

# Why Doctors Are Lying to You

If the COVID shots are as bad as they appear, why isn't your doctor warning you about all their potential side effects, and instead, is encouraging you to get more shots?



[Dr. Joseph Mercola](#)



## STORY AT-A-GLANCE

- Doctors are afraid to speak out about COVID treatment and the dangers of the COVID shots because they can lose their ability to practice medicine if they challenge the mainstream narrative
- Remdesivir is the only “standard of care” drug approved for the treatment of COVID, even though it was found to be ineffective against the infection and had life-threatening side effects, including kidney failure and liver damage
- Hospitals have an enormous financial incentive to use this toxic treatment, which frequently kills the patient, as the U.S. government pays a 20% upcharge on the entire hospital bill when

remdesivir is used. Hospitals are also paid for the use of ventilation and for COVID deaths. Every COVID patient has what amounts to a \$400,000 to \$500,000 bounty on their head

- The persecution doctors have suffered under COVID is now about to be cemented into law in California. California Assembly Bill 2098 designates “dissemination or promotion of misinformation or disinformation related to ... COVID-19 as unprofessional conduct” warranting disciplinary action that could result in the loss of their medical license. The bill was approved by the California Legislature September 26, 2022, and Gov. Gavin Newsom signed it October 1, 2022
- By preventing doctors from sharing information and knowledge as they see fit with their patients, California bureaucrats are not only violating the U.S. Constitution and destroying the medical profession as we know it, they’re also pushing medical science back into the Dark Ages, as science can only move forward when there’s free exchange of ideas

If you’ve become disillusioned with the medical profession over the past three years, you’re not alone. Many have come to distrust doctors, largely thanks to widespread mistreatment of COVID in hospitals, and doctors’ failure to provide sufficient information about the COVID jabs to make informed consent. Doctors’ enforcing the use of masks, even though they ought to know they don’t work against respiratory viruses, hasn’t helped either.

In a recent interview with Steve Kirsch, Dr. Paul Marik, a pulmonary and critical care specialist and founding member of the Front Line COVID-19 Critical Care Alliance (FLCCC), discussed why doctors have been so reluctant to speak out against the clearly dangerous COVID shots. As noted by Kirsch:[1](#)

*“My blue piller friends who believe the vaccines are safe have told me they would reconsider their position if just a single one of their own doctors came out against the vaccine. One of them said even if a ‘TV doctor’ (such as Sanjay Gupta) said it was unsafe, they would reconsider their position.*

*I told them that doctors are afraid to speak out because they will lose their ability to practice medicine if they challenge the mainstream narrative.*

*My friends find that too hard to believe. They asked me incredulously, ‘Why would the medical community silence doctors who are trying to save lives?’ They didn’t believe my answer. So, I wanted to interview a doctor who is very highly respected and who is not an ‘anti-vaxxer’ to explain it to them.”*

## **Doctors Who Share Their Concerns Are Punished**

Like many other doctors, Marik took the COVID shots when they first came out, as was expected of him. It wasn’t until he started reviewing the data for himself, well after the fact, that he realized just how bad they are.

When asked whether he might have misjudged the data, Marik replies, “No, the evidence is very clear.” Yet despite crystal-clear data, when Marik started speaking out against the shots, the medical community retaliated. Marik also suffered retaliation when trying to treat patients with FDA-approved, off-patent, off-label drugs shown to be very effective against COVID.

The hospital pharmacy refused to fill his prescriptions and he was ordered to not prescribe them to anyone. In short, he was ordered to simply watch his patients die, even though he knew he could help them.

The only drug he was allowed to prescribe was remdesivir, which is known to be toxic and often lethal. Remdesivir was developed as an antiviral drug and tested during the Ebola breakout in 2014. The drug was found to have a very high death rate and was not pursued further.

In the early months of 2020, the drug was entered into COVID trials.<sup>2</sup> Those trials were also beyond disappointing.<sup>3 4 5</sup> Not only was the drug ineffective against the infection but it also had significant and life-threatening side effects, including kidney failure and liver damage.<sup>6</sup>

But despite its clear dangers and lack of effectiveness, the U.S. Food and Drug Administration still authorized remdesivir for emergency use against COVID in May 2020,<sup>7</sup> and then gave it full approval in October 2020.<sup>8</sup>

## How Hospitals Get Rid of ‘Troublesome’ Doctors

When Marik refused to follow the remdesivir protocol, he was subjected to “sham review,” an unofficial but well-known process in which a “troublesome” doctor is accused of wrongdoing and basically railroaded out of practice.

