

How Big Pharma Bought the Federal Government

Analysis by [A Midwestern Doctor](#)

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STORY AT-A-GLANCE

- › The gross malfeasance observed throughout COVID-19 has opened many people's eyes to the immense corruption within our government
- › This corruption has been gradually growing over decades, and at this point numerous well-established mechanisms exist for the pharmaceutical industry to buy out federal employees, guideline committees, and regulatory agencies
- › Much of that corruption has been directly orchestrated by Anthony Fauci, a man who is directly responsible for making the American government no longer serve its people — while being paid handsomely for doing so
- › Addressing the root causes of this corruption is vital for the future of our nation and necessary to prevent something even worse than what we witnessed throughout COVID-19 from being enacted in the future

For a society to function, it requires a collective trust in the society's institutions. One of the most challenging things for many to come to terms with throughout COVID-19 has been how each institution we trusted to protect us instead pushed a variety of unjustifiable policies and then refused to stop pushing them even as public protest broke out against the harm those policies were creating. I would argue what we saw throughout the pandemic was ultimately a consequence of two things:

- Medicine is one of the United State's most lucrative industries (the amount we spend on it has steadily increased each year).

- The practice of medicine is controlled by regulatory bodies who grant monopolies to any party which can complete the arduous tasks needed to earn their seal of approval.

Because of this, an immense incentive exists to buy out the regulators, so unscrupulously spending large amounts of money to earn a coveted spot in the medical marketplace has become a routine business practice for the pharmaceutical industry.

In turn, as time has moved forward, and the medical industry has continued to grow (e.g., [in 2021](#), 4.3 trillion dollars went to healthcare, amounting to 18.3% of all spending in the USA), the corruption that sustains it has proliferated throughout our institutions.

Because of the wanton disregard for the science we saw throughout COVID-19, much of the public now believes our institutions are thoroughly corrupt. However, what is much less understood is the anatomy of that corruption and how deeply it has entwined itself within the Federal government.

Tightening the Thumbscrews

A common pattern I repeatedly witness is a new institution being created by strongly investing in creating the idealized version of it, then once that ideal version has earned the public's trust and everyone becomes invested in its new way of doing things (to the point they can't return to how things were before), the screws are gradually tightened on the institution. Once this happens, those who work within the institution often become willing to compromise on their values and ethics.

For example, a college education was originally considered a specialized path for those genuinely interested in scholarly pursuits. However, after it became a way for individuals to dodge being drafted into the Vietnam War, many more began pursuing it, which made the Federal Government's willingness to provide unconditional loans to anyone wishing to pursue a college education give birth to an enormous industry which rapidly inflated the costs of a college tuition.

This, in turn, increasingly incentivized colleges to prioritize growth and to retain their failing students so those students would continue paying tuition.

In parallel to this, the job of a college professor radically changed; previously they were in short supply now a glut of them exists in the marketplace, especially since the growth-focused mentality of higher education has eliminated the previous stipulation that professors needed to be selected on the basis of their academic merit.

Because of this, there are many professors (often with PhD's) who have a low enough salary **they need food stamps to make their ends meet** and hence cannot do anything which challenges their employers.

For example, I've talked to numerous professors who have stated that they have been forced by their administration to disregard cheating from their students (so they would continue to pay tuition) and a cottage industry now exists for professors to make money on the side by writing papers (e.g., a thesis) for students seeking a degree.

Note: *One of the best compilations I saw of the increasing corruption within the educational sector came from **a blog by an anonymous college professor**. A few years ago he passed away from a grossly mismanaged testicular cancer, so the final posts on it focus on medicine rather than education.*

As you might imagine, this issue has also seeped into the medical field as medical schools make a lot of money. In turn, as the years have gone by, colleagues have shared increasingly concerning instances of cheating being swept under the rug or them being pressured by the administration to find ways to pass students who should have otherwise failed.

Likewise, since the position of a professor (and often a graduate student) is so dependent on the papers they publish, **they are incentivized to fabricate data so their paper can be published** and many studies **have shown this fraud has become a widespread issue within the scientific literature.**

One of the most overt examples we saw of this came from the recent discovery that immediately after the leak occurred at the Wuhan lab (which Fauci had funded), he panicked and then contacted a group of respected virologists to **request they produce a paper** to prove COVID-19 could not have come from a lab. The virologists, in turn, did just that, and Fauci repeatedly used their paper to debunk the lab leak hypothesis.

Shortly after, the lead author had a 9.8 million dollar research grant from the NIH approved (which Fauci held the final say on) – **which that author lied to Congress about**, and later leaked chat messages emerged showing the paper's **authors also lied to the world** as they themselves believed the virus had come from a lab.

Note: *This paper also formed the basis for Big Tech aggressively censoring anyone who suggested a lab leak had occurred. Had the lab leak hypothesis have been allowed to enter the public discourse, Fauci likely would not have been allowed to direct the response to the pandemic he himself was responsible for creating (especially given that in response to public outcry over previous leaks of dangerous pathogens, **Obama had effectively banned Fauci's research**).*

Most recently, **it was revealed** Fauci also covertly met with the CIA when they were deliberating if SARS-CoV-2 came from a lab. The CIA in turn **publicly announced the lab leak could not be proven**, (which amongst other things **required bribing the team responsible** for the CIA's assessment).

