

California's Misinformation Epidemic Pt. 1

I recently had the pleasure of getting to know one of my favorite pseudonymous writers on Substack who goes by 'A Midwestern Doctor.' This powerful essay needs as wide exposure as possible.



By: [Pierre Kory](#)

From [The Forgotten Side of Medicine](#) Substack, this essay brilliantly details the history, current state, and future of the criminal control of information, corruption of science, and coercion of the public in regards to vaccines. I consider it an honor to host this essay for my subscribers.

When I was younger, a friend who was a corporate executive told me about “[tiger teams](#),” an approach industry would utilize to solve a complex problem facing them or to develop a plan for achieving a long-term strategic goal. After he vividly described the tenacity with which they attacked their problem, I realized large corporations could be expected to conduct highly strategic and Machiavellian plans over long timelines that would be difficult for anyone but the most talented observer to spot.

Since that time, I’ve also come to appreciate how most businessmen and their industries will default to reusing tools that have previously proven themselves for addressing each new problem that emerges. As a result, once you learn what each of the tools are, it becomes possible to predict each of the sequential steps a tiger team will choose to accomplish its goals.

Since I have held a long-term interest in the politics of vaccination, I have been able to witness the sequential steps that played out first in California and then throughout the nation. What I still find

remarkable about these events was how each one directly enabled the subsequent event, and that in many cases, what happened subsequently had previously been promised to never come to pass.

Given everything that I have observed, I am almost certain one or more tiger teams working for the vaccine industry chose to have California be the means through which to accomplish their goal of regular mandatory vaccinations for the entire American population.

At this moment, [a highly unpopular law](#) that prevents physicians from spreading “misinformation“ by questioning any orthodox perspective on COVID-19 is awaiting the governor’s signature, and if this law passes, it will likely be disastrous for the nation as additional jurisdictions adopt it.

The purpose of this article will be to discuss exactly what brought us to the point a law like that could be on the verge of passing and the important insights that can be taken from the entire process.



The “Truth”

Throughout human history, one of the most valuable commodities has always been ownership over the “truth,” as so much power and profit results from holding a truth that aligns with your vested interests. Once larger societies formed, determining “truth,” was always a key societal need, and excluding a few enlightened societies, the method of determining truth normally evolved as follows:

1. Might makes right.
2. Judging the preponderance of evidence.

3. A growing, and eventually unsustainable corruption of most “evidence.”
4. Societal collapse or evolution.

Note: This trend roughly follows [the 250 year life cycle of empires](#) mapped out by a British general [some suspect](#) the U.S. is nearing the end of.

In many ways, forcing two opposing viewpoints to present their evidence and then having the appropriate parties determine which side presented the preponderance of evidence and thus “wins” is the best solution our species has developed for settling otherwise irreconcilable differences of opinion.

Unfortunately, as our times have shown, the natural response to having our society place a heavy weight on “evidence” is to have dishonest parties “win,” not by being on the side with the best evidence, but rather by buying out the entire evidence base and censoring the opposition — effectively creating a much more sophisticated form of “might makes right.”

In many ways, the anatomy of corruption within “science-based” medicine is quite simple and like many other things in business, continually reuses the same formulas. As a result, once you understand how corruption plays out in a few areas, it becomes feasible to understand how things will play out in many others.

I thus would argue many of the events we witnessed throughout COVID-19 (e.g. the sudden extreme censorship of scientific debate [recently detailed by Pierre Kory](#)), simply represents all of this longstanding corruption metastasizing to a degree which finally became visible to the general public.

Public Relations

Although Sigmund Freud is typically thought of as the most influential psychologist in history, his nephew [Edward Bernays](#) created an invisible industry [that has had a far greater influence than Freud](#). To create his mark on the world, Bernays argued that the principles of psychology should be utilized not for individual psychotherapy but rather to control the population so that the irrational impulses of the masses could not derail the progress of society, and not surprisingly, the power-hungry elite fully embraced his narrative.

