APPENDIX

APPENDIX

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UNITED STATES COURT OF APPEALS

FOR THE NINTH CIRCUIT

FILED

SEP 3 2024

MOLLY C. DWYER, CLERK
U.S. COURT OF APPEALS

JOHN STOCKTON; et al.,

Plaintiffs - Appellants,

v.

ROBERT FERGUSON, Attorney General of the State of Washington and KYLE S. KARINEN, Executive Director of the Washington Medical Commission,

Defendants - Appellees.

No. 24-3777

D.C. No.
2:24-cv-00071-TOR
Eastern District of Washington,
Spokane

ORDER

Before: SCHROEDER and HURWITZ, Circuit Judges.

The motion for injunctive relief (Docket Entry No. 7) is denied. *See Feldman v. Ariz. Sec'y of State*, 843 F.3d 366, 367 (9th Cir. 2016) ("The standard for evaluating an injunction pending appeal is similar to that employed by district courts in deciding whether to grant a preliminary injunction."); *see also Winter v. Natural Res. Def. Council, Inc.*, 555 U.S. 7, 20 (2008) (defining standard for preliminary injunction in district court).

The existing briefing schedule remains in effect.

UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF WASHINGTON

JOHN STOCKTON, RICHARD EGGLESTON, M.D., THOMAS T. SILER, M.D., DANIEL MOYNIHAN, M.D., CHILDREN'S HEALTH DEFENSE, a not-for-profit corporation, and JOHN AND JANE DOES, M.D.s 1-50, Plaintiffs, v. ROBERT FERGUSON, in his official capacity as Attorney General of the State of Washington, and KYLE S. KARINEN, in his official capacity as Executive Director of the Washington Medical Commission, Defendants.	NO. 2:24-CV-0071-TOR ORDER GRANTING MOTION TO DISMISS AND DENYING PRELIMINARY INJUNCTION

BEFORE THE COURT are Plaintiffs' Motion for Preliminary Injunction (ECF No. 15) and Defendants' Motion to Dismiss (ECF No. 17). Plaintiffs request oral argument. ECF No. 23. Pursuant to LCivR 7(i)(3)(B)(iii), the Court

determines oral argument is unwarranted. The Court has reviewed the record and files herein, the completed briefing, and is fully informed. For the reasons discussed below, Plaintiffs' Motion for Preliminary Injunction, ECF No. 15, is DENIED and Defendants' Motion to Dismiss, ECF No. 17, is GRANTED.

BACKGROUND

This case arises out of Plaintiffs' challenge to the Washington Medical Commission's ("the Commission") investigations of two licensed medical professionals who published false information about the SARS-CoV-2 virus ("COVID-19") in print news media and online. Plaintiffs filed the operable First Amended Complaint ("FAC") on April 9, 2024. ECF No. 14. The FAC raises four causes of action requesting: (1) declaratory judgment that Defendants' future investigations, prosecutions, and sanctions violates Plaintiffs' First Amendment Rights; (2) declaratory judgment that Defendants' current investigations, prosecutions, and sanctions violates Plaintiffs' First Amendment Rights; (3) declaratory judgment that RCW 18.130.180(1) and (13) are facially unconstitutional and unconstitutionally overbroad and/or vague; and (4) declaratory judgment that the Commission's interpretation of its laws violates Plaintiffs Eggleston, Siler and Moynihan's Fifth and Fourteenth Amendment Due Process rights. *Id.*

Plaintiff John Stockton is actively involved in matters of public interest and co-hosts a podcast dealing with various topics including COVID-19. He is not a doctor nor subject to the regulations or procedures of the Commission. He contends that he has a right to hear licensed physicians who disagree with the "mainstream COVID narrative." ECF No. 14 at 5-6, ¶¶ 9-10; *see also* ECF No. 15-1.

Plaintiff Richard Eggleston is a retired ophthalmologist and is currently the subject of an administrative proceeding by the Commission. That proceeding has not been finalized. ECF No. 14 at 6, ¶¶ 11-12; *see also* ECF No. 15-2.

Plaintiff Thomas T. Siler is a retired physician who is currently the subject of an administrative proceeding by the Commission. That proceeding has not been finalized. ECF No. 14 at 6, ¶ 13; *see also* ECF No. 15-3.

Plaintiff Daniel Moynihan is a retired family medicine physician who is not subject of any administrative proceeding but complains that his speech is chilled by the Commission's actions and that he would like to hear from other physicians speaking out against the mainstream COVID narrative. ECF No. 14 at 6-7, ¶ 14; ECF No. 15-4.

Plaintiffs' counsel does not know who John and Jane Does 1-50 are and therefore does not represent them. Plaintiffs' counsel alleges that the Doe Plaintiffs are licensed Washington physicians currently subject to the

Commission's investigations and prosecutions. ECF No. 14 at 7, ¶ 15.

Plaintiff Children's Health Defense ("CHD") is a non-profit corporation whose mission is to end childhood health epidemics. Its mission includes advocating for medical freedom, bodily autonomy, and an individual's right to receive the best information available based on a physician's best judgment. *Id.* at 7-9, ¶¶ 16-24. CHD asserts that its physician members are chilled from speaking out about the risk profile of the COVID vaccines and that its lay members have a right to receive such nonconforming opinions. *Id.* at 8, ¶ 19; *see also* ECF Nos. 15-5.

Defendant Robert Ferguson is the Washington State Attorney General. His office and staff represent the Commission in its prosecution of physicians in disciplinary cases. *Id.* at 10, ¶¶ 25-26.

Defendant Kyle S. Karinen is the Commission's Executive Director and oversees the investigations and prosecutions of physicians for misconduct. *Id.* at ¶ 28.