Another noteworthy example occurred after the vaccines had hit the market and many recipients began developing complex neurological illnesses from them. Some of those individuals (e.g., the clinical trial participants) contacted the NIH for help and were enrolled in a study to evaluate and treat their concerning disorders.

According to one participant (**Brianne Dressen**), the NIH was initially very interested in helping them (and learned from the FDA that it was aware **of other clinical trial participants who had been injured**), but once it became clear neurological injuries were a frequent complication of the vaccine, the NIH appears to have decided its best move was to try and bury everything and hence ghost the people it was evaluating for the neurological illnesses.

Thus the NIH publicly denied there was any evidence neurological vaccine injuries were occurring and repeatedly pushed back the date they'd promised Dressen and others to publish the study evaluating them. Had **that study been published on time**, it would have greatly helped many of the patients suffering neurological injuries that "couldn't exist" because there was no peer-reviewed literature substantiating those injuries or more importantly guidelines on how to treat them.

In short, I'd argue that the debasement of our educational system has rippled out into the entire society as we depend on its graduates to turn the gears of everything (e.g., by appropriately conducting scientific research), and if we have incompetent or dishonest personnel occupy these positions, the institutions they staff decay as well.

Note: *This issue was significantly worsened by **Obama's decision** to prioritize academic qualifications rather than real world experience in the federal hiring process. Similarly, **most of his senior officials had a degree from an Ivy League college.***

Revenue Shortfalls

One of the primary ways the thumbscrews have been tightened throughout the society has been by gradually impoverishing everyone except the working class (most recently, **from 2020 to 2021**, billionaires went from owning slightly over 2% of the global household wealth to 3.5% of it.). Because of this, almost every institution we depend upon is underfunded and thus willing to consider unethical sources of funding.

For instance, industry often "donates" large amounts of money to schools in return for favorable research being pursued there, and then may threaten to withhold those donations unless an unrelated professor within the college stops performing research that is critical of the industry.

Within the federal government, this impoverishment comes through budgets being slashed and agencies inevitably looking to the private sector for funding. In turn, something similar to what is observed in the educational sector happens, although the scale of it is often far worse.

For example, [in 1983](#), Congress authorized the CDC to accept gifts “made unconditionally...for the benefit of the [Public Health] Service or for the carrying out of any of its functions.” Then in 1992, Congress established The National Foundation for the Centers for Disease Control & Prevention so that CDC could obtain additional funding for its work, or put differently, [created a third party for passing tainted money to the CDC](#).

The CDC Foundation [has been accused of egregious conduct since its inception](#) and has received [nearly 1 billion dollars](#) from corporate “donors.” The potential for the foundation enabling corruption in turn has been criticized by many, including by [a scathing editorial in one of the world’s top medical journals](#). Many examples of its corruption are documented within [this 2019 letter to the CDC](#). They include:

- Being paid by a pesticide industry firm to conduct a study to prove the safety of two pesticides.
- During the years 2010-15, Coca-Cola contributed more than 1 million dollars to the CDC Foundation. In return, the CDC offered numerous services including collaborative meetings and advice from a top CDC staffer on how to lobby the World Health Organization to curtail the WHO’s initiative to reduce global consumption of added sugars – which is really something given that the CDC has been tasked with fighting obesity.
- Taking money from Roche to push Tamiflu (which the CDC continues to do to this day), an ineffective and harmful flu treatment which was approved off of data that was kept secret from the public.

Note: *As of 2019, the CDC also owned 57 vaccine patents and recently [spent \\$4.9 of its \\$12.0 billion-dollar annual budget](#) buying and distributing vaccines. This may help to explain why the CDC always recommends every vaccine regardless of the evidence arguing against of doing so or how much opposition they receive from the public (and sometimes even their advisors).*

Members of Congress **have even formally complained** about the payments to the CDC foundation (**as have anonymous whistleblowers within the CDC**). In short, the conflicts of interest with the CDC foundation are immense and help to explain why the CDC always pushes corrupt and harmful policies (e.g., **many of the profiteers who benefitted immensely from the COVID-19 vaccination campaign had previously given the CDC millions**).

Note: *Many other agencies within the federal government, **including the CIA and the NIH**, have their own foundations that were also created by Congress to allow them to access corporate bribes donations **that are not subject to legal oversight such as freedom of information act requests**.*

*Not surprisingly, many of the directors of these foundations, like their peers in government, often follow the revolving door **and end up in high-paying executive roles at major pharmaceutical companies** after leaving the foundations.*

The pernicious influence of industry cash can also be seen at the FDA. **On October 29, 1992**, in response to public concerns that no AIDS treatments were getting to market (which was a result of Fauci deliberately blocking all of them to clear the way for the deadly and ineffective AZT), Congress and then George Bush Sr. signed into law the **Prescription Drug User Fee Act**, which authorized the FDA to take money from the drug makers it approved drugs for.