In the end, he was fired, even though he’s never had a single patient complaint in his 30-year career as a critical care specialist. But they didn’t stop there. The hospital administration also reported him to the National Practitioner Databank, and once you’ve been reported as a bad actor to the NPD, it’s virtually impossible to clear your name. Your career is over.

They also reported him to the Board of Medicine, which concocted another set of bogus charges against him. They accused him of prescribing ivermectin to fictional patients whom they falsely claimed were injured by the drug.

*“The truth is I was never actually able to prescribe ivermectin,” Marik says. “The patients they claimed I treated were nonexistent patients, so that tells you how far the Virginia Board of Medicine will go ... This is the problem if you try to speak out. The [hospital administration] went out of their way to destroy my career because I wanted to treat my patients.”*

According to Marik, some of his colleagues who have gone against the narrative have even been physically threatened, and had the lives of their families threatened unless they stop talking. “So, this is

serious,” Marik says. The fact of the matter is that doctors who argue against the Big Pharma narrative are a threat to trillion-dollar revenues. Compared to such sums, the value of a doctor’s life is nil.

## **Enormous Financial Incentives to Kill COVID Patients**

Marik points out there were, and still are, enormous financial incentives for hospitals to not provide proper care to COVID patients. Those [financial incentives also helped drive up the COVID death count](#) early on in the pandemic. As explained by Marik, every COVID patient has what amounts to a \$400,000 to \$500,000 bounty on their head, as hospitals receive bonus payments for:[9](#) [10](#)

- **Admission of a “COVID patient,” COVID testing and COVID diagnoses.**
- **Use of remdesivir** — According to Marik, the U.S. government pays hospitals a 20% upcharge on the entire hospital bill when remdesivir is used.[11](#) [12](#) [13](#)
- **Use of mechanical ventilation**, which Centers for Medicare & Medicaid Services whistleblowers claim kill 84.9% of COVID patients within as few as 96 hours,[14](#) typically due to barotrauma[15](#) (trauma to the lungs from the elevated pressure).
- **COVID deaths** — In August 2020, former director of the U.S. Centers for Disease Control and Prevention, Robert Redfield, agreed hospitals had a financial incentive to overcount COVID deaths.[16](#)

According to Marik, whether the patient lives or dies is irrelevant. In fact, if they die, there’s additional monies to be had. The hospitals basically see COVID patients as a cash cow, which is why they don’t tolerate doctors who use early treatment. As shocking as this is to some, it’s not the first time this has happened. [Doctors were also paid to prescribe opioids](#), which contributed to the lethal opioid epidemic.

## **COVID Jab Injured Patients Desperate for Help**

Just as Marik balked at health authorities’ recommendation to not offer early treatment — something completely unheard of until the advent of COVID — he also balked at the idea that patients were faking COVID jab injuries.

After the rollout of the shots, the FLCCC started getting calls from people who were desperate for help, as they suffered serious health problems shortly after their shots. Almost universally, their doctors had told them the shot couldn’t possibly be at fault.

Marik was not so sure, and once he began to really investigate the matter, he realized the data overwhelmingly showed there were serious problems. Marik is now so certain the shots are dangerous, he says he wouldn’t recommend it to a single living soul on the planet, and the FLCCC is now one of the few groups treating COVID jab injuries as well as COVID infection and long-COVID.

# ‘Unlearning Everything I Learned’

Marik’s professional experiences over the past three years have clearly resulted in a massive awakening to the fact that things have not been as they appeared. He says that in the past six months, he’s come to realize that he was essentially brainwashed by Big Pharma throughout medical school, and that much of what he learned was simply wrong.

He also realized you cannot trust medical journals. They too have been corrupted by Big Pharma. So, now, he’s in the process of unlearning the lies he was taught, and he’s starting anew, looking at health and disease with fresh eyes.

## California Bill Seeks to Muzzle Doctors

The harassment and intimidation doctors have suffered under COVID is now cemented into law in California.<sup>17</sup> California Assembly Bill 2098<sup>18</sup> designates “the dissemination or promotion of misinformation or disinformation related to ... COVID-19 as unprofessional conduct” warranting “disciplinary action” that could result in the loss of their medical license.<sup>19</sup>

The bill was approved by the California Legislature September 26, 2022,<sup>20</sup> and Gov. Gavin Newsome signed it October 1, 2022.<sup>21 22</sup>

“Misinformation” is defined as anything that is “contradicted by contemporary scientific consensus contrary to the standard of care.” Misinformation or disinformation related to SARS-CoV-2 includes “false or misleading information regarding the nature and risks of the virus, its prevention and treatment; and the development, safety, and effectiveness of COVID-19 vaccines.”