When you study the organizational structure of modern society, you will continually come across hierarchal pyramids being utilized that allow the top of the pyramid to exert a massive influence over the rest of society.

This is for instance why in medicine, doctors are expected to follow “guidelines” [created by unaccountable committees](#) that are typically composed of individuals being paid off by the pharmaceutical industry, and why in most cases it is nearly impossible for a patient to have any type of care provided to them without the approval of a doctor. Thus, by buying out a few committees, it becomes possible to exert a massive influence on the general public.

Public relations is essentially the science of how to create a pyramidal hierarchy throughout the media

and to leverage that control so the general public can be manipulated into serving the interests of the sponsor.

We recently witnessed what I believe [to be the most aggressive PR campaign in history](#) and the collective effort to pull out every possible stop to sell the COVID-19 vaccines to the American public (ironically one of the individuals I know who became disabled from these vaccines worked in the industry and worked with a passionate zeal for over a year beforehand on the PR campaign for Moderna).

Studying the [PR industry](#) is quite depressing because it shows how much of the news is “fake,” just how manipulative much of it is, and how many foundational beliefs we hold in the culture are simply the product of a corporation’s public relations campaign. For those interested in this subject, an excellent book can be found [here](#), a youtube documentary [here](#), and an article [here](#).

One of the most common tactics utilized in public relations is to take a complex subject and distill it down to a simple phrase that reframes it in terms that are favorable to the sponsor and [removes the critical nuances from a debate](#) (frequently this process is equated to weaponizing language).

Because the entire PR process is based around creating a pyramidal hierarchy that defers to the top, you can frequently observe these messages or scripted phrases that were developed by [a PR firm](#) be simultaneously disseminated on countless networks, including the “independent” ones:

Note: This behavior exists on both sides of the political spectrum; I am citing this one because it is the best montage I have come across.

“Misinformation”

During Obama’s presidency, the term “misinformation” started to come into vogue and was deployed to sink Trump’s presidential campaign (which failed as Trump managed to make the “fake news” meme every media platform was promoting [stick to CNN instead of him](#)). Before long, this steamrolled into “misinformation” being used as a justification to censor any viewpoint that challenged the status quo.

Initially, easy to disparage groups such as members of the far-right were targeted for censorship by Silicon Valley, before long liberal friends I knew who practiced holistic medical approaches (and had supported the initial censorship) were targeted, and by the time COVID-19 happened, this behavior had metastasized to the point it was nearly impossible to publicize any treatment for the disease or any potential harm from the vaccines.

Governments have continued their relentless push for censorship, best illustrated by the recent [U.N. speech by New Zealand’s prime minister](#) that declared free speech on the internet a weapon of war and called for the international community to work towards **curating** (censoring) all online information that questions government narratives.

Prior to Obama’s presidency, I had heard there was a push to establish a pyramidal hierarchy for all

information on the internet, with a few major tech companies serving as the “gatekeepers” the public could access the information through, but until 2016, this always seemed like something that would happen in the far distant future. Recently, I learned that Sharyl Atkinson [was able to identify](#) when and where this all began:

*“I first heard the term [**curated**] applied to controlling news and information in October 2016 when President Obama introduced the concept at an appearance at the private research university Carnegie Mellon. Obama claimed a “curating” function had become necessary.*

The public at large had not been asking for any such thing. Instead, it was the invention of powerful interests that apparently felt the need to get a grip on public opinion — interests that were losing the information war online. But the concept is contrary to the nature of a free society and an open Internet. It would take some clever manipulation to convince the public to allow such “curating.”

“We’re going to have to rebuild, within this Wild, Wild West of information flow, some sort of curating function that people agree to,” said Obama. “... [T]here has to be, I think, some sort of way in which we can sort through information that passes some basic truthiness tests and those that we have to discard because they just don’t have any basis in anything that’s actually happening in the world.”

As far as I know, that signaled the start of what would become a global media initiative to have third parties insert themselves as arbiters of facts, opinions, and truth in the news and online [prior to this they were viewed as a joke and fortunately still are by half of the electorate].”