As a result of this act, drug approval times were shortened (going from 29 months in 1987 to 10 months in 2018), and the percentage of drugs that were approved the first time an approval was requested dramatically increased. Conversely, prior to the act, **21% of medications** were removed from the market or had new black box warnings added to them.

After the act, **this figure increased to 27%** as a result of factors such as senior FDA officials **overturning its scientists' recommendations**, and **the evidence required for a medication approval being lowered**.

As a result of these changes, user fees now comprise a significant portion of the FDA's budget (e.g., **46% in 2022**, and **approximately of the 65% of that allotted for regulating drugs used in humans**) – which not surprisingly has had an increasingly corrupting influence on the FDA's drug approval process.

One of the best illustrations of this can be seen with the current FDA commissioner Robert Califf, who in 2009, **was considered to be too close to the industry to nominate to the position**, yet in 2021 was appointed to it, and ever since gaining control of the FDA has advanced the interests of his industry.

For example shortly after the backdoor approval of a controversial Alzheimer's drug, **Califf was a keynote speaker at the annual pharmaceutical industry conference** which emphasized the incredible investment opportunities offered by the new Alzheimer's and obesity drugs (which the agency was also pushing through).

Furthermore in addition to being overtly compensated by the industry for supporting its interests (e.g., Califf had taken a lot of money from Big Pharma), a revolving door also exists to pay them off after the fact. Consider for instance that the second official **appointed** by Trump to head the FDA, Scott Gottlieb is now on Pfizer's **board**.

Likewise, Stephan Hahn the commissioner who was in charge of the FDA for the **entirety** of Operation Warp Speed (**and as Peter Navarro showed**, against the president's orders, actively sabotaged affordable and effective treatments for COVID-19) Hahn is now an executive for the **venture capital firm** that launched Moderna (and thus owns a significant portion of it).

Note: *This issue exists beyond the healthcare sector – for instance Lloyd Austin was first a four-star general under Obama, **then left to become a board member for Raytheon**, and then left that position to become Biden's Secretary of Defense. Since becoming in charge of our military, one of the worst wars in modern history has broken out, which coincidentally required a massive amount of weaponry to be purchased from defense contractors like Raytheon.*

All of this has effectively created a “pay-to-play” situation, where it’s almost impossible to get a drug approved unless you have a lot of money and as a result, therapies that put people before profits have a very difficult time getting through.

This was best shown throughout COVID-19 where numerous teams were unable to receive an EUA (or sometimes even permission to conduct American trials) for safe therapies that had strong evidence they were effective in treating COVID-19, while awful but highly lucrative therapies (e.g., Remdesivir, Paxlovid and Molnupiravir) sailed through the approval process.

Given that the Prescription Drug User Fee Act was originally created during the AIDS crisis to help expedite emergency therapies being approved to treat novel diseases, its noteworthy the exact opposite ultimately happened.

***Note:** I was heavily involved with one team which attempted to secure an EUA, and it was depressing how high a standard we were held to compared to Pfizer.*

*Likewise, a big part of why Steve Kirsch originally got involved with the vaccine issue was **because he provided a wealth of evidence and funded the original clinical trial that demonstrated an already FDA approved drug was a highly effective treatment for COVID-19 but was stonewalled in receiving an EUA from the FDA (which Kirsch was told from an insider also sabotaged Fluvoxamine making it into the NIH’s COVID treatment guidelines).***

Guideline Committees

One of the classic tactics propagandists and marketers use to manipulate the public is to have an “independent” party (especially a trustable one) endorse the sponsor’s position. Because of this, you frequently find that a variety of nice sounding third parties (e.g., many of those which advocate for helping patients with specific medical conditions) are taking money from corporate sponsors and ultimately advance positions that to serve their sponsor’s interests.

A common way this technique is utilized is by delegating important policy decisions to **impartial** committees of qualified experts. That way, the conclusions they come to are perceived to be objective truth, rather than the work of a corrupt bureaucrat – even though in reality the corrupt bureaucrat calls the shots by deciding who ends up on the committee.

For example, in COVID-19, much of the death that happened was the result of no effective treatments existing for COVID-19, and instead only dangerous ones like remdesivir being permitted – which seems odd given that the evidence for remdesivir was appalling, whereas the evidence for many of the other treatments was phenomenal.

Let's in turn consider the evidence and cost of each approved treatment for COVID-19 (the EUA list can be found [here](#), the NIH treatment guidelines [here](#)).



Note: A few newer (and expensive) currently approved treatments for COVID-19 are not included in the above list. Many of the discontinued therapies were the monoclonal antibodies (which effectively treated COVID-19). The FDA discontinued them because they no longer matched the circulating variants of COVID-19 – yet simultaneously this decision was not applied to the vaccines.