The Commission regulates physicians to assure accountability and public confidence in the practice of medicine. ECF No. 17 at 5. It investigates "all complaints or reports of unprofessional conduct" against licensed physicians. RCW 18.130.050(2). This includes, as relevant here, complaints alleging "moral turpitude, dishonesty, or corruption relating to the practice of" medicine, and

"[m]isrepresentation or fraud in any aspect of" the practice of medicine. RCW 18.130.180(1), (13).

The Commission's response to complaints received about licensed physicians is guided by the Uniform Disciplinary Act (UDA), RCW 18.130 *et seq.* Under the UDA, each complaint received by the Commission is reviewed by a panel of three commissioners. ECF No. 18 at 3, ¶ 8. The panel determines whether to initiate an investigation or close the complaint. *Id.* If an investigation is authorized, the complaint will be assigned to an investigator, who undertakes discovery and prepares an objective report. *Id.* at ¶¶ 9-10. The objective report is forwarded to a reviewing commissioner and a panel of at least three commissioners. *Id.* at ¶ 10. The panel may elect to (1) close the case, (2) investigate further, (3) offer a stipulation to informal disposition, or (4) issue a Statement of Charges. *Id.* If the panel decides to issue a Statement of Charges, then an Assistant Attorney General will review the file and sign off on the Charges before service is made on the respondent physician. *Id.* at 4, ¶ 12. Service of the Statement of Charges formally commences the administrative adjudicative process. *Id.* at ¶ 13. When a respondent timely requests a hearing to contest the charges issued against him, a formal hearing is held in front of a panel of three commissioners with a health law judge acting as the presiding officer. *Id.* at ¶ 14. Both sides are entitled to present opening and closing statements, evidence, and

witnesses. *Id.* at ¶ 15. At the termination of the adjudicative proceeding, the panel determines whether to take disciplinary action against the respondent and issues a written order. *Id.* at 5, ¶ 16. A respondent who disagrees with the panel's final disposition of his case may seek reconsideration from the panel or direct judicial review in a Washington state superior court or court of appeals. *Id.* at ¶ 17.

The Commission issued a Statement of Charges against Dr. Eggleston on August 3, 2022 concerning newspaper articles he wrote about COVID-19. ECF No. 17 at 7. Dr. Eggleston's articles minimized deaths from the SARS-CoV-2 virus, incorrectly asserted that PCR tests for a COVID diagnosis are inaccurate, and falsely stated that COVID-19 vaccines and mRNA vaccines are harmful or ineffective and that ivermectin is a safe and effective treatment for COVID-19. *See, e.g.*, ECF No. 20-2 at 4-21. A full and final hearing by the Commission has not been conducted at this time and no penalties have been imposed. ECF No. 18 at 5-6, ¶ 19.

The Commission issued a Statement of Charges against Dr. Siler on October 25, 2023, after it received complaints about Internet blog posts by Dr. Siler. Dr. Siler wrote false statements about the risks of contracting COVID-19, the effectiveness of hydroxychloroquine and ivermectin as treatments for COVID-19, the transmissibility of COVID-19 from children, and the safety of COVID-19 vaccines. *See, e.g.*, ECF No. 20-2 at 42-61. A full and final hearing has not been

conducted at this time and no penalties have been imposed. ECF No. 18 at 5-6, ¶ 19.

DISCUSSION

Plaintiffs move for a preliminary injunction. ECF No. 15. Defendants oppose Plaintiff's motion and move to dismiss. ECF No. 17. The Court grants the motion to dismiss because Plaintiff's claims are unripe, the *Younger* doctrine requires abstention, Plaintiffs have not stated a plausible as-applied First Amendment challenge, and Plaintiffs' First Amendment and Due Process challenges are without merit. The Court declines to award attorneys' fees.

I. Legal Standard

Federal Rule of Civil Procedure 12(b)(6) provides that a defendant may move to dismiss a complaint for "failure to state a claim upon which relief can be granted." A Rule 12(b)(6) motion will be denied if the plaintiff alleges "sufficient factual matter, accepted as true, to 'state a claim to relief that is plausible on its face.'" *Ashcroft v. Iqbal*, 556 U.S. 662, 678 (2009) (quoting *Bell Atl. Corp. v. Twombly*, 550 U.S. 544, 570 (2007)). While the plaintiff's "allegations of material fact are taken as true and construed in the light most favorable to the plaintiff," the plaintiff cannot rely on "conclusory allegations of law and unwarranted inferences . . . to defeat a motion to dismiss for failure to state a claim." *In re Stac Elecs. Sec. Litig.*, 89 F.3d 1399, 1403 (9th Cir. 1996) (citation and brackets omitted). That is,

the plaintiff must provide "more than labels and conclusions, and a formulaic recitation of the elements." *Twombly*, 550 U.S. at 555.

When deciding a motion to dismiss, the Court's review is limited to the complaint, documents incorporated into the complaint by reference, and matters subject to judicial notice. *Metzler Inv. GMBH v. Corinthian Colls., Inc.*, 540 F.3d 1049, 1061 (9th Cir. 2008).

A. Ripeness

Ripeness is a justiciability doctrine designed "to prevent the courts, through avoidance of premature adjudication, from entangling themselves in abstract disagreements over administrative policies, and also to protect the agencies from judicial interference until an administrative decision has been formalized and its effects felt in a concrete way by the challenging parties." *Nat'l Park Hosp. Ass'n v. Dep't of Interior*, 538 U.S. 803, 807–08 (2003) (citations omitted). The ripeness doctrine is "drawn both from Article III limitations on judicial power and from prudential reasons for refusing to exercise jurisdiction[.]" *Id*. at 808 (citation omitted); *see also Thomas v. Anchorage Equal Rights Comm'n*, 220 F.3d 1134, 1138 (9th Cir. 2000) ("[T]he ripeness inquiry contains both a constitutional and a prudential component.") (internal quotations and citations omitted).