Credible Sources

Most of our modern hierarchies operate on the basis of being “credible.” For example, in journalism, about a century ago during the era of Bernays, the concept of “[professional journalism](#)” was created and a standard was set that news could not be considered credible unless it was disseminated by someone who belonged to a corrupt credible news organization that served the bidding of those in power.

[This article](#) for example discusses the profound consequences of the monopolization of journalism, and how as the decades have gone by, the issue has only gotten worse and worse.

Sharyl Attkisson’s [book](#) (the source of the above quotation) describes how pervasive corruption gradually entered her industry, and how despite her clout in the network as a premier news anchor, more and more of her investigations were not permitted to air by her superiors.

For example, in 1997, [Clinton legalized direct pharmaceutical advertising to consumers](#). As the networks become beholden to their new advertisers, anything critical of that industry, such as vaccine safety, was no longer permitted to air.

In the early 2000s, Atkinson was assigned to report on the controversial military anthrax and smallpox vaccinations, and not long after, the smallpox campaign was cancelled. Now, in contrast, no criticism whatsoever is permitted of the much more dangerous COVID-19 vaccines (and now [even the government is paying](#) to incentivize this censorship).

To see how much things have shifted consider this report that was aired on the nightly news after the 1976 swine flu vaccine debacle (this vaccine was not safe and I directly know people who developed permanent complications from it that persist to this day, but at the same time, it was **much safer** than the COVID-19 vaccines):

VIDEO WAS HERE

Something like this could never air today.

Evidence-Based Medicine

The pyramidal hierarchy of our society requires creating faith in authoritative sources and then having each institution work in unison to promote the sanctity of those (easy to control) sources. “[Professional journalism](#)” is one such example, another is the widespread societal adherence to the [CDC’s arbitrary and ineffective guidelines](#) (best illustrated by the absurd dictates they and other Western health authorities put forward [in regards to social distancing during physical intimacy](#)).

When [evidence-based medicine](#) (EBM) started, it was sorely needed by the medical profession because many disastrous practices were unchallengeable dogmas. However, in due time, as corruption entered the process, EBM became yet another means for “[financial] might to make right” as its authority was shifted into a pyramidal hierarchy. Presently, the “authority” in EBM rests in 5 areas.

- The sanctity of all data.
- Conducting large randomized clinical trials.
- Peer-reviewed publications in high-impact scientific journals.
- Authoritative committees reviewing the previous three to produce guidelines.
- Other institutions (e.g. the media and the courts) upholding the sanctity of the data and evidenced-based guidelines.

There have been major issues in each of these areas for decades as industry has steadily worked to expand its influence over EBM, but as many observers noted, [these issues spun completely out of control during COVID-19](#). Let’s review each of them:

1. **The sanctity of all data** — The major problem with “data” is that most of it is never made available for outside analysis, which allows those who “own” the data to only present data that casts the owner in a favorable light (which essentially makes the data worthless).

The pharmaceutical industry nonetheless has been able to sustain this practice by arguing that

disclosing their data would constitute a violation of proprietary trade secrets. Thus excluding the occasional instance where they are forced to open their records as part of the discovery process (e.g. [in the lawsuits against the antidepressant manufacturers](#)) that research fraud and the concealment of critically important safety data never come to light (and never has for vaccines).

Previously, one of the most egregious offenders in this regard were the statin manufacturers who have deliberately withheld their data from the public for decades. A [corrupt](#) Oxford academic consortium, the Cholesterol Treatment Trialists' (CTT) Collaboration has access to that data and [has published numerous pro-industry analyses of it](#), but despite continual outside requests, [has refused to ever make this data available for outside scrutiny](#).

This is concerning given the significant evidence that has emerged demonstrating statins are both ineffective and harmful, and has led to many more honest academics [attempting to independently obtain this critical data from regulators](#).