I feel this decision was a shame since numerous people reported those monoclonals (which matched the vaccine spike protein) often were very helpful in treating vaccine injuries, but after the EUA was withdrawn, the entire supply was disposed of (minus a bit like what my colleague intercepted when this happened).

From looking at this list, it seems clear the primary determinant of if a treatment ended up in the guidelines was if it did not treat the infection (instead only providing symptomatic management – which was often dangerous) or if it was a lucrative product someone was making money off of. In short, our regulators appeared to be focused on protecting the market rather than the American people.

Interestingly, when the NIH committee which created the COVID-19 treatment guidelines was looked into, **it was discovered** that most of them had taken money from Gilead (remdesivir's manufacturer). Furthermore, example **this article** discusses how Fauci chose to appoint one of his longtime associates (pictured below) to chair that committee.



Note: According to **a recent government investigation**, the NIH spent approximately 162 million dollars developing remdesivir.

Likewise, the official Fauci appointed to chair the committee which monitored the safety of the COVID-19 vaccines while they were being tested **was a board member of Gilead**

and numerous members of the FDA committee which horrendously voted to approve the vaccine for children **had previously worked for Pfizer**.

Note: *The best argument I have seen in defense of the government hiring experts who are taking money from the company whose drug they are evaluating is that so many experts are being paid off now it's extremely challenging to find academically qualified individuals for these committees who do not also have significant conflicts of interest.*

This is one illustration of how the pervasive corruption in academia (which increases as funds become in short supply) has rippled out into the broader society.

Sadly, COVID was not the first time a corrupt committee's guidelines have had massive consequences for the world. Consider this example from chapter 7 of **Doctoring Data**:

*"The National Cholesterol Education Programme (NCEP) has been tasked by the NIH to develop guidelines [everyone uses] 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.**"*

In 2005 a Canadian division of the Cochrane Collaboration [who were not paid off] 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: *Statins are widely considered to be **one of the most dangerous and ineffective drugs on the market**.*

When deciding on approving a new drug, the FDA seeks the advice of an outside advisory panel about half of the time (typically for more controversial or less understood

drugs).

In those cases, the FDA is more likely than not to agree with that panel – **one study** evaluating 416 decisions made between 1997 and 2012 found the FDA followed the advice of its panel 84% of the time, and when the FDA overruled its panel, 61% of those decisions were to have a drug rejected by the committee nonetheless be approved. Some of the more noteworthy recent over-rulings included:

- Approving **an extremely expensive Alzheimer's drug** which did not work but did frequently cause brain bleeding and swelling (which could be fatal). That drug was unanimously rejected by the advisory committee, and when the FDA still chose to approve it, three members of that panel permanently **resigned from their advisory capacity**.
- A CDC advisory panel voted in favor of giving the booster six months after the second shot to those over 65, and for those with health factors that put them at risk for a severe COVID-19 infection, but **against** recommending it to workers who were more likely to come in contact with COVID.

The CDC overruled that final decision and advised it for everyone (which in turn resulted in it being mandated for much of the American population since many use the CDC's "voluntary" guidelines to craft their policies).

Note: *Around the same time the CDC overruled its committee, the FDA **also overruled its advisory committee's decision** to not approve boosters for the general population which coincided with the resignation of two senior FDA officials **in its vaccine division** – one of whom **joined a vaccine non-profit** and the other who became a **board member for a biotech company**.*

Royalty Payments

In 1980, the Bayh–Dole Act was passed, which gave researchers (whose research was funded by taxpayer money) and their universities the patent and royalty rights to any drug they developed. The act was intended to help facilitate discoveries making it to the

marketplace (which was a valid point since things moved very slowly when the Federal Government retained control of those patents), but at the time many worried it would corrupt the national research apparatus.

Not long after, as detailed within Chapter 7 of [The Real Anthony Fauci](#), Fauci entered the scene and began transforming our national research apparatus into a pharmaceutical production pipeline. For example [to quote a 2021 interview with RFK Jr](#):

“Between 2009 and 2016, there were hundreds of drugs approved by FDA. Virtually all of them came out of [Fauci’s NIH pharmaceutical production pipeline].”

Note: [RFK Jr. recently](#) estimated that Fauci’s agency owns 2,200 drug patents, many of which have been lucratively licensed to pharmaceutical manufacturers. Similar conflicts of interest also exist for the NIH and CDC (which may help to explain why the CDC always recommends every vaccine).

This transformation was greatly accelerated by Fauci’s maneuvers during the AIDS crisis (creating a hysteria about the disease, blocking all effective treatments for it from coming to market and making the deadly AZT be approved and then become the standard of care) which allowed him to get his agency, the NIAID, a massive discretionary budget, a global influence over scientific research and international health policy, and a large influence over the FDA and CDC.

In effect, Fauci gained control over the national research apparatus (which amongst other things was why he was able to destroy the careers of scientists like Peter Duesberg who challenged him as he could cut off their access to the grants every career scientist depends upon and make many reluctant to hire those who had crossed him).