The constitutional aspect of ripeness collapses with the injury-in-fact prong of standing. *Id.* "Whether framed as an issue of standing or ripeness, an injury[-

in-fact] must involve 'an invasion of a legally protected interest that is (a) concrete and particularized, and (b) actual or imminent, not conjectural or hypothetical.'" *Twitter, Inc. v. Paxton*, 56 F.4th 1170, 1173 (9th Cir. 2022) (quoting *Lujan v. Defs. of Wildlife*, 504 U.S. 555, 560 (1992)).

By contrast, prudential ripeness requires courts to evaluate "the fitness of the issues for judicial decision and the hardship to the parties of withholding court consideration." *Wolfson v. Brammer*, 616 F.3d 1045, 1060 (9th Cir. 2010) (quoting *Abbott Labs. v. Gardner*, 387 U.S. 136, 149 (1967)). "A claim is fit for decision if the issues raised are primarily legal, do not require further factual development, and the challenged action is final." *Id.* (internal quotations and citations omitted).

Plaintiffs' claims are constitutionally unripe because they fail to allege a cognizable injury with concreteness and particularity. Plaintiffs Eggleston, Siler, and the unknown Doe physicians have not been sanctioned for their speech by the Commission. *See Twitter*, 56 F.4th at 1173-74 (although the requirements of ripeness are applied "less stringently in the context of First Amendment claims," a plaintiff may not "nakedly assert[ ] that his or her speech was chilled") (internal quotations and citations omitted). While Plaintiffs allege that the Commission's actions have a chilling effect, Plaintiffs have in fact continued to press their narratives about COVID-19 while Commission proceedings have been ongoing.

See ECF No. 17 at 13 (describing how Dr. Eggleston continued to publish false claims about COVID after the filing of the Statement of Charges against him). This tends to cut against any argument that the Commission's investigations have actually chilled Plaintiffs' speech. Plaintiffs' argument that the Commission's investigations or imposition of sanctions might chill their speech in the future is likewise impermissibly speculative.

Plaintiffs Stockton, Moynihan, and CHD's and its members' claims are also based on speculation and conjecture. The remaining Plaintiffs claim they are injured by the alleged chill of licensed physicians presenting an alternative narrative about COVID. But Plaintiffs have not shown that they are impeded from otherwise accessing this information, or that Drs. Eggleston and Siler's speech has been or will likely be chilled by the Commission's actions.

Plaintiffs' claims are also prudentially unripe. Plaintiffs seek to enjoin non-final agency actions that are contingent upon future factual developments, and Plaintiffs have not otherwise established that hardship would result from the Court declining to exercise jurisdiction as those proceedings are ongoing. In evaluating a claim of hardship, a court must consider whether abstaining from reviewing would "require[ ] an immediate and significant change in plaintiffs' conduct of their affairs." *Wolfson*, 616 F.3d at 1060 (internal quotations and citations omitted). Plaintiffs have not established that their conduct has changed in the interim of

Commission proceedings or that their behavior is likely to change otherwise. Accordingly, Plaintiffs' claims are nonjusticiable.

B. *Younger* Abstention

The *Younger* abstention doctrine also requires this Court to abstain from considering Plaintiffs' claims. Under *Younger*, a court may not hear claims for equitable relief while state proceedings are pending. *Younger v. Harris*, 401 U.S. 37, 41 (1971). In the Ninth Circuit, *Younger* requires federal courts to abstain from hearing claims for equitable relief when:

> (1) [T]here is an ongoing state judicial proceeding; (2) the proceeding implicates important state interests; (3) there is an adequate opportunity in the state proceedings to raise [federal] constitutional challenges; and (4) the requested relief seeks to enjoin or has the practical effect of enjoining the ongoing state judicial proceedings.

Page v. King, 932 F.3d 898, 901-02 (9th Cir. 2019) (citation omitted). Further, "even if *Younger* abstention is appropriate, federal courts do not invoke it if there is a 'showing of bad faith, harassment, or some other extraordinary circumstance that would make abstention inappropriate.'" *Id.* (citation omitted). Additionally, there is a recognized "irreparable harm" exception to *Younger*, under which courts may refrain from abstention in "extraordinary circumstances where the danger of irreparable loss is both great and immediate." *World Famous Drinking Emporium, Inc. v. City of Tempe*, 820 F.2d 1079, 1082 (9th Cir. 1987).

Plaintiffs' arguments that the threshold *Younger* elements are not met in this

case contravene caselaw directly on point. *See Alsager v. Bd. of Osteopathic Med. & Surgery*, 945 F. Supp. 2d 1190 (W.D. Wash. 2013), *aff'd,* 573 F. App'x 619 (9th Cir. 2014); *see also Amanatullah v. Colorado Bd. of Med. Examiners*, 187 F.3d 1160 (10th Cir. 1999). As those cases make plain, active state medical board investigations and hearings are ongoing state judicial proceedings; the regulation of medical practice is an important state issue; and federal constitutional challenges to medical board determinations may be raised on appeal in state court. *Alsager*, 945 F. Supp. 2d at 1195–96.

All *Younger* elements are met here. Medical disciplinary board hearings constitute state proceedings, and since none of the Plaintiffs have completed the hearing process, the proceedings are ongoing; medical board disciplinary proceedings clearly implicate an important state interest in ensuring adequate healthcare; and Washington law provides Plaintiffs with an opportunity to raise federal constitutional challenges on appeal to Washington state courts. *See* RCW 18.130.140. Additionally, a hearing on the merits of Plaintiffs' claims would enjoin the ongoing state proceedings, which would violate the Ninth Circuit's implied fourth element to the abstention doctrine. *AmerisourceBergen Corp. v. Roden,* 495 F.3d 1143, 1148–49 (9th Cir. 2007) (citation omitted).