Almost all of the COVID-19 vaccine data likewise was never made available to the public (although the companies have suggested it may be made available a few years from now); instead, we simply received [highly curated publications](#) in prestigious medical journals. Since the vaccines have entered the market, [countless red flags](#) on their safety and efficacy have emerged [in large datasets](#).

However, in many cases, that data has only been available because it was leaked by [whistleblowers](#) or [obtained by court order](#), and as the [recent events in Israel](#) showed ([Israel agreed to be Pfizer's laboratory to test their vaccines](#) and many global vaccine policies were crafted from the Israeli data), much of the incriminating data against this program was deliberately concealed by governments around the world.

On one hand, I view all of this as an immensely positive development, as in the past critical data suppression like this typically remained hidden and forgotten. On the other hand, I consider it completely unacceptable the public is being forced to take a vaccination product on the basis of data they are not even permitted to review.

- 2. Conducting large randomized clinical trials** — We are reflexively conditioned by the educational system to assume a clinical trial has no value unless it is randomized and controlled. While it is true that controlling for the placebo effect through blinding somewhat improves the accuracy of a study, conducting a randomized controlled trial (RCT) is immensely expensive, and [the biases introduced by those costs](#) dwarf those obtained by controlling for the placebo effect.

A little known fact is that findings from study designs that do not rely on industry funding (i.e. retrospective observational controlled studies) [reach the same conclusion, on average, to those of RCT's](#). Yet the former are near systematically ignored by the high-impact journals and medical societies.

Further, a frequent narrative parroted by high-impact journals and science news writers is that findings from studies deemed to be of a “low quality design” cannot be trusted. Not true. [In a comparison of conclusions between groups of high and low quality studies](#), no meaningful

differences were found.

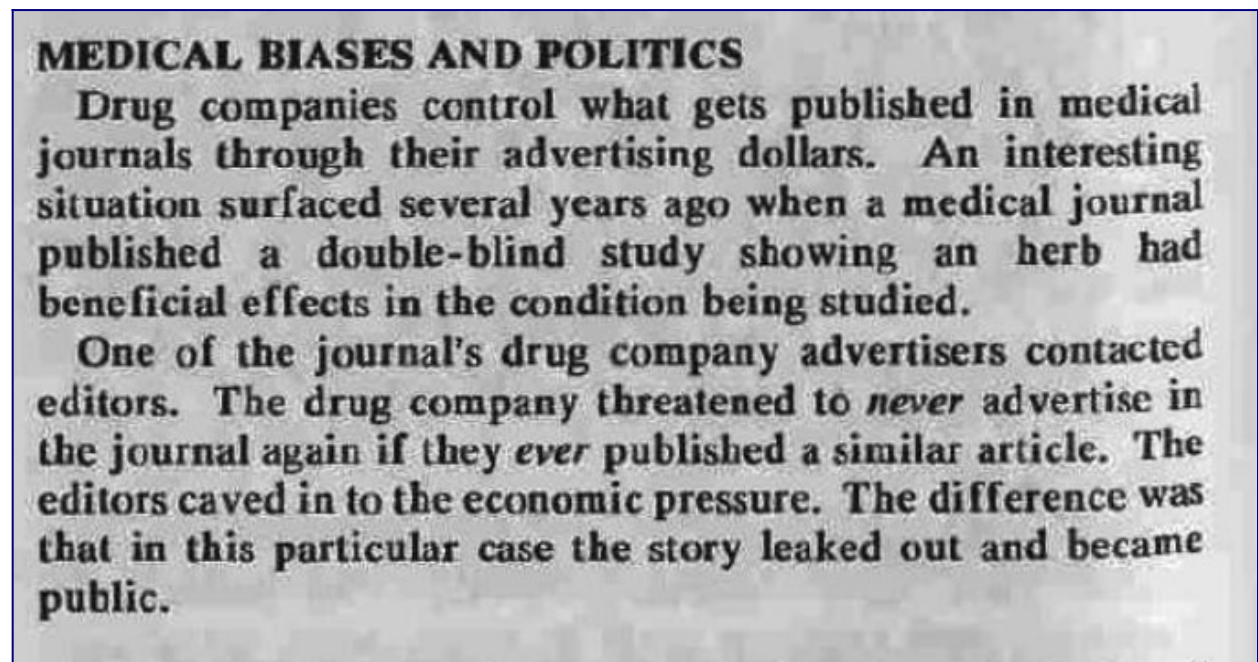
Put differently, RCT's require industry funding, and industry funding has repeatedly been found to heavily bias trial data in favor of its sponsor. To highlight the absurdity of this, as the whistleblower Brooke Jackson showed, [the RCT she supervised for the Pfizer vaccine](#) was not even blinded because the trial site cut so many corners to produce a positive result for Pfizer.