To create his pipeline Fauci did the following:

- He assembled a network of clinical investigators (PIs) around the country who would test these drugs, often in a highly unethical manner.
- He concealed the financial conflicts of interest from the trial participants (who likely would not have consented if they’d known they were guinea pigs for an investment).

- He worked diligently to conceal the money everyone was making from the royalties on those drugs.
- He used the money this pipeline brought in from the pharmaceutical industry to gradually buy out our regulators so they would push along his dangerous and unproven drugs.

Note: *Fauci's wife, Christine Grady is the nation's chief bioethicist. Throughout her tenure, **she has used her position** to successfully lobby for Fauci's policies (e.g., all of horrendous ones we saw throughout COVID-19) to be deemed "ethical."*

In short, Fauci made the Bayh–Dole Act become something far worse than its harshest critics had imagined. **To quote Vera Sharav**, a Holocaust survivor who has runs a non-profit directed at investigating unethical human experimentation and spent years investigating the NIAID's conduct:

"Beginning around 1990, clinical trials became the profit center for the medical community. The insurance industry and HMOs were squeezing doctors so that it became hard to make big money practicing medicine. The most ambitious doctors left patient care and gravitated toward clinical trials.

Everybody involved was making money except the subjects of the human experiments. At the center of everything was NIH and NIAID. While people were not paying attention, the agency quietly became the partner of the industry."

RFK Jr. aptly summarizes the immense scope of Fauci's enterprise:

Between 2010 and 2016, every single drug that won approval from the FDA – 210 different pharmaceuticals – originated, at least in part, from research funded by the NIH.

At the time all of this happened, the pharmaceutical industry had far less control over the media as it was only in 1997 that directly advertising pharmaceutical products became legal in the United States.

This resulted in an ever increasing amount of advertising dollars coming from the pharmaceutical industry which in turn allowed the industry to be able to leverage media companies into never airing content critical of the industry – best illustrated by the fact in 1976, a far less dangerous (but still dangerous) experimental vaccine was recklessly deployed on America and after a significant number of people were injured, candid admissions of this were seen on mainstream news networks, something which is not allowed in today's much more corrupt media climate.

Note: *Outside of the United States, direct pharmaceutical advertising remains illegal in most countries (New Zealand is the only other country that fully allows it – while Canada partially allows it).*

As a result, in the past, the press was much more willing to criticize Fauci's conduct. For example, this is what the BBC's investigator from it's [2004 "Guinea Pig Kids" documentary](#) shared about one of Fauci's experiments which forced many of the participants to take the medications against their consent:

"I found the mass grave at Gate of Heaven cemetery in Hawthorne, New York, I couldn't believe my eyes. It was a very large pit with AstroTurf thrown over it, which you could actually lift up. Under it one could see dozens of plain wooden coffins, haphazardly stacked. There may have been 100 of them. I learned there was more than one child's body in each.

Around the pit was a semi-circle of several large tombstones on which upward of one thousand children's names had been engraved. I wrote down every name. I'm still wondering who the rest of those kids were. As far as I know, nobody has ever asked Dr. Fauci that haunting question.

I remember the teddy bears and hearts in piles around the pit and I recall the flies buzzing around. The job of recording all those names took all day. NIAID, New York, and all the hospital PIs were stonewalling us.

We couldn't get any accurate estimate of the number of children who died in the NIAID experiments, or who they were. I went to check the gravestone names

against death certificates at the NYC Department of Health, which you could still do at that time.

BBC wanted to match these coffins to the names of children who were known to have been at ICC. It was a very slow, byzantine project with tremendous institutional resistance, but we did turn up a few names.

This story ran in the NY Post, believe it or not. But one after the other, every media outlet that touched this story got cold feet. Even then, the medical cartel had this power to kill this kind of story. Dr. Fauci has built his career on that attitude. Nobody even asks him a follow- up question.

NIAID's narrative, at that time, was that these children were among the doomed as they 'had AIDS,' so supposedly they were all going to die anyway. When people died, in large numbers, gruesome deaths, NIAID's medical researchers called it 'lessons learned.'"

Note: *Another lucrative HIV drug, Nevirapine was pushed through by Fauci and his AIDS branch DAIDS. When it was unethically tested in Africa on mothers and their children to prevent HIV transmission, thousands of adverse events occurred (including dozens of deaths), which Fauci hid from the FDA.*

Later when similar injuries occurred within the United States, Jonathan Fishbein, MD (who in 2003 was hired to oversee DAIDS's research) tried to bring attention to these serious research violations. This resulted in Fauci firing Fishbein from DAIDS, and after a lengthy whistleblower investigation was conducted by Congress, it instituted an annual cap of 150,000 dollars on the royalties each government scientist could receive each year for the drugs they helped developed.

In addition to the BBC, other media companies were also willing to criticize Fauci. For example:

"According to [a 2005 exposé by the Associated Press](#), "In all, 916 current and former NIH researchers are receiving royalty payments for drugs and other

inventions they developed while working for the government.” That investigation concluded that scientists and administrators at the National Institutes of Health flagrantly disregard ethical and legal requirements of financial disclosure.

