹

Richard Ebright wrote that he had been concerned for some years about the Wuhan laboratory and its work in creating chimeric (hybrid) SARS-related bat coronaviruses with enhanced human infectivity: “In this context, the news of a novel coronavirus in Wuhan ***screamed*** lab release.”

Government research funds are distributed on the advice of peers and anyone who rocks the boat by raising awkward political issues runs the risk that their research career will be over.⁷

The US media were disgraceful microphone holders that did not question anything but repeatedly stated that a consensus of experts had ruled lab escape out of the question or extremely unlikely. There was zero evidence for this assertion. Absolutely none.

It goes beyond my wildest imaginations that this scam was possible for so long, but World War II has taught me that humans are capable of almost everything. For more than one and a half years, no major newspaper or television network provided an in-depth story of the lab escape scenario even though any plausible origin of a virus that has killed millions of people would merit a serious investigation.⁷

The virologists’ omertà was one important reason for the silence. Another was that, unlike political reporters, most science reporters are uncritical towards what their sources tell them.

They had no trouble either in rejecting the position of the intelligence services that a lab escape could not be ruled out. In April 2020, three former CIA Deputy Directors stated in an article that they did not know where the virus came from. A month later, James Gorman, a science writer for *New York Times*, wrote that, “Virologists and intelligence agencies agree that the virus evolved in nature and spread from animals to humans.”⁹ It is obscure what made him propagate this falsehood.

When the former head of MI6, the British foreign intelligence service, Sir Richard Dearlove, mentioned in an interview that an important scientific report suggested that the novel coronavirus had not emerged naturally, but had been created by Chinese scientists, Daszak responded in *The Guardian* under this headline: *Ignore the conspiracy theories: scientists know COVID-19 wasn't created in a lab.*⁴¹

Facebook never took an interest in censoring such blatant misinformation. Facebook could also have reacted to Daszak’s description of the false claim by Kristian Andersen:²⁸ “Writing in the peer-reviewed journal [Nature Medicine](#), researchers strongly refuted the idea that the code had been purposefully manipulated.”⁴¹

Daszak hides his conflicts of interest,¹⁵ which *The Guardian* did not accept: “This article was amended on 11 June 2020 to make clear the writer’s past work with researchers at the Wuhan Institute of Virology.”⁴¹

Richard Ebright said that Daszak’s conflicts of interest “unequivocally disqualify him from being part of an investigation of the origins of the COVID-19 pandemic. He was the contractor responsible for funding of high-risk research on SARS-related bat coronaviruses at Wuhan Institute of Virology and a collaborator on this research.”¹⁷

Daszak despises people who do not agree with him: “Unfortunately, this sort of logic will not deter conspiracy theorists. The dark power of the Internet means that anyone, anywhere, can find evidence to echo even the most outlandish of claims. Theories that SARS originated from space or that HIV was man-made are readily available, but it doesn’t make them true.”⁴¹

Daszak’s allegories are abhorrent. The most commonly posted material on the dark Internet is child pornography. Daszak has also characterised criticisms of his efforts as [anti-science](#).

As noted above,¹ the NIH had asked EcoHealth to obtain a vial of the SARS-CoV-2 sample that was used by the lab to determine the virus’s genetic sequence. It also requested EcoHealth to arrange an inspection of the Wuhan Institute by US federal officials.

In an article in *Nature* from August 2021, Daszak’s closest collaborator in Wuhan, Shi Zhengli, called NIH’s demands “outrageous.”²² Daszak was also outraged: “I am not trained as a private detective.” He called it heinous, absurd and politically motivated that the NIH had introduced some very reasonable conditions for the funding it provided to him. *Nature* willingly contributed to propagating Daszak’s nonsense by calling it “unfounded rumours” that the COVID-19 pandemic was caused by a lab leak.

These were the reactions to the conditions for receiving grant money of the two people whose actions seem to have caused 6 million deaths. Daszak moved on undeterred, and too many people didn’t care.

When asked by *Nature* about the widespread attention his grant had received, Daszak replied:

“Conspiracy-theory outlets and politically motivated organizations have made Freedom of Information Act requests on our grants and all of our letters and e-mails to the NIH. We don’t think it’s fair that we should have to reveal everything we do. When you submit a grant, you put in

all your best ideas. We don't want to hand those over to conspiracy theorists for them to publish and ruin and make a mockery of."

"We're feeling the pressure of a very aggressive administration in the US picking fights with a country where we happen to be collaborating."

Daszak's influence was huge. In a leaked email from 18 April 2020, Anthony Fauci thanks him personally for "publicly standing up and stating that the scientific evidence supports a natural origin of Covid-19 ... not a lab release from the Wuhan Institute of Virology."²¹

Further emails show that Fauci knew about the dangerous gain-of-function research being conducted in Wuhan. Senator Rand Paul called for Fauci's dismissal, saying he lied about the knowledge he had.

There can be no doubt that the top advisor to the US government, Anthony Fauci, lied. In a Senate hearing on 11 May 2021, Paul raised the issue of the origins of SARS-CoV-2 and said that some in the government weren't interested in investigating the lab-leak theory: "Government authorities, self-interested in continuing gain-of-function research say there's nothing to see here."³⁹ He mentioned the collaboration between US researchers and the Wuhan Institute and said they were "juicing up super-viruses," asking Fauci if he still supported "the NIH funding of the lab in Wuhan."

In a [video](#) that is worth seeing, Fauci responded that Paul was "entirely and completely incorrect." Fauci claimed multiple times that the NIH has never funded gain-of-function research in Wuhan.³⁹ His lie could not have been bigger. He called the EcoHealth collaboration "a very minor collaboration as part of a subcontract of a grant," and said that the claim that the NIH was involved in creating the virus was "the most ridiculous, majestic leap I've ever heard of."

Everybody was lying.³⁹ An EcoHealth spokesman wrote: "EcoHealth Alliance has not nor does it plan to engage in gain-of-function research."

The National Institute of Allergy and Infectious Diseases told the *Wall Street Journal*: "The research by EcoHealth Alliance, Inc. that NIH funded was for a project that aimed to characterize at the molecular level the function of newly discovered bat spike proteins and naturally occurring pathogens. Molecular characterization examines functions of an organism at the molecular level, in this case a virus and a spike protein, without affecting the environment or development or physiological state of the organism. At no time did NIAID fund gain-of-function research to be conducted at WIV."

NIH Director Francis Collins said that "neither NIH nor NIAID have ever approved any grant that would have supported 'gain-of-function' research on coronaviruses that would have increased their transmissibility or lethality for humans." This was a huge lie. Fauci also referred to the grant when he lied about what it was used for. The [grant application](#) to the NIH mentioned "using reverse genetics," which means genetic engineering.

Richard Ebright told the *Washington Post* that the EcoHealth/Wuhan lab research "was - unequivocally - gain-of-function research."

Internal memos from a US State Department meeting revealed that officials were explicitly told not to explore this gain-of-function research because it would bring unwelcome attention to the US government's funding of it and "open a can of worms."²¹

Total Chinese cover up for its responsibility for the pandemic

Like the United States, China also did its utmost to conceal the nature of the tragedy and its responsibility for it.

The authorities suppressed all records at the Wuhan Institute of Virology and closed down its database of viral genomes;²⁰ deleted crucial online data about the laboratory suspected of being the source of COVID-19; deleted hundreds of pages of information relating to studies carried out by the Wuhan Institute; and removed details of more than 300 studies, including many investigating diseases that pass from animals to humans, published online by the National Natural Science Foundation of China.¹⁸

China barred all international scientists from going near the caves in Yunnan, blocked the roads, and confiscated samples taken by a team of scientists on a trip to the caves.⁴² When a BBC video team tried to inspect the Yunnan mine shaft, they found the road to the mine blocked by a strategically parked truck that had “broken down” shortly before they arrived.¹

All research papers based on material from the caves must be submitted to a task force overseen by the government “under direct orders from President Xi Jinping.”⁴² And “any paper that traces the origin of the virus must be strictly and tightly managed.”¹ Ultimately not by a scientist but by China’s lifelong President.

Photos that appeared to show slack safety standards at the Wuhan’s Institute’s key laboratory were systematically deleted from its website; photos of scientists working in the laboratories were removed; and references to visits by US diplomats who subsequently raised the alarm about the laboratory’s work on bats were edited out.¹⁸

Scientists studying bat diseases in Wuhan were engaged in a massive project to investigate animal viruses alongside leading military officials - despite their denials of any such links. A nationwide scheme, directed by a leading state body, was launched around 2012 to discover new viruses and detect the “dark matter” of biology involved in spreading diseases.¹⁸

When Australia lobbied world leaders in April 2020 for an inquiry into the origins of the COVID-19 pandemic, China responded with harsh trade sanctions.

Finally, China ensured that WHO’s inspection in Wuhan became a total farce (see below).

Why did *Lancet* and *Nature* spread blatant misinformation?

The world’s most influential science journals should be a forum for debate, especially on something as contentious and fascinating as the origin of a deadly pandemic.¹⁴ Instead, *Lancet* and *Nature* played a central role in propagating fake news, shutting down discussion and discrediting alternative views.

The letters in *Lancet*¹⁵ and *Nature Medicine*²⁸ – owned by two of the world’s biggest publishers, Elsevier and Springer, respectively - were political statements aimed at damage control, and they had an enormous influence in shaping public opinion.

These two journals, and also *Nature*,^{22,37,43} protected China to an unbelievable extent. They did not want to publish anything suggesting the pandemic could have been caused by a lab leak. Many papers questioning the origins were quickly rejected by the editors without even being sent for review.^{29,43} If a rare paper was sent to peer reviewers, it was also rejected because the scientific community had been indoctrinated by the misleading and heavily manipulative *Lancet* and *Nature Medicine* letters in early 2020.

We don't know why Horton allowed Daszak's nonsense to be published in a highly esteemed scientific journal and why Horton so unfairly protected it against relevant criticism. But we do know that Horton has an inclination for publishing letters and papers, which are scientifically problematic, if he thinks they will create a lot of discussion and controversy, thereby boosting the journal's impact factor and prestige. Horton is very good at this game, and the *Lancet's* impact factor is huge.