Plaintiffs' claims to the *Younger* irreparable harm exception are also without merit. The Ninth Circuit has applied the exception only where a person's physical

liberty will not be vindicated after trial. *See Bean v. Matteucci*, 986 F.3d 1128, 1133–34 (9th Cir. 2021). Plaintiffs' claims of harm are insufficient to establish the extraordinary circumstances required to apply the exception.

Moreover, this Court has already ruled that Dr. Eggleston's effort to terminate the Commission's investigation of him was precluded by the *Younger* abstention doctrine. *Wilkinson v. Rodgers*, 1:23-CV-3035-TOR, 2023 WL 4410936 (E.D. Wash. July 7, 2023). Thus, Dr. Eggleston is collaterally estopped from arguing otherwise in this proceeding.

Consequently, this Court would be required to abstain from exercising jurisdiction.

C. Failure to State Plausible Claim

Plaintiffs have also failed to state a plausible as-applied First Amendment claim based on the Commission's investigations into any physicians. The Commission's investigations regulate professional conduct, with only an incidental impact on speech. Although Plaintiffs' challenges to the investigations arise out of the COVID-19 pandemic, it is within the State's long-recognized authority to regulate medical professionals, and that authority does not run afoul of the First Amendment. Critically, "States may regulate professional conduct, even though that conduct incidentally involves speech." *Tingley v. Ferguson*, 47 F.4th 1055, 1074-75 (9th Cir. 2022) (citation omitted).

While the Commission's investigations and prosecutions are ongoing, there is nothing for this Court to review. The Commission's investigations are narrowly tailored to achieve the compelling government interest in regulating medical professionals and protecting the public health. Thus, Plaintiffs have failed to state a plausible claim.

D. First Amendment Challenges

Even if the ripeness and abstention doctrines did not create a barrier to judicial review and Plaintiffs had presented a plausible as-applied First Amendment challenge, this Court still could not grant them relief on their First Amendment claims.

As discussed above, the Commission may fully regulate professional conduct of physicians licensed to practice in this state. States may regulate professional conduct, even though that conduct incidentally involves speech. T*ingley v. Ferguson*, 47 F.4th 1055, 1074 (9th Cir. 2022). "[C]onduct may indicate unfitness to practice medicine if it raises reasonable concerns that the individual may abuse the status of being a physician in such a way as to harm members of the public, or if it lowers the standing of the medical profession in the public's eyes." *Haley v. Med. Disciplinary Bd.*, 117 Wash. 2d 720, 733 (1991). The Commission's regulation of medical professionals does not violate the First Amendment. Accordingly, Plaintiffs' First Amendment facial challenges or as-

applied challenges to the Commission's authority must fail.

As discussed in the preceding sections, the other Plaintiffs who are not subject to the Commission have also failed to articulate a First Amendment violation. The State has not prevented them from hearing what they want to hear. As such, Plaintiffs' First Amendment claims must be dismissed.

E. Due Process Challenges Fail

Plaintiffs contend that it violates their procedural and substantive due process rights that: (1) they cannot raise a constitutional challenge to the Washington Medical Commission's disciplinary rules until a state court reviews the proceedings; and (2) state courts have declined to enjoin their ongoing disciplinary proceedings. ECF No. 14 at ¶¶ 20-22, 62–71.

Numerous cases hold that "judicial review of state agency decisions provides a sufficient opportunity to raise federal claims, even when the state agency may not consider those claims in the first instance." *See e.g., Alsager v. Bd. of Osteopathic Med. & Surgery*, 573 Fed. App. 619, 620–21 (9th Cir. 2014). Plaintiffs have failed to show any due process violation. Plaintiffs' citation to certain cases are inapposite and do not apply to the issue before the Court. Plaintiffs' due process challenges therefore fail and must be dismissed.

F. Not Entitled to Preliminary Injunction

To prevail on their motion for a preliminary injunction, Plaintiffs must

demonstrate (1) a likelihood of success on the merits, (2) a likelihood of irreparable injury if the injunction does not issue, (3) that a balancing of the hardships weighs in their favor; and (4) that a preliminary injunction will advance the public interest. *Winter v. Natural Res. Def. Council*, 555 U.S. 7, 20 (2008) (citation omitted).

Plaintiffs have failed to satisfy the four prerequisites for a preliminary injunction, even if this Court had jurisdiction to proceed. The request for an injunction is therefore denied.

II. Amendment

Federal Rule of Civil Procedure 15(a) provides that "a party may amend its pleading only with the opposing party's written consent or the court's leave," which "[t]he court should freely give . . . when justice so requires." Fed. R. Civ. P. 15(a)(2). The Ninth Circuit has directed that this policy be applied with "extreme liberality." *Eminence Capital, LLC v. Aspeon, Inc.*, 316 F.3d 1048, 1051 (9th Cir. 2003) (citation omitted). In ruling upon a motion for leave to amend, a court must consider whether the moving party acted in bad faith or unduly delayed in seeking amendment, whether the opposing party would be prejudiced, whether an amendment would be futile, and whether the movant previously amended the pleading. *United States v. Corinthian Colleges*, 655 F.3d 984, 995 (9th Cir. 2011). "Absent prejudice, or a strong showing of any of the remaining [ ] factors, there

exists a *presumption* under Rule 15(a) in favor of granting leave to amend." *C.F. ex rel. Farnan v. Capistrano Unified Sch. Dist.*, 654 F.3d 975, 985 (9th Cir. 2011) (citation omitted) (emphasis in original).

Here, Plaintiffs' FAC fails to address any of the deficiencies identified by the Court. Additionally, further amendment would be futile given the stage of the underlying administrative proceedings. Therefore, Plaintiffs are not granted leave to amend, and the FAC must be dismissed with prejudice.