Five years ago Donna Shalala, then Secretary of the Health and Human Services, issued federal requirements (2000) of financial disclosure requiring NIH scientists to disclose their financial interest in experimental treatments on informed consent documents reviewed by patients being recruited as test subjects.

According to the Associated Press, NIH administrators did not even consider implementing the 5 year old federal requirement until AP filed a Freedom of Information request last week.”

Note: *Between 1997 to 2005, Fauci and his deputy H. Clifford Lane (another of the chairs of the COVID-19 treatment committee) had each received \$45,072.82 in royalties for an experimental AIDS treatment they invented and spent a lot of tax payer money testing (e.g., \$36 million on one experiment), often in an unethical fashion (e.g., they repeatedly failed to disclose their conflicts of interest to trial participants).*

Sadly, by the time COVID happened, the pharmaceutical production pipeline was so well established that dissenting narratives simply could not see the light of day. Because of this, Fauci continually received fawning admiration throughout the (pharmaceutically sponsored) media – the most depressing of which was probably this segment:

More importantly, Fauci was never called out on his lies, his responsibility for creating COVID-19 or the innumerable ways **he contradicted himself throughout the pandemic**. Rather, he was allowed to direct the pandemic response through non-sensical proclamations that only benefitted his sponsors.

Because of the embarrassment that was created through the 2005 AP investigation, the NIH pledged to become more transparent with royalty payments and disclose financial conflicts of interest for patients recruited into their trials. In 2021, almost twenty years

later, the watchdog organization [Open the Books](#) (with the help of [Judicial Watch](#)) attempted [to replicate the AP's FOIA investigation](#).

They found not surprisingly, the NIH had failed to uphold its commitment and instead had become much more secretive about its activity since 2005 (e.g., in addition to not voluntarily disclosing the pharmaceutical payments, it refused to honor legally required FOIA requests). Although much was concealed [they eventually found](#):

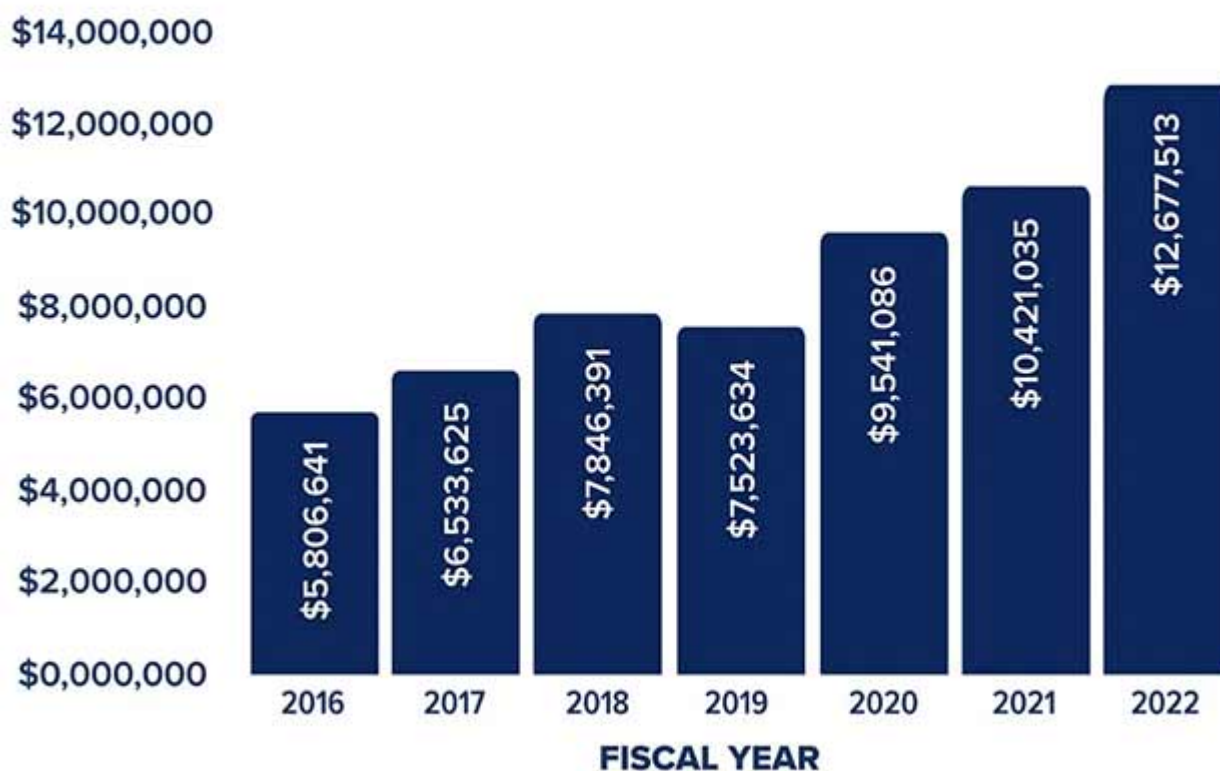
1. Over 56,000 royalty payments (from third parties) totaling over 325 million dollars were paid to 2400 NIH scientists.
2. Many of these payments came from foreign companies (e.g., a questionable Russian company and a Chinese company that worked closely with the Wuhan lab) or vaccine companies (e.g., for [the disastrous HPV vaccine](#)).
3. Some of the royalty payment recipients had also received [massive grants from the NIH](#).
4. Many of the parties paying the royalty payments had also received much larger grants from the NIH (for context the NIH gave out 30 billion dollars in grants in 2022).
5. The most prominent figures in the NIH (who decided where those grants were directed) also received a disproportionately higher number of royalty payments. For example:
 - Fauci received 37 payments between 2010-2021
 - Francis Collins (the NIH director between 2009-2021) received 21 payments between 2010-2021
 - Fauci's deputy Clifford Lane received 8 payments
 - Douglas Lowy who has occupied various leadership roles at the National Cancer Institute (e.g., he's been the acting director since 2015) received 192 payments since 2009