***“Who decides what is ‘scientific consensus?’ Presumably ... it’s precisely those agencies and government actors who, ironically, have been wrong time and again throughout the pandemic.” ~ The Daily Signal***

Basically, what all this means is that the state will dictate what misinformation is and isn’t, because rarely ever is there scientific consensus on anything. Even after decades of investigation, questions frequently linger, and new discoveries that upend old dogmas can come about at any time.

As noted by The Daily Signal,<sup>23</sup> “Who decides what is ‘scientific consensus?’ Presumably ... it’s precisely those agencies and government actors who, ironically, have been wrong time and again throughout the pandemic.” For examples, see their video below.

<https://youtu.be/cMaHKykfdcQ>

Science only moves forward when there is free exchange of ideas. By preventing doctors from sharing information and knowledge as they see fit with their patients, California bureaucrats are not only

violating the U.S. Constitution and destroying the medical profession as we know it, they're also pushing medical science back into the Dark Ages.

## **The Hunt for Truth-Tellers**

I've written several articles over the past couple of years detailing the brutal and unethical treatment of medical professionals who have dared speak out against any part of the irrational COVID narrative.

[Dr. Meryl Nass](#), for example, was stripped of her medical license and ordered to undergo psychiatric evaluation — all for the “crime” of successfully saving the lives of COVID patients using hydroxychloroquine and ivermectin.

I've also covered how Drs. Anthony Fauci and Francis Collins colluded to [destroy the reputations of the authors of The Great Barrington Declaration](#), which called for focused protection of the most vulnerable instead of universal lockdowns.

The three authors included Harvard professor of medicine Martin Kulldorff, Ph.D., Oxford professor Sunetra Gupta, Ph.D., and Dr. Jay Bhattacharya, professor at Stanford University Medical School.

One of the tactics Fauci used against them was to claim scientific consensus — that most all scientists agreed with lockdowns, masking, social distancing and so on — even though there were just as many, if not more, who disagreed. At the time, more than 46,400 medical practitioners and 15,700 scientists had signed the Declaration.

As noted by Bhattacharya in an interview with Jimmy Dore (see hyperlink above), Fauci and Collins had nothing in terms of actual science. They could not defend lockdowns or anything else based on science alone. So, they turned to propaganda, PR and smear tactics.

Dr. Peter McCullough is another FLCCC member with top-notch medical credentials who is being persecuted by the medical establishment for his outspokenness about early treatment and the dangers of the COVID shots. He's now written a book, [“The Courage to Face COVID-19: Preventing Hospitalization and Death While Battling the Bio-Pharmaceutical Complex,”](#) detailing his experiences and the crimes perpetrated against patients, doctors and others in the COVID era.

Dr. Ryan Cole, a clinical pathologist, is yet another example. While he's been able to be more outspoken than most, thanks to running a private lab, several credentialing organizations have taken action against him in a clear effort to shut him up.

He's also lost about half of his business, as two insurance companies canceled him for “unprofessional behavior,” i.e., for sharing and discussing the health effects of the COVID jabs, and one of his best friends, with whom he's worked for 12 years, canceled their business relationship as he didn't want Cole's outspokenness to affect his business. “All because of the defamation by the media, so to tell the truth in this day and age is a dangerous thing,” he told me during an [interview earlier this year](#).

## Medicine Has Gone Off the Rails

For the past 25 years, and likely far longer, allopathic medicine has been a leading cause of death in the United States. As detailed in “[Are Medical Errors Still the Third Leading Cause of Death?](#)” in 1998, researchers concluded that properly prescribed and correctly taken pharmaceutical drugs were the fourth leading cause of death.[24](#) [25](#)

Two years later, in 2000, an article in JAMA written by the late Dr. Barbara Starfield detailed how physicians were the third leading cause of death in the U.S. One of Starfield's points of contention with the medical system was the lack of systematic recording and studying of adverse events — a shortcoming that has been taken to absurd levels during the COVID era.

A 2003 article titled “Death by Medicine,”[26](#) written by Dr. Carolyn Dean, Gary Null, Ph.D., Dr. Martin Feldman, Dr. Debora Rasio and Dorothy Smith, Ph.D., described how the modern conventional American medical system had by then bumbled its way into becoming the No. 1 leading cause of death and injury in the United States, claiming the lives of nearly 784,000 people annually.