III. Attorneys' Fees

Defendants seek attorneys' fees under 42 U.S.C. § 1988(b). Under that statute, the court, in its discretion, may allow the prevailing party reasonable attorney's fee as part of the costs. But attorneys' fees should only be awarded to a prevailing defendant when the court finds that the plaintiffs' action "was frivolous, unreasonable, or without foundation, even though not brought in subjective bad faith." *Christiansburg Garment Co. v. EEOC*, 434 U.S. 412, 421 (1978). Here, the Court finds this lawsuit is unwarranted given the stage of the administrative proceedings, but does not find it frivolous, unreasonable, or without foundation.

Accordingly, attorneys' fees are denied.

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ACCORDINGLY, IT IS HEREBY ORDERED:

1. Plaintiffs' Motion for Preliminary Injunction, ECF No. 15, is **DENIED**. Plaintiffs' First Amended Complaint is dismissed with prejudice.

2. Defendants' Motion to Dismiss, ECF No. 17, is **GRANTED**.

The District Court Executive is directed to enter this Order, enter Judgment in favor of Defendants, furnish copies to counsel, and **CLOSE** the file.

DATED May 22, 2024.

THOMAS O. RICE
United States District Judge

RICHARD JAFFE, ESQ.
Pro hac vice admitted
428 J Street, 4th Floor
Sacramento, California 95814
Tel: 916-492-6038
Fax: 713-626-9420
Email: rickjaffeesquire@gmail.com

ROBERT F. KENNEDY JR., ESQ.
Pro hac vice admitted
48 Dewitt Mills. Rd.
Hurley, NY 12433
Tel: 845-481-2622

TODD S. RICHARDSON, ESQ.
Law Offices of Todd S Richardson, PLLC
604 Sixth Street
Clarkston, WA 99403
Tel: 509-758-3397
Fax: 509-758-3399
WSBA 30237
Attorneys for Plaintiffs

HON. THOMAS O. RICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

JOHN STOCKTON, RICHARD EGGLESTON, M.D., THOMAS T. SILER, M.D., DANIEL MOYNIHAN, M.D., CHILDREN'S HEALTH DEFENSE, a not-for-profit corporation, AND JOHN AND JANE DOES, M.Ds 1-50,
Plaintiffs,

v.

ROBERT FERGUSON, in his official capacity as Attorney General of the State of Washington, AND KYLE S. KARINEN, in his official capacity as Executive Director of the Washington Medical Commission
Defendants.

Case No: 2:24-cv-00071 TOR

FIRST AMENDED COMPLAINT

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

Pursuant to F.R.Civ.Pro. 15 (a) (1), Plaintiffs by their undersigned counsel allege against the Defendants as follows:

JURISDICTION AND VENUE

1. This is a 42 U.S.C. section 1983 civil rights action for which this Court has federal question jurisdiction under 28 U.S.C. section 1331. This Court has authority to grant the requested injunctive relief under 28 U.S.C. section 1343; the requested declaratory relief under 28 U.S.C. sections 2201 and 2202; and costs and attorneys' fees under 42 U.S.C. section 1988 (b).

2. Venue is proper in the federal Eastern District of Washington pursuant to 28 U.S.C. section 1391 (b) (2). Plaintiffs, John Stockton and Richard Eggleston, M.D. live in this district and as such, the First Amendment free speech restrictions and injury complained of in this lawsuit occurred in this District.

INTRODUCTION AND SUMMARY OF ACTION

3. Since declaring that it would sanction physicians who speak out against the mainstream Covid narrative in September 2021, the Washington Medical Commission ("Commission") has investigated, prosecuted and/or sanctioned as many as 60 physicians. These cases are at least in part based on what in First Amendment parlance is called pure or soapbox speech, meaning written or verbal communications to the public (as opposed to a physician's communications to an individual patient as part of a doctor/patient interaction).

4. There is no place for the government, under the guise of regulating physicians and protecting the public, to censure, restrict or sanction the content and viewpoint of the publicly expressed views of physicians on Covid or any other subject, just because the government does not like the message or thinks it is wrong.

5. Going back almost eighty years, every judge and Supreme Court justice who has written on professional soapbox speech has stated that it is fully protected by the First Amendment and/or said that it cannot be the subject of government regulation

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

or restriction.[1] Further, the public's protected First Amendment right to receive information is equally firmly affixed in the Constitutional firmament.[2]

6. The purpose of this lawsuit is to protect the right of physicians to speak, and the right of the public to hear their message. The goal is to stop the Commission from investigating, prosecuting or sanctioning physicians who speak out in public

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[1] [I]t is not the right, of the state to protect the public against false doctrine. The very purpose of the First Amendment is to foreclose public authority from assuming a guardianship of the public mind through regulating the press, speech, and religion. In this field every person must be his own watchman for truth, because the forefathers did not trust any government to separate the true from the false for us. (citation omitted) Nor would I. Very many are the interests which the state may protect against the practice of an occupation, very few are those it may assume to protect against the practice of propagandizing by speech or press. These are thereby left great range of freedom. * * *This liberty was not protected because the forefathers expected its use would always be agreeable to those in authority or that its exercise always would be wise, temperate, or useful to society. As I read their intentions, this liberty was protected because they knew of no other way by which free men could conduct representative democracy.

Thomas v. Collins, 323 U.S. 516, 545-46 (1945). (J. Jackson concurrence) which was quoted and restated in Justice White's concurrence in *Lowe v. SEC*,472 U.S. 181, 232, (1985). Justice White's opinion was cited with approval (among other authorities for the same principle) in *Pickup v. Brown*, 740 F.3d 1208, 1227 (9th Cir. 2014), *abrogated on other grounds* by *Nat'l Inst. of Family & Life Advocates v. Becerra*, 138 S. Ct. 2361 (2018) ("*NIFLA*").