It could also be something else. When I don't understand bizarre decisions, I follow the money. Closely related to money are conflicts of interest, which are almost always of a financial nature even though this may not be apparent.

I did not need to search for long. In September 2020, *Lancet* appointed Daszak as chair of The Lancet Covid-19 Commission set up to "analyse the available evidence for each of the hypotheses put forward on the origins of COVID-19" to help prevent future pandemics.²¹ That month, the Commission said that "the evidence to date supports the view that SARS-CoV-2 is a naturally occurring virus rather than the result of laboratory creation and release." The signatories of the February 2020 *Lancet* letter included 6 of the 12 experts later appointed to *Lancet's* Commission, another tremendous conflict of interest *Lancet* should have avoided.

In April 2021, reporting on the outcome of the WHO investigation in Wuhan (see below), *Lancet* noted that Daszak had told journalists that the WHO report was a testament to how, even under very difficult political circumstances, "countries can come together to focus on the origins of emerging diseases."

Horton is a staunch defender of Daszak. On 9 June 2020, he tweeted: "Peter Daszak rejects conspiracy theories about the origins of COVID-19: and he knows more than most of us about coronaviruses."²¹

Lancet enjoys a close relationship with China's medical establishment.²¹ In 2008, Horton was honoured at The Great Hall of the People in Beijing's Tiananmen Square (of all places, the location could not be worse) to mark an "unprecedented" collaboration between Peking University and *Lancet*.

In 2010, *Lancet* established an office in Beijing, in addition to its New York office and London headquarters.

The Chinese know how to flatter people to influence them. In 2015, Horton was in Beijing to receive the Friendship Award from the Government of China - the highest honour awarded to "foreign experts who have made outstanding contributions to the country's economic and social progress." He told *Lancet* readers that "China's emphasis on friendship, and the free flow of critical ideas that such friendship encourages, might offer lessons to other nations about how scientific co-operation can accelerate social and political change."⁴⁴

It is difficult to provide a more misleading statement than this about how China operates.

When a German psychiatrist in 2021 sent a proposal to Horton suggesting they start a debate over the complicity of Chinese scientists in the persecution of the Uighurs, involving repressive surveillance, garnering of genetic data, enforced sterilisation and organ harvesting of prisoners locked away in brutally repressive concentration camps, Horton replied that he did not "wish to do anything that might imperil" his editor in China.⁴⁴

Since 2016, *Lancet* has run an annual health conference in China with the Chinese Academy of Medical Sciences.

Given all this, *Lancet* is not likely to be the place where the truth will eventually come out. But the journal seems at long last to have become less one-sided. On 17 September 2021, 15 scientists

published a letter in *Lancet* arguing that a research-related origin is plausible for the COVID-19 pandemic and calling for independent research.⁴⁵ They also mentioned that it is important to debate the risk to benefit balance of current field and laboratory research, including gain-of-function experiments.

I submitted a letter to *Lancet* in response to this call for caution where I urged the WHO and the United Nations to issue a call to stop all gain-of-function research permanently. As *Lancet* rejected it, I published it on my homepage.⁴⁶

Investigative journalist Ian Birrell called the editors of *Lancet* and *Nature* “Beijing’s useful idiots.”¹⁴ In the spring of 2020, he stumbled across a scientific paper by Nikolai Petrovsky from Australia who wrote that the pandemic was uniquely adapted to infect humans right from the start, which is not typical of a normal zoonotic infection. He told Birrell that its adaptability was either “a remarkable coincidence or a sign of human intervention.” To another investigator, he noted that, “There are indeed many unexplained features of this virus that are hard if not impossible to explain based on a completely natural origin.”¹

Despite Petrovsky’s excellent credentials, he was censored. He first tried to post his paper on BioRxiv, a preprint site, but it was rejected. Eventually he succeeded on ArXiv. It took a year before his paper was accepted by *Nature Scientific Reports* after “a harrowing 12 months of repeated reviews, rejections, appeals and re-reviews.”¹⁴

Petrovsky told of many academics who had been equally frustrated in getting their manuscripts dealing with research into the origins of the virus published. Papers that did not challenge dogma were peer reviewed quickly, in one case in only nine days for *Nature*.

As noted above, 14 scientists wrote a letter to *Lancet* on 6 January 2021 asking them to reopen the debate about the pandemic’s origin, which *Lancet* rejected, saying it was “not a priority for us.”^{14,29} The scientists argued that “the natural origin is not supported by conclusive arguments and that a lab origin cannot be formally discarded.” They asked if *Lancet*’s rejection of their letter meant that *Lancet* considered that a scientific evaluation of the alternative hypotheses should not be hosted by scientific journals. They also noted that leaving it to social media and politicians was the best way to fuel conspiracy theories. They were told that their letter would be evaluated by a special committee on the origin of the virus.²⁹ The president of that committee was Daszak. After this, Richard Horton confirmed the decision to reject the letter without peer review with a terse dismissal saying, “We have agreed to uphold our original decision to let this go.”

Their letter is of a high scientific standard and highly relevant. It was wrong of *Lancet* to reject it and also that *Lancet* let one of the two most conflicted people in the world have a decisive say about whether the letter should be published.

Nature’s actions were even worse. In early 2020, a statement started appearing at the top of some already published papers such as the previously mentioned 2015 paper on gain-of-function research where Baric, Shi and co-workers warned about a SARS-like cluster of circulating bat coronaviruses showing potential for human emergence.³⁶ The statement said such papers were being used as a “basis for unverified theories that the novel coronavirus causing COVID-19 was engineered”, adding that “there is no evidence that this is true; scientists believe that an animal is the most likely source of the coronavirus.”

It is unheard of that a scientific journal attaches labels about what scientists “believe” on previously published papers. And it is unacceptable. In Aldous Huxley’s 1932 novel, [*Brave new world*](#), the citizens are environmentally engineered into an intelligence-based social hierarchy. *Nature*

also operates with a social hierarchy and tries to engineer people with different views so that they change them to the “right” ones.

In March 2020, *Nature* published a study by Shi and colleagues with details of a virus called RaTG13 that was taken from a horseshoe bat 1500 km away from Wuhan and stored at the Wuhan Institute of Virology.⁴⁷ As already noted, it was the closest known relative to SARS-CoV-2 with about 96% genetic similarity.

Some experts were immediately suspicious over the lack of information on this new strain,¹⁴ and the reason was obvious: Its name had been changed from another virus identified in a previous paper but - highly unusual for such a publication - this was not cited in *Nature*.

This omission is scientific misconduct.⁴⁸ It masked a link to three miners who died from a strange respiratory disease with COVID-19-like symptoms in 2012^{7,20} while they cleared out bat droppings in a cave in Yunnan, 1500 km from Wuhan, used by Shi and her colleagues to collect samples from bats. The Wuhan researchers even admitted they had eight more undisclosed SARS-like viruses from the mine. But despite a barrage of complaints that began within weeks of publication, it took *Nature* ten months – TEN MONTHS! - to publish an addendum, which only raised more questions that remain unanswered.

Shi falsely blamed the deaths of the miners from a SARS-like respiratory disease on a fungal infection, thereby obscuring once again a link to their fatalities when revealing that her lab held the closest relative to SARS-CoV-2, which was collected at the mine and brought back to the Wuhan Institute. The workers were treated with antivirals, and their symptoms were consistent with viral pneumonia with a secondary fungal infection.¹

What should we make out of the fact that the genome was 96% the same as that of SARS-CoV-2? Nothing really, as the last 4% included the furin cleavage site not found naturally. The workers shovelled bat faeces for seven hours a day in the confined, insufficiently ventilated space of the mine shaft.¹ Six of them got seriously ill, but the disease outbreak did not result in an epidemic. It is therefore highly likely that the infectivity for humans of the bat coronavirus was low, which means that the virus might have been harmless under normal circumstances. As I have explained, the dangerousness of viruses and bacteria depends on the infectious dose, which much have been gigantic. Thus, the workers had no chance of mounting an effective immune response before it was too late for three of them.

One of the fragmentary bits of virus that Shi retrieved from the mine shaft was SARS-like. She sequenced it and called it BtCoV/4991 in a paper about it.¹ Several times, both in 2016, 2018 and 2019, this most interesting sample, a portion of what we now know as RaTG13, was taken out of the freezers in Shi’s lab and worked on in undisclosed ways.

Daszak claims that these samples have disintegrated and can’t be validated or studied. The termites ate my data, as an Indian researcher once said who had something to hide.

This is the time in the story that demands a very close investigation, when chimeric assemblages may have been created and serially passaged, using BtCoV/4991 alias RaTG13, and other bat viruses, perhaps along with a human coronavirus. Shi and Baric published papers about what happens when you hot-swap mutant spike proteins between bat viruses and human viruses.¹

The link to the mine is of exceptional importance because of the huge difference between the bat virus and the SARS-CoV-2 virus in transmissibility. To increase airborne human-to-human transmissibility is central to gain-of-function experiments. If the bat virus had been dangerous, we would have expected many doctors and nurses in the hospital in southern China that treated the

workers back in 2012 to have become severe ill, and also people outside the hospital, but this didn't happen.

Under no circumstances can the existence of bat virus RaTG13 be used as evidence of a natural bat origin. It suggests the opposite: That a new, dangerous virus was manufactured based on it, with creation of a spike protein that made it highly infectious for humans in order to construct a challenge disease for vaccine research.

In November 2020, Rossana Segreto and Yuri Deigin published a scientific paper about the two main features of SARS-CoV-2: The presence of a furin cleavage site missing in other viruses of the same group and a receptor binding domain optimized to bind to human cells.²⁰ They argued that this might be the result of lab manipulation techniques: "The acquisition of both unique features by SARS-CoV-2 more or less simultaneously is less likely to be natural or caused only by cell/animal serial passage."