These iatrogenic deaths (meaning deaths resulting from the activity of physicians) include everything from adverse drug reactions and avoidable medical errors, to hospital-acquired infections, surgeries gone bad and deaths from unnecessary medical procedures.

During COVID, all of the shortcomings of medicine have been amplified to the point that many now refer to hospitals as “killing fields” — places where greed rules and patients are mistreated, tortured and killed for profit.

So far, the COVID death toll in the U.S. is well over 1 million,[27](#) and it's not inconceivable that a vast majority of those were killed by the “standard of care” treatment given (i.e., remdesivir and ventilation, and the withholding of food and fluids).

Corruption at every level has also been laid bare for everyone willing to see it. For example, in September 2021, we revealed how the [American Medical Association instructed doctors to intentionally deceive](#) their patients about COVID data and the safety of the jabs.

In December that year, we also showed how the [AMA encouraged lawlessness](#) by telling private companies to ignore a court's permanent injunction against vaccine mandates and implement mandates anyway.

## Facing a Painful Reality

If there's a silver lining to any of this, it's that people are starting to realize just how far off the rails the medical system has gone, and that we need to make radical changes.



Even doctors like Marik are waking up to realize everything they thought they knew about medicine was actually Big Pharma propaganda, and that profits, not care, is the guiding light of most hospitals.

Many, like Marik, are shocked to realize they are being penalized for trying to improve care and save lives at low cost. I recently interviewed critical care physician Dr. Pierre Kory, another member of the FLCCC, who admitted he was woefully naïve when he first started speaking out about ivermectin back in 2020.

He thought the FLCCC would be hailed as heroes. Instead, they were vilified, maligned, persecuted and fired, and continue to be persecuted to this day, as they're now also treating COVID job injuries, which aren't supposed to exist.

Kory has now written a book, "War on Ivermectin: The Medicine That Saved Millions and Could Have Ended the COVID Pandemic," which will be available after November 15, 2022,[28](#) detailing the playbook used to suppress ivermectin and other effective COVID treatments. My interview with him, in which we discuss these tactics, will air sometime in mid-November.

In closing, if you or someone you know still cannot believe that a doctor would ever withhold information or straight out lie to you, listen to Kirsch's interview with Marik. Listen to Nass's story. Read Kory's book. Look at the legislation being pushed through in California.

Imagine being a doctor with hundreds of thousands of dollars in educational loans, and being told that if you share information that steers a patient away from "standard of care" — whatever that might be — you could lose your medical license. You could lose your career.

It takes a brave heart to stand up to that kind of pressure, which is why there are so few of them out there talking about early treatment and the dangers of remdesivir, ventilation and the COVID jobs. Those who cherish their health will do well to listen to those who are actually putting everything on the line to share the truth.

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- [1 Steve Kirsch Substack September 25, 2022](#)
- [2 BMJ, 2020;371:m4457](#)
- [3 New England Journal of Medicine, 2021;384:497](#)
- [4 Scientific Freedom, June 1, 2020](#)
- [5 The Lancet, 2020;395\(10236\):P1569](#)
- [6 International Journal of Infectious Diseases, 2020; doi.org/10.1016/j.ijid.2020.06.093](#)
- [7 FDA, May 1, 2020](#)
- [8 FDA, October 22, 2020](#)
- [9 Citizens Journal December 20, 2021](#)
- [10 Brighteon.com, December 22, 2022](#)
- [11 JDsupra.com November 6, 2020](#)
- [12 Citizens Journal December 20, 2021](#)
- [13 CMS, November 30, 2021, Section 2 coding](#)
- [14 Brighteon.com, December 22, 2022](#)
- [15 Daily Mail April 27, 2020](#)
- [16 Washington Examiner August 1, 2020](#)
- [17 The Daily Signal September 2, 2022](#)
- [18 California Assembly Bill 2098](#)
- [19 Bariweiss.substack.com April 12, 2022](#)
- [20 New York Times August 29, 2022 \(Archived\)](#)
- [21 California Globe October 1, 2022](#)
- [22 New York Times August 29, 2022 \(Archived\)](#)
- [23 The Daily Signal September 2, 2022](#)
- [24 JAMA April 15, 1998; 279\(15\): 1200-1205](#)
- [25 Washington Post April 15, 1998](#)
- [26 Death by Medicine 2003 \(PDF\)](#)
- [27 Worldometer COVID deaths](#)
- [28 Amazon](#)