[2] "It is well established that the right to hear — the right to receive information — is no less protected by the First Amendment than the right to speak. (citations omitted) Indeed, the right to hear and the right to speak are flip sides of the same coin. As Justice Brennan put it pithily, "It would be a barren marketplace of ideas that had only sellers and no buyers." *Conant v. Walters*, 309 F.3d 629, 643 (9th Cir. 2002).

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

against the so-called "mainstream Covid narrative," i.e., the succession of public health edicts put out by the CDC and repeated by the primary news outlets interviewing experts who reinforce this narrative and which has resulted in loss of public trust in the public health authorities, which has caused the CDC to repeatedly apologize and promise to do better.[3]

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[3] *See, e.g.*, Nicholas Florko, *Public trust in CDC, Fauci, and other top health officials is evaporating, poll finds*, STATNEWS.COM (Sept. 10, 2020), https://www.statnews.com/2020/09/10/trust-cdc-fauci-evaporating/ [Redfield]; Selena Simmons-Duffin, *Poll Finds Public Health Has A Trust Problem*, NPR.ORG, health (May 13, 2021), https://www.npr.org/2021/05/13/996331692/poll-finds-public-health-has-a-trust-problem [Walensky]; *The CDC is beholden to corporations and lost our trust. We need to start our own The People's CDC*, THEGUARDIAN.COM, opinion (Apr. 3, 2022), https://www.theguardian.com/commentisfree/2022/apr/03/peoples-cdc-covid-guidelines [Walensky]; *How to Make the CDC Matter Again*, BLOOMBERG.COM, Opinion (May 2, 2022) https://www.bloomberg.com/opinion/articles/2022-05-02/the-cdc-needs-reform-to-restore-public-trust-after-covid-19#xj4y7vzkg [Walensky]; Randy Aldridge, *CDC Announces Sweeping Changes to Restore Public Trust*, NORTH CAROLINA MEDICAL SOCIETY (Aug. 18, 2022), https://ncmedsoc.org/cdc-announces-sweeping-changes-to-restore-public-trust [Walensky]; Tina Reed, *Survey finds concern of political influence leads lack of trust in health agencies*, AXIOS.COM (May 7, 2023), https://www.axios.com/2023/03/07/trust-in-cdc-public-health-agencies ("too many conflicting recommendations"; "Private-sector influence on recommendations and policies" are the second and third most common reasons for lack of trust in the CDC) [Cohen]; NPR one year late, same tune: Sacha Pfeiffer, Megan Lim, Christopher Intagliata, *The new CDC director outlines 3 steps to rebuild trust with the public*, NPR.ORG (Aug. 2, 2023), https://www.npr.org/2023/08/02/1191302954/the-new-cdc-director-outlines-3-steps-to-rebuild-trust-with-the-public [Cohen]; Chelsea Cirruzzo,

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

7. Four years ago, the pandemic swept over us; it officially ended a year ago. Assuming arguendo that there had been a compelling state interest to justify censoring health care professionals who disagree with the public health authorities' Covid narrative during the pandemic, it ceased with the end of the pandemic.

8. We urge the Court to stop the Commission's widespread and systematic violation of the First Amendment rights of physicians and the public at large, as quickly as possible, in accordance with First Amendment procedural remedies, and then permanently, via permanent injunctive relief.

THE PARTIES

The Plaintiffs

9. Plaintiff John Stockton was born, raised, and educated locally. Except for an annual work-related relocation, he has spent his entire life in Spokane. He is actively involved in matters of public interest, and has been a vocal advocate against the mainstream Covid narrative. During the pandemic, he started co-hosting a podcast which deals with a wide variety of subjects, including Covid, health policy, the rights of individuals to make their own health and medical decisions, and sports.[4]

10. Plaintiff Stockton sues on his own behalf and advocates for all Washingtonians who share his belief that people have the First Amendment right to hear the public soapbox speech of Washington licensed physicians who disagree with the

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The CDC wants your trust back: It'll 'take time to rebuild,' POLITICO.COM (Sept. 16, 2023), https://www.politico.com/news/2023/09/16/cdc-director-public-trust-00116348 [Cohen].

[4] Plaintiff Stockton is a well-regarded Gonzaga basketball player, and followed that up with a 19-year NBA career as a point guard. He was elected to the Hall of Fame twice (once as an individual player and as part of the two Olympic Dream Teams). Although he retired more than 20 years ago, many of his NBA records still stand, including the most season assists and steals.

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mainstream Covid narrative. The actions of the Defendants directly effect, impinge and harm his First Amendment right to receive information from physicians like Plaintiffs Eggleston, Siler and Moynihan by the Defendants attempt to censor their public speech.

11. Plaintiff Richard Eggleston, M.D. is a retired ophthalmologist who resides in this district, in Clarkston, Washington. He is currently the subject of a Medical Commission administrative proceeding. He has been active in trying to assert his Constitutional rights: He was a plaintiff in a case in this district captioned *Wilkinson v. Ferguson*. He is also the plaintiff in an action captioned *Eggleston v. Washington Medical Commission* which is a Washington State constitutional challenge to the Commission's prosecution against him. (Described in more detail on page 13, footnote 8. *infra*).

12. Plaintiff Eggleston has standing to sue as a licensed physician currently being prosecuted by the Commission for the public dissemination of information contrary to the government approved Covid narrative. However, he also sues and has standing to sue as a Washington resident as his right to hear information from other Washington licensed physicians is being impaired by the Defendants' actions.