For those who wish to know about how the industry games clinical trials, [this book](#), [this book](#) and [this book](#) are the three best resources I have found on the subject.

3. **Peer reviewed publications in high-impact scientific journals** — In the same way we are conditioned to reflexively dismiss anything that is not a large RCT, many people will not consider a scientific trial unless it is published in a high-impact peer-reviewed journal.

Not surprisingly, there is a lot of money in this area and most of it comes from Big Pharma (which either comes from advertisements within the journal or agreements [to purchase thousands of printed copies of that issue of the journal](#)).

This creates a setting where studies that support industry interests regardless of their deficiencies are published (e.g. pharmaceutical ghostwriting [is a major source of fraud in the peer-reviewed literature](#)), whereas articles that challenge their interests are never published. This has been a longstanding issue, and the earliest example I remember coming across was discussed in this [2001 book](#):



(I unfortunately was never able to track down the referenced news story; please let me know if you have)

The positions of the journal sponsors also gradually enter the medical culture, and the peer-review culture frequently censors or attacks publications that do not match industry findings. One of the best examples was Andrew Wakefield's [1998 study](#) which ruffled so many feathers by suggesting a link between autism and vaccination that the study was retracted [and a thorough](#)

[example was made of him](#) (e.g. he lost his license) to deter further research into vaccine injuries.

Many other examples also exist, such as the extreme hostility faced by researchers who publish data that is critical of other sacred cows like routine statin usage or psychiatric overmedication.

Because of the systemic biases that exist against publishing anything which challenges medical orthodoxies, it can often take years or decades for bad practices to be abandoned as no one is willing to on take the risk of publishing studies refuting them.

For example, a few of my Ph.D. friends who researched viral genomes knew within a day of the original SARS-CoV-2 genetic sequence being published that it came from a lab, yet not a single one was willing to expose themselves to the personal risk they would take from authoring a publication on that subject.

At this point, there seems to be an unwritten understanding that the introduction and conclusion of a scientific publication must match the prevailing biases of medicine. It is hence always fascinating to see just how often an article's conclusion is not supported by the data within it (sadly few ever read those parts of the paper).

Throughout COVID-19, these problems also became much worse. To share a few memorable examples:

- [A large study was published in the Lancet](#) which showed data from around the world indicated hydroxychloroquine killed COVID-19 patients who received it and was used by the WHO as justification to suspend clinical trials of hydroxychloroquine (along with governments forbidding its administration to patients).

Outside evaluators realized the data was nonsensical (leading to serious questions over how one of the best editorial boards in the world let it be published), the company that provided the data effectively admitted fraud had been conducted, [and the study was retracted](#). Another one of the top 5 medical journals, the NEJM, [also published a study](#) utilizing Surgisphere's fraudulent dataset.

- Despite a tsunami of data showing severe harm from the COVID-19 vaccines, it has been virtually impossible for any publication on the topic to enter the peer-review literature.
- As [Pierre Kory](#) has detailed throughout the last few years, numerous large clinical trials have been conducted that clearly show a benefit from ivermectin for COVID-19 and no risks associated with the therapy. Despite the evidence for ivermectin being stronger than what can be found for almost any other drug on the market, as Kory's [recent series](#) shows, it is nearly impossible to have a study supporting ivermectin be published ([unless the conclusion says the opposite](#)).