Segreto was the first scientist who established that Shi's bat virus fragment named BtCoV/4991, identified in 2013, was 100% identical to RaTG13. Thereby she proved that the virus closest to the one causing the COVID-19 pandemic had been stored and worked on in the Wuhan Institute for years.¹ This was a smoking gun.

Nature committed editorial misconduct many times.¹⁴ The Chinese gave up on the idea that the virus came from animals sold at the Huanan Seafood Market pretty quickly but then there were the pangolins.

Within weeks, four manuscripts describing a pangolin coronavirus with a similar spike receptor-binding domain to SARS-CoV-2 were submitted to journals, all relying heavily on data published by a group of Chinese scientists the previous year. Two of these papers were published by *Nature*, and the articles sparked intense global discussion over whether pangolins sold at the animal market were the missing link between bats and human beings.

It turned out that the pangolin link was a false trail laid out by China. *Nature*, however, rejected a submission from a scientist who showed that all four papers primarily used samples from the same batch of pangolins and that key data were inaccurately reported in two of the papers.

Ebright felt that such tolerance of material omissions and misstatements exposed a massive problem: *Nature* and *Lancet* played important roles in enabling, encouraging, and enforcing the false narrative that the scientific evidence indicated that SARS-CoV-2 was a natural zoonotic spillover event and that there was a scientific consensus about this.¹⁴

Why would *Nature* and *Lancet* rush non-peer reviewed obviously foolish correspondences to set the tone and then delay or reject critical papers and responses?

This is where things become really murky. Allegations swirled that it was not down to editorial misjudgement, but something more sinister: a desire to appease China for commercial reasons.

Financial Times revealed in 2017 that debt-laden Springer Nature, the German group that publishes *Nature*, was blocking access in China to hundreds of academic articles mentioning subjects deemed sensitive by Beijing such as Hong Kong, Taiwan and Tibet.¹⁴ China is spending lavishly around the world to win supremacy in science, which includes becoming the biggest national sponsor of open access journals published by Springer Nature and Elsevier, owner of *Lancet*.

One source estimated that 49 sponsorship agreements between Springer Nature and Chinese institutions were worth at least \$10m in 2020. These deals cover the publishing fees that authors would normally pay to such journals, and they smoothed the path for Chinese authors while creating a dependency culture. The deals worked well for both sides: They offered the publishers access

to the surging Chinese market and its well-resourced universities, while offering international recognition and status in return. However, lifetime President Xi Jinping demands compliance with his world view, even from foreign-owned companies, and especially on an issue as sensitive as China's role in unleashing a global catastrophe, the worst we have seen since the Spanish flu in 1918, which did not come from Spain, but the outbreak on farms in Kansas was censored by the US military.

Critics fear these corporate links to China compromise output and distort agendas. Petrovsky has argued that we need to have an international investigation of the role of scientific publishers; their increasingly powerful influence as the major publishing houses buy smaller ones; their growing politicisation and susceptibility to overt influence; the impact this has had on the pandemic; and what impact it will have on science in future.¹⁴

Why have very few science writers taken an interest in studying the entangled web between scientific journals, publishers, scientists, and Chinese interests?⁹

Rarely, and far too late, some newspapers and magazines have backpedalled.⁴⁹ Prominent fact checkers, such as PolitiFact and FactCheck, added editor's notes to pieces that previously "debunked" the idea that the virus was created in a lab now calling it "in dispute." Editors offered the excuse that they tracked the scientific consensus, which had now changed.

This is not an excuse. Moreover, if people had been honest, the only true consensus would have been the same all the time, namely, "We don't know but a lab leak is by far most likely."

The media's main task is to ask critical questions and expose dishonesty, but this didn't happen. They swallowed virtually everything people with huge conflicts of interest told them. In May 2020, *New York Times* depicted the Wuhan Institute of Virology as a victim of "conspiracy theories" and *Nature* reported the lab leak hypothesis as "coronavirus misinformation" and "false information."⁴⁹ In June 2020, *Undark* reported that the lab leak is a conspiracy theory "that's been broadly discredited." Interestingly, in December 2020, an Associated Press investigation found documents from March 2020 showing how Beijing had shaped and censored research into the origins of SARS-CoV-2.

New York Times has a lot to respond for.⁵⁰ It printed China's mortality numbers as fact without questioning them, even though the number of COVID-19 deaths increased by only two during six months from August 2020 to February 2021. When I looked up the number of deaths in February 2022, it was still [4,636](#), the same as a year earlier. There are 1.4 billion people in China.

These numbers are highly unlikely to be true. China claims they have had 3 COVID-19 deaths per million inhabitants, which is the same as Burundi. These two countries have officially had the lowest number out of the [226 listed nations](#).

In its first report on the pandemic, on 17 February 2020, the *New York Times* called lab leak a "fringe theory," and its reporter called it "the kind of conspiracy once reserved for the tinfoil hatters" on Twitter.⁵⁰

The *Times's* coverage grew even more strident and more in line with Chinese propaganda. It let Daszak publish an opinion piece which claimed that the pandemic was caused by "road-building, deforestation, land clearing and agricultural development."

The *Times* used Daszak as a key source in over a dozen articles but never mentioned that his organisation funded the Wuhan lab, not even when Daszak had returned from WHO's mission to China.

The *Times* took millions of dollars from Chinese propaganda outlets, most prominently *China Daily*. In exchange for this badly needed revenue, the *Times* published hundreds of “advertorials” written by Chinese propaganda outlets. In 2012, seeking to capitalise on China’s burgeoning middle and upper classes, the *Times* launched a Chinese edition.

The *Times* has now ended its advertising relationship with Chinese state media outlets and has scrubbed all trace of the advertorials from its archive. And in 2021, it published articles quoting scientists who say we should take a serious look at lab leak possibility. But it is too late. By being one of Beijing’s useful idiots,¹⁴ the *Times* has lost our trust forever.

Shameful editorial conduct at *Science Magazine* and *Scientific American*

Beijing’s useful idiots also included *Science Magazine*, which made the same mistake of being overly friendly with Peter Daszak and forgetting everything they have learned about critical journalism.⁵¹

In February 2020, *Science* reported that scientists “strongly condemn” rumours and conspiracy theories about the origin of the pandemic.⁵² If you have no arguments, you raise your voice. This sentence does not belong in a scientific journal but in a tabloid.

In the same article, Daszak said that, “We’re in the midst of the social media misinformation age.” Indeed, but Daszak forgot to say he was the main driver of it.

In October 2021, Congress investigators revealed that the NIH had terminated an EcoHealth Alliance grant twice in 2020 because of its inadequate oversight of its research in Wuhan; that EcoHealth Alliance refused to provide information to the NIH related to its grant; that the NIH had failed to report EcoHealth’s noncompliance and grant suspension into the database that alerts US Government agencies to risky grant recipients; and – most egregious in my view - that the NIH had allowed EcoHealth Alliance to determine that their research with chimeric viruses was not “gain-of-function” because they were using a WIV1 virus backbone, which EcoHealth alleged to the NIH had “never been demonstrated to infect humans or cause human disease.”⁵¹

This statement seems to be fraudulent, as SARS-like WIV1-CoV is known to be potentially dangerous to humans.^{51,53}

Science didn’t cover these amazing revelations. Instead, *Science* published an almost 5,000-word article in November 2021 about Daszak that told nothing new.⁵⁴ A reporter had spent seven hours with Daszak to put a nice gloss on him.⁵¹ *Science*’s Editor-in-Chief Holden Thorp celebrated it in a tweet: “This is riveting piece and also an excellent summary of the scientific issues. Going to make the lab leak crowd pretty jumpy.”

This is not the type of remark you expect from the editor of one of the world’s most prestigious scientific journals. A photo of Daszak appears on *Science*’s front page with the title of the article: *Prophet in purgatory: Peter Daszak is fighting accusations that his work on the pandemic prevention helped spark COVID-19.*⁵⁴

Science had the audacity this recently, when the death toll was about 6 million, and after all the revelations, to depict Daszak as a scientist who works on preventing pandemics when it is extremely likely that he and Shi in Wuhan created one, which he had covered up for during two years.

Daszak has blocked access to his Twitter account for most people who have asked him good questions, including Alison Young, the most experienced reporter on lab accidents in the United States.⁵¹ Daszak also dodged questions from many newspapers, and he evaded multiple congressional inquiries even though he was obliged to respond because his grants were federal funds.

Science didn't care the least about conflicts of interest. When NIH's David Morens praised Daszak, they didn't tell the readers that he was Daszak's funder, colleague and co-author. Other scientists depicted Daszak as a martyr that had been "crucified" after a "witch hunt." When President Biden had pledged that "We will do everything we can to trace the roots of this outbreak" in order to prevent the next one, Morens ridiculed this as being a waste of time and crazy.

Science mentioned that Freedom of Information Act requests by the US Right to Know and others had uncovered inconvenient truths, but it used Angela Rasmussen to dismiss this as "weaponized FOIA requests." She was the one who, in *Nature Medicine*, called it a world-wide conspiracy when people discussed a possible lab leak.⁴⁰

In the *Science* article, Daszak complained that suspicions that the virus escaped from the Wuhan lab will live on. As Paul Thacker dryly remarked, it's hard for suspicions to die out when new clues of Daszak's mendacity keep popping up.⁵¹

A few days after *Science's* praise of Daszak, he was confronted with further evidence that the pandemic could have been caused by his own research and collaboration with Wuhan.

An article described that Daszak's EcoHealth Alliance had shipped some of the closest related viruses to SARS-CoV-2 found in bats living in Laos to Wuhan.⁵¹ Daszak tried to debunk the article on Twitter: "The emails between EcoHealth Alliance and the NIH cited by Matt Ridley do not show, as he claims, that we were sampling bats in Laos and sending the results to Wuhan."

This was mendacious. In a 2015 update to the NIH, Daszak describes collecting samples from bats in Laos, and in 2014, he reported that EcoHealth Alliance had collected 121 bat faecal samples in Laos to test for viruses.