13. Plaintiff Thomas T. Siler, M.D. is a retired physician who is the subject of a Commission prosecution based on several posts which appeared on the internet in which he challenged aspects of the approved government Covid narrative, as described more fully *infra*. Dr. Siler sues as a physician under attack by the Defendants for expressing his protected First Amendment speech to the public. And like Plaintiff Eggleston, he also sues as a member of the public whose First Amendment right to hear the views of other Washington licensed physicians is being impaired and injured by the Defendants' actions in prosecuting physicians for their public speech.

14. Plaintiff Daniel Moynihan, M.D. is a licensed, retired board-certified Family Medicine physician who resides in southwest Washington. He is a volunteer for Plaintiff Children's Heath Defense, Washington Chapter. He is not currently being prosecuted for speaking out in public against the mainstream Covid narrative. However,

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the actions by the Commission chill his willingness to speak out in public on Covid and against the Commission-sanctioned narrative. Plaintiff asserts his standing rights to sue under the "hold your tongue and sue standing principle." Further, Defendants' prosecution of other physicians restricts his access to information about Covid from knowledgeable Washington licensed physicians, thereby infringing his First Amendment right to receive information, and in particular the information and opinions of Washington physicians like Plaintiffs Eggleston and Siler.

15. Plaintiffs John and Jane Does, MD are the other Washington licensed physicians who are currently the subject of Commission investigations and prosecutions in whole or in part based on their speaking out in public against the Commission-approved Covid narrative. Their names are unknown to Plaintiffs' counsel, but are known to the Defendants and discoverable or contactable pursuant to an appropriate court order.[5]

16. Plaintiff Children's Health Defense ("CHD") is a 501(c)(3) non-profit corporation whose mission is to end childhood health epidemics by working aggressively to eliminate harmful exposures, hold those responsible accountable, and to

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[5] Two caveats or limitations to the inclusion of the John and Jane Doe MDs should be noted. First, these plaintiffs do not include any physician against whom the Defendants have obtained a final order of discipline which has either not been appealed or for which the appeal has resolved or terminated. Second, for John and Jane Doe physicians whose statement of charges allege other professional misconduct (beyond the First Amendment issues raised in this case), Plaintiffs seek no relief regarding such other conduct, and this lawsuit does not impact the continued prosecution of these plaintiffs on matters unrelated to the First Amendment based charges. Upon information and belief, most of the Commission's cases fall in this category. The latest information Plaintiffs have is as of early to mid-2023, that there were approximately 60 prosecutions which include or may include a charge of Covid misinformation to the public.

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establish safeguards to prevent future harm. Its mission also includes advocating for medical freedom, bodily autonomy, and an individual's right to receive the best information available based on a physician's best judgment.

17. Among other things, CHD educates the public concerning the negative risk-benefit profile of the Covid shots for healthy children, which concerns have caused some countries (which have had the best pandemic response outcomes) to stop recommending Covid vaccination or boosters, or both, for healthy children (*see* recent recommendations of Denmark, Sweden, the UK, and the European Medicines Agency. *See, e.g.*, Leonhardt, D. (February 13, 2024). *Covid Shots for Children. Much of the world has decided that most young children don't need to receive Covid booster shots. The U.S. is an outlier*, https://www.nytimes.com/2024/02/13/briefing/covid-boosters-children-cdc.html.

18. CHD has a Washington chapter and it and CHD national have members and volunteers including Washington licensed physician Plaintiff Daniel Moynihan, MD who wish to speak out about in public about the latest studies about the Covid booster shots, as well as information about the off-label treatments for Covid. Among their members are Washington parents who want to receive objective, non-coerced information from physicians, including Washington licensed physicians about the risk profile of the Covid vaccines for the current boosters. CHD has approximately 2,000 members who live in the state of Washington.

19. Upon information and belief, the Commission's actions in prosecuting physicians for speaking out against the mainstream Covid narrative has a chilling effect and will dissuade many physicians from providing their candid opinions, which creates a risk of self-censorship significantly impairing the ability of CHD's physician members to provide such information, which will militate against CHD lay members in Washington from receiving such nonconforming opinions from their physicians. An actual and justiciable controversy exists therefore between Plaintiff CHD and Defendants.

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20. In addition, CHD Washington chapter is actively involved in protecting the rights of physicians to speak out against the approved Covid narrative. It has weekly meetings and interfaces with physicians under attack and their attorneys. It supports efforts to disseminate information which is not consistent with, not highlighted or suppressed by the medical authorities.[6] In addition, the Washington chapter acts as a clearing house for information and activities about the Commission which impact Washington residents who share the same outlook as CHD and its members.

21. Plaintiff CHD and its Washington chapter (which is not a separate legal entity) sue in its own capacity and on behalf of its constituent members residing in Washington who have been and will continue to be adversely affected by Defendants' actions.

22. CHD members would have standing to sue. The interests which CHD seeks to protect are germane to and go to the heart of CHD's purpose. Neither the claims asserted nor the relief requested requires the participation of CHD's individual members in this lawsuit.

23. To the best of CHD's knowledge, none of its Washington physician members are subject to investigation or prosecution by the Defendants for Covid misinformation to the public.

24. Finally, the above allegations about CHD national are substantially similar to the allegations made by CHD in a substantially similar First Amendment Covid misinformation case against the Medical Board of California. The district court held that those allegations satisfied standing requirements. *See Hoeg v. Newsom*, 2:22-cv-01980 WBS AC (E.D. Cal. Jan. 25, 2023) (pages 14-15).

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[6] *See, e.g.,* Children's Health Defense: Washington Chapter (January 26, 2024). *Vax Injury Recovery Protocols: A Success Story.* https://wa.childrenshealthdefense.org/an-informed-life-radio/vax-injury-recovery-protocols-a-success-story/.