When they are instead published as preprints [they often are retracted for political reasons](#) (retracting a preprint is absurd), and not surprisingly, ivermectin is now widely viewed by the medical community as both unsafe and ineffective.

Currently I believe that of the [top five](#) medical journals, [the BMJ](#) is the only “prestigious” medical journal still conducting itself in a manner deserving of its reputation.

4. **Authoritative committees reviewing the previous three to produce guidelines** — A common complaint from conservatives is that unelected bureaucrats are allowed to control our lives with impunity. One area where this is particularly true can be found within the committee model where “experts” are nominated to assess existing evidence and produce a consensus on what should be done.

Even though those guidelines which bypassed the legislative process should not be treated as law (as was [ruled by a federal judge](#)), in most cases they are. As you might expect, the people who make it onto these committees tend to have heavy financial conflicts of interest that inevitably result in their voting for their sponsors. Consider this paraphrased example that was shared in chapter 7 of [Doctoring Data](#):

The National Cholesterol Education Programme (NCEP) has been tasked by the NIH to develop [legally enforceable] guidelines for treating cholesterol levels. Excluding the chair (who was by law prohibited from having financial conflicts of interest), [the other 8 members on average were on the payroll of 6 statin manufacturers.](#)

*In 2004, NCEP reviewed 5 large statin trials and recommended: “**Aggressive LDL lowering for high-risk patients [primary prevention] with lifestyle changes and statins.**” [these recommendations in turn were adopted around the world].*

In 2005 a Canadian division of the Cochrane Collaboration reviewed 5 large statin trials (3 were the same as NCEP’s, while the other 2 had also reached a positive conclusion for statin therapy). That assessment instead concluded: “Statins have not been shown to provide an overall health benefit in primary prevention trials.”

Note: The Cochrane Collaboration (prior to 2012-2016 when they began taking industry money [from groups like the Bill and Melinda Gates foundation](#) and switched [to defending their interests](#) such as [the HPV vaccine](#)), was the group that best objectively evaluated existing clinical evidence.

Many committees that directed the pandemic response have engaged in egregious misconduct. Consider for example the [Advisory Committee on Immunization Practices](#), the CDC committee that rubber stamps each new vaccine that enters the market (the only exception I know of [was overruled by the current CDC director](#)).

The ACIP is the committee responsible for many of the vaccine mandates we have faced, and its rulings in favor of vaccination often bordered on the absurd. Similarly, Steve Kirsch was recently able to prove that the chair of the committee [is willfully choosing to disregard Israeli data that undermines the justification for the entire vaccination campaign](#).

I believe that the most corrupt committee during the pandemic response was the NIH one responsible for determining the appropriate therapies for COVID-19. Some (and possibly all) of its members were appointed by Anthony Fauci, many had personal ties to Fauci and almost all

of them held significant financial conflicts of interest with Gilead, remdesivir's manufacturer.

Not surprisingly, that committee has consistently recommended against every therapy that effectively treats COVID-19 but is off-patent (and hence not profitable). Conversely, their recommendation for remdesivir is why it was the required treatment throughout the US hospital system despite the evidence for the drug being atrocious (a more detailed and referenced summary of this corruption can be found [here](#)).

In many ways, the remdesivir story is eerily similar to the early days of HIV. There, [Fauci used his influence](#) to keep a variety of effective therapies away from dying AIDS patients so that he could win approval for AZT, a dangerous drug many believe significantly worsened the prognosis of those who received it.

5. **Other institutions (e.g. the media and the courts) upholding the sanctity of the data and evidenced-based guidelines** — Many people I know used a variety of integrative therapies (e.g. intravenous vitamin C) to treat COVID-19 during the early days of the pandemic, and successfully saved many lives at the same time countless Americans were being sent to the hospitals to die (as they had no treatment for COVID-19 besides often lethal ventilators).