Unfortunately, the NIH has still refused to disclose exactly how much each of their employees has received from the royalty payments.

Fortunately, with the help of Congress, Adam Andrzejewski was eventually able to obtain Fauci's [financial disclosures](#) and discover how much he and his wife made during the pandemic response (which [Fauci's recently released calendar](#) shows he was directing behind the scenes with all the key players long before COVID-19 was officially acknowledged):

FAUCI HOUSEHOLD NET WORTH TRACKER

FY2016-FY2022*



*AS OF JANUARY 1ST IN THE RESPECTIVE YEAR

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Note: Fauci is the highest paid federal employee, while his wife is one of the highest (she makes more than the vice president). He [is also presently slated](#) to receive a retirement pension of over \$350,000.00 a year – which is also the largest federal pension in history.

Sadly, this excellent journalism resulted in Andrzejewski (who had previously earned the position of a senior policy contributor) [being fired by Forbes](#) – which again shows how

much influence the pharmaceutical industry has over the media.

The GAO Investigation

One of the more honest departments within the Federal Government is the Government Accountability Office (GAO), an agency that serves as Congress's watchdog and frequently uncovers other branches of the government deliberately concealing their misdeeds (e.g., this occurred when the GAO **was assigned to investigate** the military's disastrous experimental anthrax vaccination program).

As part of the COVID-19 relief bills, the GAO was assigned to investigate the four agencies directly responsible for crafting the COVID-19 response (the FDA, CDC, NIH and ASPR) and attempted to answer a relatively simple question. Did political interference prevent employees within those departments from following policies in accordance with the existing scientific evidence?

After conducting interviews with employees in each agency, **the GAO found** many had observed this happen and a few at the CDC and FDA went further to state that: "they felt that the potential political interference they observed resulted in the alteration or suppression of scientific findings."

When the GAO asked why the federal employees failed to report these actions, they cited the following reasons:

- **They feared retaliation.**
- They thought their leadership was already aware of those issues.
- They were unsure how to report issues as no existing policies or procedures existed for making those reports.

Elements of Scientific-Integrity-Related Procedures and Training at Selected HHS Agencies

	Centers for Disease Control and Prevention	Food and Drug Administration	National Institutes of Health	Office of the Assistant Secretary for Preparedness and Response ^a
Scientific integrity policy	✓	✓	✓	✓
Policy defines political interference in scientific decision-making	—	—	—	—
Specific procedures to report and address political interference in scientific decision-making	—	—	—	—
Training on political interference in scientific decision-making	—	—	✓	—

Note: *Not having procedures in place to report misconduct is unusual as most large organizations have them and they are often required by the government to (e.g., medicare requires all hospitals receiving its payments to have a way for employees to report fraud).*

When the GAO asked the leadership of those agencies why these necessary policies and procedures were not in place, the only explanation they received was that no reports of political interference had been made so there was no need to have a formalized reporting system for it.

In turn, I would argue this line of reasoning is not that different from the agencies habitually refusing to honor their promises to be transparent with the bribes they are receiving from the pharmaceutical industry.

For example, did you know that Moderna’s vaccine **was developed by NIH scientists** and that the NIH **spent 1.4 billion dollars** to help Moderna develop and test its vaccine?

Once I learned this I was relatively sure the vaccine would be approved by the FDA regardless of the red flags that emerged – and despite all the issues that have come to light since that time (along with the fact the vaccine barely works now) those agencies are still trying to push booster after booster for it onto the market.

In my eyes, one of the most important takeaways from the GAO’s investigation is that there are a lot of good people in these agencies who want to do the right thing, but they

are often prevented from doing so because corrupt officials have been appointed to lead these agencies – something which RFK Jr. has also repeatedly found to be the case in his years of litigating against the federal government and the sentiment echoed by many of the personnel in these agencies (e.g., [the previously mentioned CDC employees](#)).