In 2020, researchers sent a modelling study to *Science* where they argued that people who are more susceptible and more exposed to infection than others would get infected first. Therefore, herd immunity would be achieved earlier than the usual estimates of an infection rate of 60-80% of the population.⁵⁵ *Science* admitted that the paper was rejected for [political reasons](#):

"Given the implications for public health, it is appropriate to hold claims around the herd immunity threshold to a very high evidence bar, as these would be interpreted to justify relaxation of interventions, potentially placing people at risk."

Science was concerned that opponents of lockdown would use the paper to undermine the policy. The lead author said she might leave the field because every paper she had written on this issue had been rejected with the claim that it was not useful or new.

Science has not come to their senses. In December 2021, it published a four-page article by Michael Worobey, an American who announced he would elucidate the origin of the pandemic.⁵⁶ This article was so China apologetic that it might as well have been written by the Chinese Communist Party. His idea that the origin was in the animal market had been rejected in many, much better papers long ago.

He gave high-standing Chinese officials the credit for having detected the new disease, which is an inexcusable lie. As already mentioned, it was detected by Chinese doctor Li Wenliang whom the Chinese authorities harassed.² Worobey did not mention that the closest relative to the virus was 1500 km away; that despite analysing 80,000 animals, no intermediate host has been found; that the virus genome is not a natural one; or that the Chinese government blocked any independent research. He mentioned WHO's inspection in Wuhan but did not utter a single critical word about this farce (see below).

Scientific American is yet another of Beijing's useful idiots.¹⁴ In June 2020, when the pandemic had caused 400,000 deaths, the magazine published a complimentary profile of Shi Zhengli.⁴⁹ Shi is similarly mendacious as Daszak. In June 2021, she denied that her lab was ever involved in gain-of-function experiments that enhance a virus's virulence.

In March 2021, Robert Redfield told CNN that the most likely cause of the epidemic was from a laboratory because he doubted that a bat virus could become an extreme human pathogen overnight, without taking time to evolve.⁸ This made *Scientific American's* Editor-in-Chief, Laura Helmuth, tweet: "On CNN, former CDC director Robert Redfield shared the conspiracy theory that the virus came from the Wuhan lab."⁴⁹

The following day, *Scientific American* ran an essay calling the lab leak theory "evidence free." And a week later, *Nature* reporter Amy Maxmen called the idea that the virus could have leaked from a lab a "conjecture."⁴⁹

The punishment of anyone who dared think differently was prompt and severe. It could be far worse than being ridiculed and accused of anti-Chinese xenophobia. Redfield received death threats from other scientists after floating the theory that the virus could have been man-made.¹⁸ A survey by *Nature* of more than 300 scientists who had given media interviews about COVID-19 - many of whom had also commented about the pandemic on social media - found that 15% had received death threats.⁵⁷

Scientific American is owned by *Nature*, owned by Springer. This magazine has a deplorable record in poor publication ethics that threatens scientific freedom. I have mentioned how they covered up for Israeli war crimes (see Chapter 5) and shall provide another telling example, which involves three people whom I know personally.²

John Ioannidis is the world's most cited medical researcher. He became the subject of one of the worst witch hunts in newer medical history, described by journalists Jeanne Lenzer and Shannon Brownlee in *Scientific American*.^{58,59} On 17 March 2020, Ioannidis expressed concerns that we lacked data on the benefits and harms of lockdowns and other draconian responses to the pandemic. He estimated that deaths in the United States from COVID-19 could potentially be as low as 10,000 or they could approach very high levels not seen since the flu pandemic in 1918.⁵⁹ He pleaded for better science in order to make informed decisions.

It has been estimated that the Spanish flu infected [one-third](#) of the world's population in 1918-20 and caused 500,000 to 850,000 deaths in the United States.

Ioannidis cautiously suggested an almost 100-fold range, but fellow researchers latched on to his low figure, accusing him of horrible science and of missing the point by calling for more data when coffins of victims were accumulating. Some people even accused him of recommending that the nation should do nothing in response to the virus.

When Ioannidis was interviewed a week later, he said: "We have gone into a complete panic state."⁶⁰ He was right. The whole world panicked and there were wild exaggerations about how dangerous the virus was.

Obscene and defamatory e-mails were sent to Ioannidis and his administrators and colleagues at Stanford University.⁵⁸ Numerous erroneous claims were advanced in the press, including the charge that he had a financial conflict of interest related to a study he co-authored. He was fiercely attacked when he published a study to determine the percentage of people in Santa Clara County infected with COVID-19.⁵⁹ Critics also accused him of being a right-wing Trump supporter after he had appeared on a number of Fox News shows and had written to Trump with his concerns about the lack of evidence regarding the efficacy of lockdowns.

Ioannidis is my friend and he supported me greatly when Cochrane expelled me in 2018 after one of the worst show trials ever in academia (see chapter 5).⁶¹ If he had consulted me, I would have discouraged him from writing to Trump and from appearing on Fox News, Trump's favourite news channel, which is second to none in propagating fake news.

Ioannidis came under more fire when he showed that the infection fatality rate of COVID-19 was far lower than initially reported.⁵⁸ It didn't matter that he was right, or that CDC later published similarly low rates, or that WHO published a systematic review by him, which confirmed his initial findings, with an infection fatality rate of only 0.27%.⁶²

Scientific American committed editorial misconduct.⁶³ The editors uploaded "corrections" on the journal's homepage, several of which were errors committed by themselves, and others were not true or irrelevant. They violated the first rule of journalistic integrity by publishing accusations without inquiring of the accused. Lenzer and Brownlee tried to correct the false "corrections," but the editors denied them also this opportunity. The inappropriate "corrections" triggered an outpouring of hate mail and false claims about Ioannidis and the integrity of Lenzer and Brownlee as journalists.

It was so bad that Jeffrey S. Flier, former Dean at Harvard Medical School, asked the editors to take proper action:⁶³ By "printing a lengthy correction to their article, while refusing to permit them the opportunity to address the inaccuracies therein, *Scientific American* has needlessly besmirched the reputations of two distinguished and accomplished journalists who deserve a great deal of credit for their work over the years, including efforts to expose problematic issues in biomedical science."

Flier also noted:

"By bowing to the mob that has been attacking Ioannidis with false accusations that distort the totality of his work, *Scientific American* has lent support to behaviors that violate the norms of ethical scientific conduct ... Your statement that Lenzer and Brownlee failed to disclose ... prior co-authorships implied they were material events the authors were seeking to hide. Unlike many financial relationships, co-authorships are public knowledge - as a quick search of PubMed will show. The norms of scientific publishing would not consider these to be reportable COIs [conflicts of interest]."

Lenzer and Brownlee had once co-authored pieces with Ioannidis and another researcher.

Misconduct should always be exposed. Lenzer has published Flier's letter and her and Brownlee's corrections on her website.⁶³

WHO's farcical tour to Wuhan

In January 2021, WHO's Director-General, Tedros Adhanom Ghebreyesus, said he was "very disappointed" that China, after many months of delay, had still not finalised the permissions for WHO's expert team to enter the country to investigate the origins of COVID-19 in Wuhan.⁶⁴

Surely, as time passes, the evidence disappears.

The commission's composition and access to data were heavily controlled by the Chinese authorities. Its members, which included Peter Daszak, kept asserting before, during and after their visit that lab escape was extremely unlikely.⁸

But what became clear was that the Chinese had no evidence to offer the commission in support of the natural emergence hypothesis.⁸

This was surprising because both the SARS and MERS viruses had left copious traces in the environment.⁸ The intermediary host species of SARS was identified within four months of the epidemic's outbreak, and the host of MERS within nine months. Yet some 15 months after the COVID-19 pandemic began, Chinese researchers had failed to find a bat population as the source of SARS-CoV-2, or an intermediate host to which SARS-CoV-2 might have jumped despite an intensive search that included the testing of 80,000 animals. Moreover, there was no serological evidence that any Chinese population, including that of Wuhan, had ever been exposed to the virus prior to December 2019.

When the WHO team finally arrived, the inspection was a farce. It lasted four weeks but the team was quarantined for the first two weeks in a hotel before they could start the investigations.⁶⁵ The team members were disappointed that they could not get access to certain data, for instance on Chinese patients with respiratory symptoms who may have been some of the earliest COVID-19 cases.⁶⁶

The WHO inspection was heavily criticised in May 2021 in a letter in *Science* by some of the world's top virus researchers including Ralph Baric.⁶⁷ Marc Lipsitch was also one of the authors and he said that he had not expressed a view on the origin of the virus until recently, partly because the debate over the lab theory had become so controversial, but "when the WHO comes out with a report that makes a specious claim about an important topic ... it's worth speaking out."³⁵

Lipsitch has warned that the proliferation around the globe of labs manufacturing dangerous viruses is a major concern and has called for more public scrutiny of such research: "I'd like to see the attention focus on the regulation of dangerous experiments, because we've seen what a pandemic can do to us all, and we should be extremely sure before we do anything that increases that probability even a little."

Baric, Lipsitch and colleagues wrote that the information, data, and samples for the study were collected and summarised by the Chinese half of the team, and the rest of the team built on this analysis. Although no findings were presented in clear support of either hypothesis, the team assessed a zoonotic spillover from an intermediate host as "likely to very likely," and a laboratory incident as "extremely unlikely."⁶⁷

However, the two theories were not given equal consideration. Only 4 of the 313 pages of the report and its annexes addressed the possibility of a laboratory accident. Notably, WHO's Director-General commented that the report's consideration of evidence supporting a laboratory accident was insufficient and offered to provide additional resources to fully evaluate this possibility.

Baric and his colleagues agreed with WHO, the United States, 13 other countries, and the European Union, that greater clarity about the origins of the pandemic was necessary and feasible to achieve:

"Knowing how COVID-19 emerged is critical for informing global strategies to mitigate the risk of future outbreaks ... A proper investigation should be transparent, objective, data-driven, inclusive of broad expertise, subject to independent oversight, and responsibly managed to minimize the impact of conflicts of interest. Public health agencies and research laboratories alike need to open their records to the public. Investigators should document the veracity and provenance of data from which analyses are conducted and conclusions drawn, so that analyses are reproducible by independent experts."⁶⁷

This is what science is about. But Shi's reaction to the letter was emblematic for China.³⁵ She wrote in an email that the letter's suspicions were misplaced and would damage the world's

ability to respond to pandemics. "It's definitely not acceptable," Shi said of the group's call to see her lab's records. "Who can provide an evidence that does not exist?"