Yet, it was those who treated COVID-19 successfully (including a few of my friends) who were targeted by the government and either served with a cease and desist or prosecuted for “endangering” the public by utilizing unproven therapies not supported by [the COVID-19 treatment guidelines](#).

The mass media was also fully complicit in this and never once mentioned any option for COVID-19 (other than needing to get more ventilators or vaccines), except when attacking the doctors who were providing life-saving outpatient therapies. However, while the new's conduct was egregious, by far the biggest offender was Big Tech.

Curating Information

As I think through all the things that had to come together to enable the pandemic profiteers to destroy our economy, withhold life-saving treatments from the American public, and mandate a disastrous vaccination on the populace, I believe [Obama's push](#) for the Silicon Valley to become the arbiter of what we were allowed to see online was by far the most consequential.

Since that time, I have observed a remarkable decline in the quality of discourse on many social media websites (as many worthwhile topics are now censored or flooded with bots — Substack is a rare exception) and it has become much more difficult to find the information I am looking for online (to the point I sometimes need to use [Russia's search engine](#) to find it).

Throughout history, freedom of speech has always been a hotly contested subject as people tend to support it, **except for viewpoints they disagree with**, and frequently lack the insight to recognize why those positions are at odds with each other. Societies likewise follow cyclical trends towards and away

from totalitarianism and fascist censorship.

The earliest example I know of was shared with me by a scholar who had reviewed the plays of ancient Greece and had found that as censorship (e.g. political correctness) entered the plays, it immediately preceded the fall of Greek democracy and an authoritarian government taking over. From studying countless iterations of this cycle, I now believe the following:

- It must be acknowledged that any position you hold could be wrong or based on erroneous information.
- It is important to defend the right of those you disagree with to speak and not hate them because they hold viewpoints you adamantly oppose.
- If you refuse to defend your position in an open and fair debate, you are probably wrong.
- Very strict stipulations must exist on what speech can be outlawed, and those stipulations must be agreed upon by (nearly) the entire society. Some things such as shouting “fire” in a movie theater as a prank everyone can agree on. Anything everyone cannot agree on I would argue does not meet the standard that must be met for censorship.
- The government may incentivize speech it agrees with, but it cannot restrict speech it disagrees with.
- Any attempt you make to censor a viewpoint you disagree with is not worth it because the censorship you helped create will inevitably be turned on you in the future.

During Obama’s presidency, two major changes emerged in Silicon Valley. The first many are aware of was an obsession (by these otherwise evil companies) with saving the world through social justice that I would argue was analogous to the well known practice of [Greenwashing](#), where an egregious polluter conducts a token environmental initiative and through doing so successfully recasts themselves as protectors of the environment.

This social justice focus was particularly problematic as it was used to justify the censorship of anything that was not politically correct and I would argue that many of the tech employees who helped spearhead the movement are now directly experiencing the consequences [of the climate they created](#).

Note: This focus on censorship in lieu of debating opposing (“unsafe”) viewpoints also crept into the university system and then the culture during Obama’s presidency and I believe was a direct consequence of policies enacted by his Department of Education.

The second, much more important one was that Big Tech became a key financial supporter of the Democrat party, and to varying degrees merged with the pharmaceutical industry and biotech. Because of this, there was a seismic realignment in the priorities of the Democrat party and it began ardently supporting those industries.

It is important to recognize how these two trends dovetailed. Big Tech was able to use their “altruistic” focus on social justice to distract the public from the more sinister direction their industry was moving in by using the standard for censorship they had established in the name of creating a “safe” (politically correct) environment; while at the same time targeting threats to their partners in the pharmaceutical

and biotech industry by censoring any voices suggesting dangers were associated with those products.

From watching each piece of the plan that has been rolled out throughout my career, I suspect the vision of these three industries is to transform medicine into an algorithmic practice where most medical “decisions” in patient care are made by an AI system and the human body is treated as a genomic software code that can be “solved” by programmers.