Conclusion

One of the most common strategies power hungry individuals use to control the masses is to rigidly establish pyramidal hierarchies within the society and then take control of the very top of each of those institutions.

For example, the premier medical journals have been established as the arbiters of “scientific truth,” and as the years have gone by, they’ve marched more and more in lockstep with Big Pharma – so as you might guess both the journals themselves and their editors [receive a lot of money from the pharmaceutical industry](#).

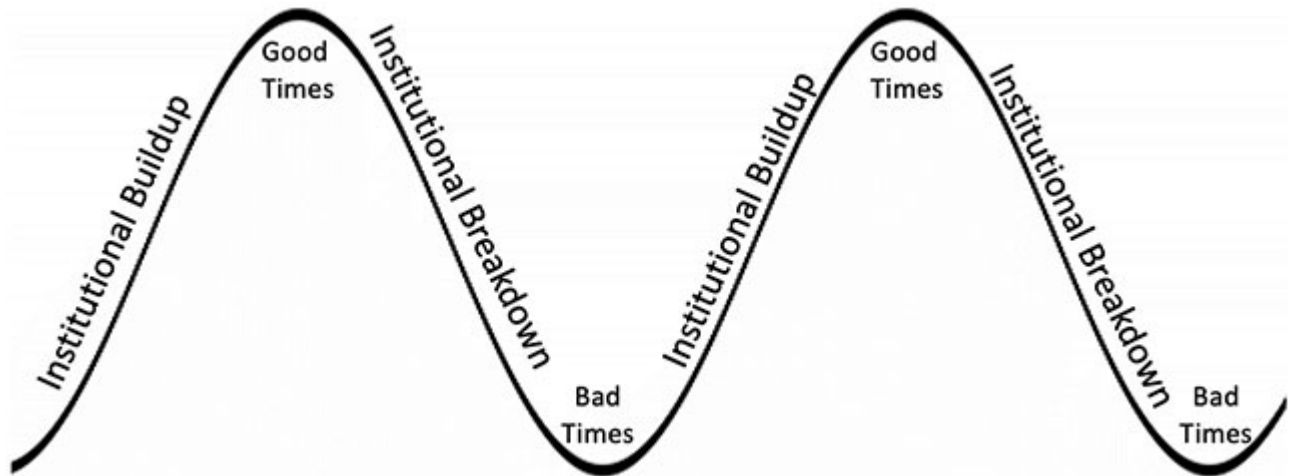
This helps to explain why all of them (despite overwhelming evidence to the contrary) refused to publish anything critical of the COVID vaccines or remdesivir. Likewise, as Pierre Kory details within the [War on Ivermectin](#), they refused to publish all the data showing affordable off-patent drugs worked much better than any of the lucrative products being rushed out for the COVID boondoggle.

In this article, I’ve attempted to show how there has been an increasing tide of corruption within the agencies we have long trusted to look out for our health. This corruption has now metastasized to the point we saw entire government march in lockstep throughout the pandemic in support of the irrational, unscientific and disastrous policies that were implemented throughout COVID-19. In many ways, I feel like we are well on the path to this scene from the iconic movie Idiocracy:

As much as I’d like to blame the government for the disaster we are witnessing, I think much of it is also a reflection of the culture. For example, Big Pharma and the medical device industry spends a lot of money grooming doctors (now [about 20 billion](#) a year) – including [over 2500 doctors](#) who’ve received more than half a million dollars from the

industry **and 700** who've received over a million. Remember, that money is only spent because it works.

All of this I believe is representative of a cycle societies throughout history have been observed to follow:



Many factors in turn account for the cyclical nature of things; for example, as the times change, the society's institutions are no longer suited to meet the needs of current era.

Likewise, when everything works well, citizens often take that for granted and lose the motivation to actively participate in making the society work, which allows the rot in the society's institutions to fester, whereas once things become bad enough, they become motivated to become active participants in turning things around.

One of the major factors that goes hand in hand with this cycle is the level of corruption, as once it passes a certain point, the institutions society depends upon prioritize serving whoever is bribing them rather than the society – which rapidly leads to things falling apart. As I have tried to illustrate in this article, we are presently in a period of institutional breakdown which has gone hand in hand with the ever-growing corruption throughout our society.

At this point, there are now more and more indications the egregiousness of that corruption (especially given how far things went throughout COVID-19), has now begun

to open the public's eyes to the pervasive corruption within our society and that it's reached the point it is now threatening the stability of the United States.

In turn, my hope is that this recognition will create the political will to halt the institutional decline our nation is facing – because if it doesn't, the decline will continue worsen (history has countless examples of the innumerable atrocious things which occur during major institutional declines) and we will likely experience an even greater shock than what was seen during the pandemic.

A Note From Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician in the Midwest and a longtime reader of Mercola.com. I appreciate his exceptional insight on a wide range of topics and I'm grateful to share them. I also respect his desire to remain anonymous as he is still on the front lines treating patients. To find more of AMD's work, be sure to check out [The Forgotten Side of Medicine](#) on Substack.