A sound principle, particularly in research, is that if you have nothing to hide, then hide nothing. Open your lab books. It can only be beneficial to be open and transparent, as it will increase your trustworthiness. The Chinese had a lot to hide and they hid everything.

Shi furthermore wrote: "It's really sad to read this 'Letter' written by these 18 prominent scientists ... This kind of claim will definitely damage the reputation and enthusiasm of scientists who are dedicated to work on the novel animal viruses which have potential spillover risk to human populations and eventually weaken the ability of humans to prevent the next pandemic."

This was untruthful. First, the scientists did not make any claims; they merely asked for a possibility to investigate the origin of the virus, which is what science and pandemic control is about. Second, such research will not weaken the ability of humans to prevent the next pandemic; it will strengthen it.

Shi became foul early on, as documented in her WeChat posts early in 2020: "The novel 2019 coronavirus is nature punishing the human race for keeping uncivilized living habits ... I, Shi Zhengli, swear on my life that it has nothing to do with our laboratory."¹ This religious statement could have come from the Old Testament. God punishes people for their sinful behaviour.

Shi advised people who believed in rumours and gave credence to unreliable scientific articles to "shut their stinking mouths." She also continued to cover up the facts. When she published a genetic sequence for SARS-CoV-2, she failed to detail the most surprising aspect of it - a mutation not seen on similar coronaviruses that ensures it infects a wide range of human cells.¹⁷

Epidemiologist and disease detective Kenneth Bernard who served as the biodefense expert under two US presidents said that the letter from Baric and his colleagues was "balanced, well written, and exactly reflects the opinion of every smart epidemiologist and scientist I know."³⁵

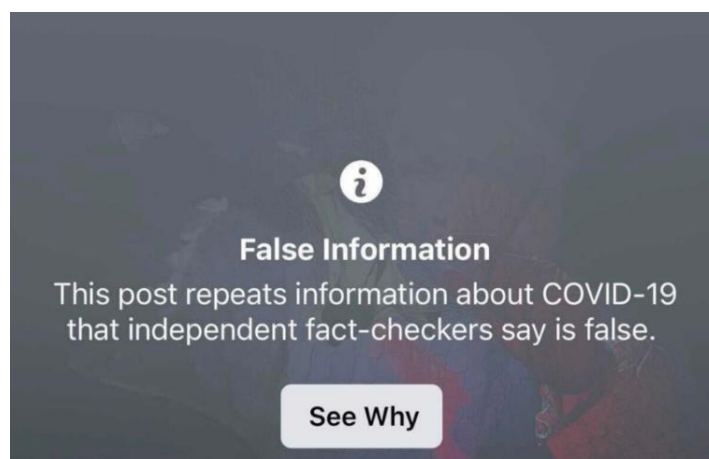
The Chinese cover up during WHO's mission to China only made it worse for themselves. The hottest scientific issue for a long time had been whether SARS-CoV-2 was the product of natural evolution or a laboratory accident. But how difficult can it be? At long last, the cat was out of the bag, and I have no doubt about what happened in Wuhan. But brainwashing is remarkably effective. When I say a lab leak is by far most likely, e.g. to my tennis partners when we discuss the state of the world over a beer after the match, they say - even as late as in the beginning of 2022 - "Can you prove this?"

The massive one-sided propaganda had been so effective that the issue had been turned upside down. We are supposed to believe in something that is extremely unlikely, with no evidence whatsoever in its support, whereas if we tell people what is extremely likely, we are asked to prove it!

Science does not work that way. In science, we work with probabilities, and the circumstantial evidence – as a judge would say in a murder case, and here we have 6 million corpses – is overwhelmingly in support of the lab leak theory. Plain and simple.

In 2012, two researchers warned that, given the many laboratories handling potentially dangerous viruses, there was an 80% risk that a lab leak of a potential pandemic pathogen would occur sometime in the next 12.8 years.⁶⁸ They assumed a probability for escape from a single lab in a single year to be 0.003, which they considered a [conservative estimate](#) in light of a variety of government risk assessments for biolabs and actual experiences at laboratories studying dangerous pathogens.

Of all places, a coronavirus outbreak erupts on the doorstep of a national institute that has one of the world's largest databases of such viruses and where they experiment on them to make them more infectious and more deadly.⁸ Yet, the Chinese want us to believe that COVID-19 came from bats living in caves 1500 km away and that it is not possible that the extensive collection of faeces and other material from these bats could have anything to do with the outbreak in Wuhan.¹ In all their desperation, the Chinese have also tried to put the blame on a military base in Maryland in the United States, on mink in Europe, on Italy and India, and on imported frozen food.^{17,69}



The false information is not about Chinese claims. As we have seen, the censorship went far beyond China. When Ian Birrell published *The WHO's COVID shame*,⁶⁹ where he noted that WHO's mission to China investigating the origins of COVID-19 was little more than an appeasement of Beijing, Facebook censored him by placing a warning on the article,⁷⁰ which reduced article viewership by 95%.⁴⁹

Facebook, an American company, is – in Birrell's own words - one of Beijing's useful idiots.¹⁴ It protected China's cover up with a horribly wrong message about fact checkers saying that his truthful article repeats information about COVID-19 that is false.

Birrell is a multi-award-winning investigative reporter and former deputy editor of the British newspaper *The Independent*. He has closely followed the question of the origins of the COVID-19 virus within Wuhan, and he was unimpressed with the superficial WHO investigation and the way in which the lab leak hypothesis was thrown out by the Chinese regime.

We need to ask: What is the greatest danger to our societies? Allowing some whackos to spread crazy theories, or accepting a world in which a journalist's questions about the Chinese Communist regime are pre-emptively censored?⁷⁰

Facebook apologised for falsely labelling Birrell's correct article as false: "This was a mistake on our part. A fact-checking label was wrongly applied to this post yesterday & it was removed earlier this morning. We're very sorry for any inconvenience or confusion caused."

Come on, Facebook! You must do better than this. You violate and make a mockery of the freedom we had in the West before social media and you support a tyrannical regime in the East.

What happened to common sense? Nicholson Baker wrote:

"This patch-work pathogen, which allegedly has evolved without human meddling, first came to notice in the only city in the world with a laboratory that was paid for years by the US government to perform experiments on certain obscure and heretofore unpublicized strains of bat viruses -

which bat viruses then turned out to be, out of all the organisms on the planet, the ones that are most closely related to the disease. What are the odds?”¹

On hearing about an outbreak of a new disease in Wuhan in December 2019, Shi Zhengli’s first thought was to wonder if it was a leak from her lab.¹ Shi analysed samples from hospital patients and concluded that the new virus was related to SARS but even more closely related to a bat disease that her own team had found on a virus-hunting trip, the RaTG13. Shi was surprised that the outbreak was local and said that she “had never expected this kind of thing to happen in Wuhan, in central China.”

However, Shi also said that when she checked her records and found no exact matches, she was relieved.¹

Well, Shi checked her own records, but the Chinese regime has ensured that no one else will see them or anything else that could resolve the issue. And Shi needs to survive in one of the world’s most brutal tyrannies. This does not favour truthfulness that creates a major loss of face for the communist leaders. Chinese President, Xi Jinping, said it very clearly in 2020: “Science has no borders, but scientists have a motherland.”⁷¹

Every Chinese knows how to interpret that statement, and the punishment, if you do not respect it, is harsh, also for your family, even if you saved thousands of lives.

Chinese doctor Gao Yaojie exposed an HIV epidemic in China that had resulted from unsanitary blood collection practices, some of which were state-run. The entire adult population of some poor farming villages was dying without any treatment and leaving AIDS orphans behind. She won international human rights awards for saving perhaps tens of thousands of lives and ending dangerous practices. But she spent her retirement under house arrest, often threatened by local officials for embarrassing China. She fled China in 2009 and obtained political asylum in the United States. This was at a time when China was less autocratic and more open than it is today.⁷¹

The consequence of prioritising politics over scientific honesty is that most Chinese medical research is untrustworthy. When individual patient data from randomised trials submitted to *Anaesthesia* during a year were examined, it turned out that data from 26 out of 56 trials (46%) from China were false.⁷² Of 3137 so-called randomised trials published in Chinese medical journals, only 7% were in fact randomised trials;⁷³ 99% of 121 randomised trials published in China were positive for the test treatment compared with 75% of 118 trials published in England;⁷⁴ and 99.8% of 840 trials of acupuncture published in Chinese journals reported positive results for the primary outcomes.⁷⁵ In contrast, when my research group did a systematic review of three-armed trials of pain which had an acupuncture group, a placebo acupuncture group, and a group that received no treatment, we found a tiny difference between acupuncture and placebo acupuncture that was not clinically relevant.⁷⁶

When a German researcher quizzed Chinese colleagues why the results were always positive, the uniform answer he received was that it would be very offensive for Chinese researchers to conceive a study which does not confirm the views held by their peers.⁷⁷

Six months after WHO’s inspection in Wuhan in January-February 2021, Danish TV2 broadcast a brilliant documentary about the hunt for the truth in China. The programme features WHO’s head of the mission, the Dane Peter Ben Embarek, employed by WHO for 20 years. He is unusually outspoken for a long-time WHO employee and revealed China’s total cover up.⁶⁵

TV2 was the only media outlet allowed to follow Embarek. He was filmed in places where no one else would get permission to record and he spoke to the camera when he was alone and shared his thoughts, pretty unfiltered.

As the documentary is essential for understanding the scale and nature of the systematic Chinese cover up about the origin of SARS-CoV-19, I have published a comprehensive summary, with Danish bits translated into English.⁶⁵

The only thing I missed in the documentary was that it does not discuss the genome of SARS-CoV-19, which is a smoking gun, as it contains genes that do not occur naturally in these viruses.