Although this approach will have the ability to overcome certain issues we presently face in medicine, it is also fundamentally incapable of addressing many of the needs of each human being who goes through the healthcare system and will likely prove disastrous to our species.

Antitrust Activity

At the time Bill Gates founded the Bill and Melinda Gates Foundation he [was one of the most disliked individuals in America](#). This was because he had leveraged the power of his operating system Windows, which was on almost every computer in America, to also monopolize the software market [and prevent competitors](#) like Netscape (an early internet browser) from being used by consumers.

Since this monopolistic behavior was illegal, Microsoft was sued for antitrust violations, and throughout the court process, [Bill Gates was revealed to be a nasty individual who was doing everything he could to bury his competitors](#). To address the negative public perception of him, Gates founded the [Bill and Melinda Gates Foundation](#) to recast himself as a philanthropist and through this [PR stunt](#) was able to [successfully remediate his public image](#).

From the foundation’s inception, Gates repeated the same antitrust behavior he had leveraged in the past but instead directed it toward the field of global public health. I first became aware of this behavior after I learned of the disastrous vaccination campaigns he conducted in India. For example to quote [The Real Anthony Fauci](#):

“India’s Federal Ministry of Health suspended the [HPV vaccine] trials and appointed an expert parliamentary committee to investigate the scandal. Indian government investigators found that Gates-funded researchers at PATH committed pervasive ethical violations: pressuring vulnerable village girls into the trial, bullying illiterate parents, and forging consent forms. Gates provided health insurance for his PATH staff but not to any participants in the trials, and refused medical care to the hundreds of injured girls.”

Gates also diverted a large portion of the global health budget towards eradicating the last few remaining cases of polio by giving large numbers of the (live) oral vaccine to third world countries, in some instances 50 doses by the age of five. This was disastrous around the world, for example paralyzing [approximately 491,000 children over two decades in India](#).

In addition to vaccine fanaticism, Gates engaged in other “public health” measures that are more accurately described as colonialist practices. These included forcing poor women around the world [to receive Depo-Provera](#) (this is a long-acting injectable birth control that can permanently impair

fertility) and pushing communities [to abandon their traditional forms of farming and switch to genetically modified industrial agriculture](#) (which places them at risk of starvation [anytime a commodity price goes up](#)).

One of my friends who has worked for the WHO for decades told me that the WHO has implemented a lot of good public health measures that saved lives. Unfortunately, ever since Gates got involved, those measures have fallen to the wayside and the focus has been on monopolistic public health practices that ultimately serve to enrich a few select industries at the expense of the third-world citizens the measures are alleged to help.

Similarly, many in the global health community have stated that since Gates has so much influence over the global health budget (and the WHO), it is nearly impossible to criticize or question any policy he promotes. To further entrench this monopoly, his foundation has prioritized buying out the press (be it groups like [the Cochrane Collaboration](#) or [putting over 300 million into countless media outlets around the world](#)), so that anything that challenges his vision of public health is “misinformation.”

Much more could be said about Gates (and is aptly summarized within [The Real Anthony Fauci](#)). However, we will focus on the two most important correlates to the misinformation epidemic:

- Gates made a lot of money from the pandemic. For example, on 9/4/2019, two months before COVID-19 emerged in China, [he invested 55 million](#) in the company that produced Pfizer’s vaccine. Last year that investment [was worth 550 million](#).
- It has now been admitted [by the mainstream media](#) that Gates (and [the Wellcome Trust](#)) directed the pandemic response that failed disastrously from a public health perspective (but not in money-making). One quote from that article is particularly telling:

“Leaders of three of the four organizations maintained that lifting intellectual property protections [which would prevent everyone from making money] was not needed to increase vaccine supplies – which activists believed would have helped save lives.”

In the [second half of this series](#), we will show how this antitrust behavior and militant censorship metastasized within Silicon Valley and how increasingly draconian laws enforcing vaccine mandates for the pharmaceutical industry have been implemented by the California legislature.

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