WHO's negotiations with China in order to launch the mission took almost a year. Moreover, even shortly before departure, it went wrong. WHO's team was denied entry to China. Tedros Adhanom Ghebreyesus, WHO's Director-General, said:

"I am very disappointed with this news given that two members had already begun their journeys and others were not able to travel at the last minute."

Embarek said: "We cannot understand why they would not give us the permission. They have everything to gain, and so has rest of the world too, of course."

Perhaps Embarek was ironic. China had everything to lose by being honest, which Rasmus Nielsen from Berkeley illustrated:

"It is difficult for Chinese researchers to do research in this area. Already in March 2020, my collaborators in China sent me an email where they told me that they could not collaborate with me any longer about the origin of SARS-CoV-2 because this had simply been forbidden. You were not allowed to do independent research; a special permission was needed from a special committee directly under Xi Jinping. So, when the Chinese government tries to control all research in this area so strongly, is it then because they have something to hide, or is it only because they simply try to control the whole narrative about SARS-CoV-2?"

Narrator: "The WHO team shall collaborate with 17 Chinese researchers. So, it is a joint mission with China, and they will need to agree with everything."

Science is the opposite of agreeing with everything.

Embarek: "We have to reconcile some of their views as our views. This morning I used quite some time convincing everyone that it was necessary to get all the hypotheses on the table, and then we must deal with them, one by one, and argue for or against them. In any case, no matter if they are likely or unlikely, they must be included in the deliberations."

Narrator: "The researchers agree that the coronavirus likely comes from the horseshoe bat. The big question is how it has succeeded to go from bats to humans. It is particularly weird that the closest of this type of bat live 1500 km away from Wuhan. There are two general theories about how it could have happened. The main theory is the one about a natural origin, that the virus was transferred directly from bats to humans or via another animal as intermediary host. But there is also a more controversial theory, that the virus by accident escaped from a laboratory in Wuhan."

This is awfully bad journalism. The theory about a lab leak was not controversial; it was by far the most plausible one.

Embarek: "We have begun difficult negotiations ... started to talk about hypotheses, and some are of course not so popular. We should, what should I say, find a delicate balance between what we may accept and what we cannot compromise with."

Mikkel Vedby Rasmussen: "Exactly because there is so much big politics involved, it is unavoidable that this investigation will be the victim of a political game."

News: "The corona crisis has sharpened the conflict between the big powers, the United States and China."

Trump: "They have hurt the world very, very badly ... They should be held responsible."

Wang Wenbin, Chinese Ministry of Foreign Affairs: "The United States has formed alliances and have incited to an ideological confrontation."

Well, to incite to anything is likely to land you in jail if you are in China.

Nightly News: *China's scientists suggest COVID originated elsewhere.*

Interviewer: "Do you believe the virus started in Wuhan?"

Chinese researcher: "No."

"You believe it started in China?"

"No."

Embarek says that no one has visited the animal market since it was closed over a year earlier.

Narrator: "Nothing indicates that the patient the WHO encounters is patient zero. To find patient zero, it is necessary to trace all the contacts of those who were first infected and their whereabouts. Perhaps this would reveal where the coronavirus for the first time jumped upon a person. The Chinese authorities do not present a detailed mapping of the first patients' whereabouts to the WHO. So, the track ends here."

Interviewer: "Why wasn't this mapping already done, you think?"

Embarek: "This is again, like many of the other investigations, which should have been carried out earlier, but were not done, or were not done well enough. We also discovered that there are blood samples from Wuhan's blood bank; they have 200,000 samples from 2019."

News: "According to WHO, it has not been possible to get access to hundreds of thousands of blood samples from Wuhan, which WHO would have liked to analyse."

Narrator: "The blood samples have not been tested for corona even though they might have provided the clue that led to patient zero and perhaps to the source of the pandemic."

CNN: *WHO hopes to return to study blood samples in China.*

Interviewer: "Anyone wants to look at that urgently?"

Embarek: "Yeah, that would be fantastic if we could move again."

Interviewer: "Is it not amazing that they haven't already looked through those samples?"

Embarek: "You could say that ... It was not like that they tried to hide or ignore those samples, they would just not ... no one had looked at them."

Rasmussen: "You need to realise that Chinese researchers cannot research freely, without special permission, in the origin of SARS-Cov-2."

Embarek: "There could be many researchers who will not even try to get started with getting these permissions because they are too difficult to obtain and there are too many problems."

Rasmussen: "They could have done more to find the origin of SARS-Cov-2. They could have looked at the blood banks; they could have made better contact tracing for the first patients, etc. So, I wonder why this work has not been done."

Narrator: "The investigation of the hypothesis about a natural origin ends unresolved. No intermediary host has been found or a direct link to the bat."

Rasmussen: "To admit that you have caused the biggest pandemic since 1918 would be an admission which the regime would have difficulty accepting. And I think that we can safely assume that no country in the world would be particularly proud of that conclusion."

As we have seen in abundance, USA is certainly not proud of its responsibility for the disaster.

Embarek: "It is Tuesday, 2 February. Tomorrow will likely be the most troublesome day. We shall see the famous or infamous, or what you should call it, Wuhan Institute of Virology. The lab works with bats and coronavirus. How should we handle this? It is a big question."

Narrators from TV stations: "Mystery surrounds the high-security lab. The Wuhan Institute of Virology houses the biggest virus bank in Asia. The institute is famous for tracing a virus that caused the 2003 SARS outbreak to a bat cave."

Narrator: "Under great attention, Peter Embarek and the rest of the WHO team on their way to investigate the second and more controversial hypothesis that a natural or man-made virus has escaped from a laboratory. It was in the beginning of the pandemic that Donald Trump was the banner bearer for this theory."

Narrators from two TV stations: "The USA is looking into what many have called a conspiracy theory. Have you seen anything at this point that gives you a high degree of confidence that the Wuhan Institute of Virology was the origin of this virus?"

Trump: "Yes I have."

Narrator: "However, Donald Trump has never presented any evidence, and the proponents for the hypothesis were called conspiracy theorists. But many esteemed researchers will no longer exclude the theory about a lab leak."

Rasmussen: "Earlier, I have argued quite forcefully that it was not a lab leak. It was not particularly likely. But I think that when we anyhow shall investigate the hypothesis about a lab leak, then it is, for several reasons, but one of them is the way the Chinese government has acted. They have tried to suppress all research within this area. But it is also because we know that this type of virus may leak from a laboratory relatively easily. And this has happened several times earlier."

Narrator: "The virus sample from the horseshoe bat from the Mojiang mine is called RaTG13 and is the closest known relative to the coronavirus that currently devastates the world. The Mojiang mine has therefore become interesting for journalists and researchers from all over the world, but during the pandemic it has been inaccessible for the outside world."

TV reporter who was denied access to the caves: "China has always said it has acted openly and transparently when it comes to COVID-19, but we are not welcome. This is a system that doesn't care for questions, and it is one that the experts from the WHO shall navigate."

Narrator: "According to Peter Embarek, the Wuhan Institute of Virology has worked with gain-of-function. This involves that the properties of the virus are changed at the lab, e.g. it can be rendered more contagious for humans."

Rasmussen: "They do a lot of research on coronaviruses in the Wuhan Institute of Virology. Different types of genetic research where parts of one virus is mixed with parts from another virus. They don't do this because they want to create a new pandemic; they do it simply to prevent the next one ... Much of the research took place in BSL2 labs. Their security level is not much better than in your chemistry lab at elementary school. This is one of the things that has made many of us think that we should investigate if it could perhaps have come from this lab."

Narrator: "The WHO did not see any documentation about how the Wuhan Institute of Virology has actually worked with gain-of-function and the different coronaviruses, as they did not have a mandate to look in the lab records."

Embarek: "It was not the purpose of our visit either. It was a collaboration and discussion between two research groups. It was not us who doubted what they said. That would have been a quite different form of collaboration."

Narrator from a TV station: "There is rising speculation the virus could have originated from the government laboratory in the Wuhan Centre for Disease Control."

Embarek: "There are other laboratories in Wuhan which are also interesting, e.g. the Wuhan CDC laboratory. They have also worked with bats."

Narrator: "CDC is the authorities' laboratory in Wuhan, located only 500 m from the Huanan market."

Embarek: "What is more concerning to me is the other lab. The one that is next to the market, the CDC lab. You mentioned that, Peter, the other day as well (Daszak tries to interrupt), that they were also having coronaviruses without potentially having the same level of expertise or, or, or, or, or safety, or who knows?"

The conversation took place via Embarek's computer, and it appears strained. Embarek talks with Daszak, also a member of the mission.

Embarek: "I look at one of their electric panels on the wall, and, it is in Chinese, but I can see the date. It was a date in May 2019. I then ask the leadership how old the lab is. They say it is from December 2019; we moved on 2 December 2019 to these new laboratories. Yes, the period where it all started. And we know that when a lab is moved, it is disturbing for all procedures. You also need to move the virus collection, the sample collection, and other collections. Therefore, it is again of interest to look at this period and also at this lab ... They have perhaps worked with bats and have for some reason come into contact with the virus."

Narrator: "In December 2019, just before the first known cases appeared, this video was published which informs about the field work of the CDC lab."

Chinese narrator: "The bat is the animal we know about that can harbour the most viruses. The researchers stay in the caves for several days without mobile contact or supplies from the outside. The fear is insidious. The fear of infections. The fear of getting lost. For if you find a virus, you are easily exposed to infection."

Narrator: "The WHO finds no evidence that a lab leak has occurred, but they did not get access to lab records or other documentation ... Only a few days remain of the mission. The source of the virus has not been found, so now the WHO's researchers negotiate with the Chinese researchers about how likely the different theories are. The two research groups need to agree to everything which is to appear in the final report."

Embarek: "I am back in the hotel room, it is 2 a.m. We are writing on the first version of our final report. And this is tough. There are many points where we disagree. Pooh. It is not easy."

Rasmussen: "The WHO is under enormous pressure. And the WHO must deliver a report that everyone can be happy with. But the problem is that they cannot do this. If they conclude something they do not think is wrong, the Chinese will pull the rug away from under the organisation. If they conclude something that the West and USA think is wrong, then they will pull the rug away from under the organisation. So, the WHO has become a battlefield rather than just an institution."

Embarek: "In the beginning, we did not want to have anything included about the lab as it was impossible and therefore, we should not look at it and waste time on this. Forty-eight hours before we would finish the whole mission, we still did not have any agreement that we would mention the lab bit in the report. I and my counterpart go out in the corridor and discuss, one to one, how we should untie the knot we were in, so we could move on. This is where I said, listen now, we need to include this, otherwise, we have no report. He accepted that we could mention it in

the report on the condition that we would not recommend any specific studies in order to move on with this hypothesis, we could just let it lie still.”

Interviewer: “But is it not a problem today that there are no recommendations about how to move on with investigating that hypothesis when there in fact, there is a possibility that a lab leak occurred?”

Embarek: “For the hypothesis about the lab leak, we say clearly that one could move on, either by using new information or new evidence, which might pop up, or one can perform an audit. This is a kind of a police-like investigation where everything is checked.”

Embarek (at the press conference): “The laboratory incident hypothesis is really unlikely, extremely unlikely.”

Interviewer (not at the press conference): “Extremely unlikely. Was it a requirement from the Chinese side that it must be called extremely unlikely in order to get it into the report at all?”

Embarek: “This was the category that we chose at the end, yes. What it says is that it is not impossible, but it is not particularly likely. This is how it should be read.”

Interviewer: “But had it been included if it had not been called extremely unlikely?”

Embarek: “Uhm, this would probably have required a, a ... perhaps even more (laughs) discussion and argument for and against, and I did not think it was worth it.”

Rasmussen: “The way I view the WHO report is that they, in fact, have not investigated the lab leak. It has not been part of the commission’s mandate.”

Embarek: “This is the only document that exists where the Chinese have accepted to talk about the lab leak hypothesis. Already this is a huge result, in our opinion.”

Narrator: “The researchers write in the report that a direct lab leak is extremely unlikely. But what does not appear in the report is that the WHO in fact believes that there is another likely scenario for the origin of the virus, which has a connection to the laboratories.”

Embarek: “A collaborator in the main office is infected out in the field while he or she collects samples in a bat cave, and such a scenario also belongs even though it belongs to the lab leak, it also belongs to the first hypothesis we have, which is the hypothesis of direct bat-to-human transmission. And this hypothesis we have regarded as a likely hypothesis.”

Narrator: “Thus, Peter Embarek believes that it is a likely hypothesis that a lab worker has been infected by a bat through his/her work outside in nature.”

Ghebreyesus, WHO’s Director-General: “The independent expert team to study the origins of the COVID-19 virus has completed its trip to China.”

Wang Wenbin, Chinese Ministry of Foreign Affairs: “The joint effort has created a global collaboration about the origin of the virus.”

Narrator: “The team does not find a definitive answer to the origin of the coronavirus. Even though the hypothesis about a lab leak is included in the report, most scientists still agree that it is much more likely that the virus has jumped naturally from animal to man.”

Narrator from a TV station: “We do not believe that China has made available sufficient original data into how this pandemic began to spread.”

Text on the TV screen:

In May 2021, USA’s President Joe Biden gives his intelligence service 90 days to come closer to a conclusion about the origin of the pandemic. The report is expected to appear by the end of August.

China immediately hit back and called the suggestion a “conspiracy.”¹⁸

Zhao Lijian, spokesman, the Chinese Ministry of Foreign Affairs: “China has contributed to tracing the origin of the pandemic. This is broadly acknowledged.”

Embarek: “Will we find the answer to the origin of the pandemic? I hope so, but I have no idea. We must immerse ourselves in it wholeheartedly and without obstruction ... this is the only way we will get a chance of finding the origin.”

Text on the TV screen:

On 16 July 2021, the WHO comes up with a plan for further studies in China. Among other things, they suggest audits – which are in-depth investigations of relevant laboratories in Wuhan.

Ghebreyesus: “We are asking actually China to be transparent, open and cooperate.”

Zeng Yixin, vice minister in the National Health Commission, China: “I feel that the plan ignores common sense. It defies science.”

Text on the TV screen:

China rejects WHO’s plan about further studies in China.

In August 2021, documents were published that showed that a senior Chinese researcher was infected with COVID-19 in a leading Beijing virology laboratory soon after the Wuhan outbreak, highlighting the risks of inadvertent laboratory transmission.²⁷ Peter Embarek suddenly turned round and said that Patient Zero - the first person to have started the pandemic - may be a worker at a Wuhan laboratory after all.

The Danish TV programme was picked up by international media, e.g. by *BMJ* in the article, *COVID-19: China pressured WHO team to dismiss lab leak theory, claims chief investigator*.⁷⁸

A Swiss epidemiologist named Wilson Edwards claimed the exact opposite, that there was a US campaign to pressure WHO into falsely blaming China for the pandemic.⁷⁸ He was widely quoted in Chinese state media. However, the Swiss embassy in China found no record of such a person or any trace of his scientific publications.

Once again, it seems that Facebook, likely involuntarily this time, played the role as one of Beijing’s useful idiots.¹⁴ The Facebook page of the fabricated character Wilson Edwards showed an Oxford library in the background, and Edwards postulated that “Fellow researchers” were complaining of having endured “enormous pressure and even intimidation from the US side as well as certain media outlets.” Moreover, “WHO sources told me the US is so obsessed with attacking China on the origin-tracing issue that it is reluctant to open its eyes to the data and findings.”

The claims were picked up by *China Daily*, *CGTN*, *Global Times*, and *People’s Daily*, which ran the headline, *US attempts to overturn report, leveraging WHO into political tool*.

On 10 August 2021, the Swiss embassy tweeted: “Looking for Wilson Edwards, alleged [Swiss] biologist, cited in press and social media in China over the last several days. If you exist, we would like to meet you!”

The Swiss government branded the Chinese reports “fake news” and asked for their removal. Then, the Facebook page and the state media news articles disappeared from the Internet.

We don’t know who fabricated this character. But we do know that China had the greatest interest in this scam, including spreading misinformation, which it also did.

Fake news can be taken down from the Internet but not from printed newspapers or from people’s memories. And how would people know that the articles have been removed from the Internet? China’s Central Propaganda Department is not likely to tell its 1.4 billion people that they were wrong. The Chinese Ministry of Truth has spoken, and it is never wrong, right?

The editorial board of the *Washington Post* published a most damning article on 23 July 2021 exposing the extent to which China is willing to lie about the facts.⁷⁹

A week earlier, WHO's Director-General, Ghebreyesus, had called on China to cooperate and be transparent, and he said that both major hypotheses for how the pandemic began should be investigated.

Then, "China slammed the door in his face." The rejection of the WHO plan from Zeng Yixin, vice minister of the National Health Commission, and Yuan Zhiming, director of the biosafety lab at the Wuhan Institute of Virology, was so absolute as to beggar belief. China's propaganda mouthpiece, *Global Times*, quoted Zeng as saying that the Wuhan Institute of Virology had never conducted gain-of-function research that would examine whether viruses could be modified to improve their ability to infect. Yuan said that the institute "did not contact, preserve or study the novel corona-virus, and it never designed, made or leaked the virus." No employees or students were infected, and no pathogen leakage or human infection has occurred in Wuhan's high-level biosecurity lab since it was put into operation in 2018.

This said it all. China's own "bat lady" had published an article in *Nature Medicine* about a gain-of-function experiment,³⁶ but even this was denied by China. Does this surreal country exist at all, or is it just a bad dream? I wish it were.

8 Final words and conclusions

China is responsible for 6 million deaths so far and the United States is complicit. Whatever one thinks of the origin of SARS-CoV-2, it is obvious that if the Wuhan Institute of Virology had not conducted gain-of-function research, and therefore had not collected more than a thousand samples of coronaviruses from bat caves and experimented on them, there would not have been a pandemic.

It is very simple, really, but also totally absurd what happened. The truth has been obfuscated and lied about by those two people who were most conflicted, Peter Daszak from the United States and Shi Zhengli from Wuhan. The top US presidential advisor, Anthony Fauci, and the director of the NIH, Francis Collins, also lied bluntly. And the media and our most prestigious scientific journals willingly propagated the lies, censored people so that they couldn't present the truth or even just ask questions, and praised the liars shamelessly for their work on *preventing* pandemics even though they had created one, the worst since 1918.

People who thought otherwise were censored, harassed, and ridiculed, particularly on social media, but also in scholarly publications, and some were fired just for asking questions. Throughout my 35-year career as a scientist, I have seen much wrong-doing, but I never imagined it could raise to such levels of stupidity, primitivity, and mendaciousness.

Gain-of-function research should never have been funded and should never have been performed. WHO and the United Nations must issue a call to stop this dangerous research permanently. Even the atomic bombings of Hiroshima and Nagasaki pale compared to COVID-19. It is difficult to estimate the number of deaths, but it is likely [around 200,000](#), which is only 3% of the COVID-19 deaths so far, and it isn't even over.

Gain-of-function is a euphemism for what in reality is gain-of-lethality research. A witty guy suggested that the smart virologists should perform lack-of-function experiments instead.

All governments should make gain-of-function research illegal, with stiff penalties for breaking the law. Like the possibility of nuclear war, this research is too great a threat to mankind and must stop. I suggested this in 2021 in my vaccine book,¹ on my website,² and in a medical journal,³ but I have still not seen any such proposal from WHO or other authorities. Why not?

Why are our authorities so slow to react towards dangers and why are they so often secretive, which is not in the public interest? Nothing illustrates this better than our drug agencies, which is a totally dysfunctional system.

We have very good systems for checking aeroplanes and cars, which protects us against planes suddenly falling down and traffic accidents caused by malfunctioning cars. In contrast, the system we have for investigating drugs, and approving and using them, doesn't work. If it did, our drugs would not be the third leading cause of death after heart disease and cancer. This has been demonstrated to be the case in several independent studies in Europe and North America.⁴⁻¹² Tragically, most of those who died did not even need the drugs that killed them. Medical errors, including other than drug-related errors, are also the third leading cause of death even when only counting hospital patients' deaths.¹³

Most of these deaths are preventable.¹³⁻¹⁵ It is therefore a good idea to do some homework before you decide whether to go to the pharmacy or not, if your doctor has told you that you need a particular drug. This is not easy, as so much information on the Internet is unreliable. I have therefore written a book about how to do it.¹⁶

The main problem with drug agencies is that they are far too industry friendly. They approve far too many drugs that do not have a reasonable balance between benefits and harms considering how they are being used in practice. It is scary that a survey showed that 70% of FDA scientists are not confident that products approved by the FDA are safe.^{17,18} And that 66% lack confidence in the FDA's safety monitoring of marketed drugs.¹⁹

On this background, it is understandable that some people are hesitant to take all the vaccines that are being recommended. But for vaccines, the situation is very different.¹ Vaccines are generally so beneficial that it is a good idea to do what your doctor tells you.

This is also the case for the COVID-19 vaccines for most people. But it is not good advice to vaccinate children against COVID-19.²⁰

It is also bad advice to give booster doses endlessly. EMA has suggested to give boosters as frequently as [every three months](#), even though we don't know what this will lead to. But we do know that immunisation with a non-live vaccine is expected to increase mortality from other infections than the targeted one.¹

Then, in an extraordinary backflip by EMA, it [warned](#) in January 2022 against repeated boosters every four months because it might overload people's immune systems.²¹ Boosters could weaken the immune response in several ways:

Antigen specific tolerance, which is used positively to desensitise patients to antigens such as bee venom; T-cell exhaustion, which has reduced the organism's ability to fight HIV and hepatitis C infections, for example; antibody dependent enhancement of the disease, which has been seen for Dengue¹ and SARS; antigenic imprinting where the immune memory favours the original strain causing a reduced immune response to mutated strains; and downregulation of the innate immune system.

It can sometimes make sense to disregard official advice about vaccines. Some vaccines should not be used except for special circumstances, and others are so controversial that many health-care professionals do not use them for themselves even though they are officially recommended, e.g. influenza vaccines.¹

The drug agencies are not interested in letting the public see what they are doing or the material the drug industry has sent to them.^{14,15,22} A notable example of the lack of respect for the public interest is from December 2021 when the FDA asked a Federal Court Judge to allow the agency 75 years to release all the data upon which it had licensed Pfizer's COVID-19 vaccine.²³ FDA claimed it could only produce 500 pages per month, taking the end date for release of the documents to 2096 when virtually all of us would be dead.

The Judge ruled in favour of the plaintiff and ordered the FDA to release the documents at a rate of 55,000 pages per month, taking approximately 8 months.

Aaron Siri, the US attorney who acted on behalf of the plaintiff and filed the lawsuit in September 2021, said it was a great win for transparency that allowed independent scientists to offer solutions and address serious issues with the vaccine programme, and that government secrecy is destructive to liberty and antithetical to the openness required in a democratic society.²³

The Judge agreed. His order began by relaying the highly relevant sentiments of two great men in US politics:

“A nation that is afraid to let its people judge the truth and falsehood in an open market, is a nation that is afraid of its people” (President John F Kennedy).

“Excessive administrative secrecy ... feeds conspiracy theories and reduces the public's confidence in the government” (Senator John McCain).

Science and ethics have suffered tremendously during the pandemic, and it continues. It is almost symbolic that exactly two years after the 2020 deadly mob attack on Capitol Hill, orchestrated by President Donald Trump, an article appeared online in *JAMA* on 6 January 2022 which, although the corresponding author's address include "Medical Ethics," was totally devoid of ethics.²⁴

The authors recommend mandatory vaccination as a requirement for school attendance and for various groups including healthcare workers. I can understand why US authorities feel they need to introduce drastic measures when too many people are out of reach for rational arguments and when powerful lobby groups escalate the problem by spreading lethal misinformation about vaccines on the Internet. But mandatory vaccinations violate basic human rights.¹

Public health leaders in Europe have long resisted compulsory vaccination on the grounds that it undermines the trust between the public and healthcare professionals.¹ It is seen as counterproductive, which could easily increase vaccine hesitancy. Anti-vaxxers are very rare in Europe but less rare in the United States that has aggressive mandatory vaccination policies.

Mandating vaccination of children against COVID-19 can stigmatise them and might handicap their possibilities in life, for example if the parents resort to home schooling, which is highly ineffective and does not develop the kids' social skills.

UNESCO's Universal Declaration on Bioethics and Human Rights states that "Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice."²⁵

Accordingly, vaccines cannot be forced upon anybody, directly or indirectly, through deprivation of privileges the individual would otherwise have had (e.g., the right to go to school, to have a job, or to earn a living), all of which can be equated with coercion.

Ethically, it cannot be justified to mandate vaccinating children in order to protect others.¹ Furthermore, COVID-19 seems to be a milder disease in children than influenza and only in a few vaccine fundamentalistic areas in the world are flu shots a requirement for attending school.

Healthcare workers have an ethical imperative to prevent harm to patients, but this imperative cannot be used to argue for mandatory vaccination. Compulsion strips healthcare providers of a basic right guaranteed to every other patient - the right to informed consent. Furthermore, just as for children, we cannot mandate healthcare workers to run a personal risk in order to benefit others – this runs counter fundamental, universally accepted ethical principles - and it always involves a risk to get vaccinated.¹

I was recently contacted by a Danish woman who suffered terribly after the Pfizer COVID-19 mRNA vaccine. Many others believe they have been harmed and they have formed a group of almost 4,000 people in Denmark. It is a sincere group that does not allow anti-vaxxers in. Quite some people have also developed very severe insomnia after the vaccination where they can only sleep for a couple of hours every night. One of them did not even react to heavy doses of a sleeping pill, which is extraordinary. It is really strange, and our top insomnia expert said he is aware of these cases.

We need to do research on the long-term harms of the COVID-19 vaccines. I am grateful that we have these vaccines, which have saved many lives, but when we know too little about the serious, long-term harms, we cannot make rational decisions about who should get vaccinated,

with what, and how many times. My deputy director, Maryanne Demasi, and I have therefore carried out a systematic review of the serious harms of the COVID-19 vaccines.²⁶

The *JAMA* article was problematic in other ways.²⁴ The authors say that remdesivir is effective against COVID-19 but provide no reference for this statement. Remdesivir is not effective,²⁷ only terribly expensive, about [\\$3,000](#) per patient for a typical treatment course.

The *JAMA* article is also an example of science by press release, as their references are not to scientific articles but to press releases and other doubtful information, e.g. when they tout Pfizer's antiviral drug paxlovid, they refer to Pfizer's press release.

Press releases are notoriously unreliable and Pfizer even [writes](#): "The information contained in this release is as of November 5, 2021. Pfizer assumes no obligation to update forward-looking statements contained in this release as the result of new information or future events or developments." This is not reassuring.

I hope you enjoyed reading the book. If so, you will likely feel it is highly rewarding to read also the 2022 article by Kevin Bardosh and colleagues, *The unintended consequences of COVID-19 vaccine policy: why mandates, pass-ports, and segregated lockdowns may cause more harm than good*,²⁸ which is the best paper I have read about this important issue.

About the author

Professor Peter C Gøtzsche graduated as a Master of Science in biology and chemistry in 1974 and as a physician 1984. He is a specialist in internal medicine; worked with clinical trials and regulatory affairs in the drug industry 1975-1983, and at hospitals in Copenhagen 1984-95. With about 80 others, he co-founded the Cochrane Collaboration in 1993 (the founder is Sir Iain Chalmers) and established the Nordic Cochrane Centre the same year. He became professor of Clinical Research Design and Analysis in 2010 at the University of Copenhagen and has been a member of the Cochrane Governing Board twice. He now works free-lance. Became visiting Professor, Institute of Health & Society, Newcastle University in 2019. Founded the Institute for Scientific Freedom in 2019.

Gøtzsche has published more than 75 papers in "the big five" (*BMJ*, *Lancet*, *JAMA*, *Annals of Internal Medicine* and *New England Journal of Medicine*) and his scientific works have been cited over 150,000 times. His most recent books are:

- [Mental health survival kit and withdrawal from psychiatric drugs: a user's guide](#) (2022, in 7 languages).
- [The decline and fall of the Cochrane empire](#) (2022)
- [Vaccines: truth, lies and controversy](#) (2021, in 7 languages).
- [Survival in an overmedicated world: Find the evidence yourself](#) (2019, in 7 languages).
- [Death of a whistleblower and Cochrane's moral collapse](#) (2019).
- [Deadly psychiatry and organised denial](#) (2015, in 9 languages).
- [Deadly medicines and organised crime: How big pharma has corrupted health care](#) (2013, in 18 languages). Winner, British Medical Association's Annual Book Award, Basis of Medicine in 2014.
- [Mammography screening: truth, lies and controversy](#) (2012). Winner of the Prescribe Prize in 2012.

Gøtzsche has given numerous interviews, one of which, about organised crime in the drug industry, has been seen over 400,000 times on [YouTube](#). Gøtzsche was in The Daily Show in New York on 16 Sept 2014 where he played the role of Deep Throat revealing secrets about big pharma. A documentary film about his reform work in psychiatry, [Diagnosing Psychiatry](#), appeared in 2017, and [another one](#), with the working title, "The honest professor and the fall of the Cochrane empire," about his life and the moral collapse of the Cochrane Collaboration, is in production. Donations to the film can be given [here](#).

Gøtzsche has an interest in statistics and research methodology. He has co-authored several guidelines for good reporting of research: [CONSORT](#) for randomised trials, [STROBE](#) for observational studies, [PRISMA](#) for systematic reviews and meta-analyses, and [SPIRIT](#) for trial protocols.

Gøtzsche is Protector for the Hearing Voices Network in Denmark.

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