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The Defendants

25. Defendant Robert Ferguson is the Washington Attorney General, and is being sued in his official capacity for declaratory and injunctive only. "As chief legal officer, the Attorney General leads a team of attorneys who represent state clients and the public interest as directed under state law." *Office Information*, WASHINGTON STATE OFFICE OF THE ATTORNEY GENERAL, https://www.atg.wa.gov/office-information#:~:text=As%20chief%20legal%20officer%2C%20the,as%20directed%20under%20state%20law.&text=The%20Office%20of%20the%20Attorney,the%20rights%20of%20its%20people. According to its website, "The Office of the Attorney General will provide excellent, independent, and ethical legal services to the State of Washington and protect the rights of its people."

26. Defendant Ferguson's office and by his staff attorneys represent the Commission in its prosecution of physicians in disciplinary cases. As such, the Defendant can effectuate any injunction sought and issued in this action, by stopping his legal staff from prosecuting physicians for their protected speech.

27. No compensatory damages are being sought from the Defendant, individually or in his official capacity, and there is no request for a jury trial as this case is for equitable relief only.

28. Kyle S. Karinen is the Commission's executive director and is being sued in his official capacity only for declaratory and injunctive relief, since he oversees the Commission's administrative staff, including the staff which investigates and charges physicians with misconduct. As such, the Defendant has the legal authority to effectuate an injunction sought and issued by this Court. No compensatory damages are being sought from this Defendant individually or in his official capacity.

FACTUAL BACKGROUND

Origins of The Nationwide and Washington Covid Misinformation Disciplinary Campaign

29. On July 21, 2021, the Federation of State Medical Boards (the

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"Federation")[7] issued the following press release:

> Physicians who generate and spread COVID-19 vaccine misinformation or disinformation are risking disciplinary action by state medical boards, including the suspension or revocation of their medical license. Due to the specialized knowledge and training, licensed physicians possess a high degree of public trust and therefore have a powerful platform in society, whether they recognize it or not. They also have an ethical and professional responsibility to practice medicine in the best interests of their patients and must share information that is factually, scientifically grounded and consensus driven for the betterment of public health. Spreading inaccurate COVID-19 vaccine information contradicts that responsibility, threatens to further erode public trust in the medical profession and thus puts all patients at risk.

FSMB: Spreading Covid-19 Vaccine Misinformation May Put Medical License At Risk, FEDERATION OF STATE MEDICAL BOARDS, News Releases (Jul. 29, 2021), https://www.fsmb.org/advocacy/news-releases/fsmb-spreading-covid-19-vaccine-misinformation-may-put-medical-license-at-risk/.

30. The Federation's press release was not accompanied by any kind of white paper or legal analysis which opined that a medical board could constitutionally sanction a licensee for speaking out in public on a matter of public importance, perhaps because for almost eighty years, justices of the Supreme Court and lower court judges, including in this federal circuit, have stated that such action by professional boards are unconstitutional. (*See* footnote 1 on page 3 *supra.*)

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[7] According to its website, "The Federation of State Medical Boards represents the state medical and osteopathic regulatory boards – commonly referred to as state medical boards – within the United States, its territories and the District of Columbia. It supports its member boards as they fulfill their mandate of protecting the public's health, safety and welfare through the proper licensing, disciplining, and regulation of physicians and, in most jurisdictions, other health care professionals." *About FSMB*, FEDERATION OF STATE MEDICAL BOARDS, https://www.fsmb.org/about-fsmb/.

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31. On September 22, 2021, the Commission voted to adopt a guidance policy similar but broader than the Federation's press release, suggesting that the Commission could discipline physicians for public information beyond Covid 19. That policy is still in effect as of the date of the filing of this action. *COVID-19 Misinformation*, WASHINGTON MEDICAL COMMISSION, https://wmc.wa.gov/sites/default/files/public/COVID-19/COVID-19%20Misinformation%20Position%20Statement.pdf (last accessed 3/6/24).

32. Upon information and belief, the Commission's adoption of its Covid misinformation policy was preceded by public hearing lasting approximately thirty minutes.

33. Upon information and belief, neither the Commission nor the Attorney General's office published any position paper, or explained in writing the other possible ways to remedy what it stated to be the need to meet its obligation to protect the public for what was described in the policy statement as Covid misinformation.

The Commission's Prosecution of Plaintiffs Eggleston and Siler

Plaintiff Eggleston case:

34. Plaintiff Richard Eggleston was a board-certified ophthalmologist until his retirement more than 10 years ago, but still maintains his Washington medical license.

35. In January 2021, Plaintiff entered a four-year contract with the *Lewiston Tribune* to provide a conservative-oriented monthly opinion column, for the nominal sum of $25.00 per column. Plaintiff writes on a variety subjects. However, in 2021 most of his columns dealt with Covid and the Government's response to the pandemic. Plaintiff Eggleston opposes Covid mandates, believes, and opines that the risk benefit profile is unfavorable for some subsets of the population. He advocated in favor of off-label treatments such as Ivermectin, and against the lockdowns. In his columns, he often cites government statistics and given his take or opinions on the meaning of those statistics. His opinions are at odds with what is published in the mainstream media.

36. In fact, it was the purpose and objective of the publisher of the paper for

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Plaintiff to express his more conservative viewpoint to the paper's readership.

37. In or about late 2021, the Commission commenced an investigation concerning his opinion pieces and asked him to explain his views. He did so and related other of his opinions about the pandemic.

38. On August 4, 2022, the Commission charged Plaintiff with professional misconduct based on his opinion pieces published in the *Lewiston Tribune*, on the stated grounds that they constitute a violation of RCW 18.130. 180 (1) as an act of "moral turpitude, dishonesty, or corruption relating to the person's profession…." (13) Misrepresentation or fraud in any aspect of the conduct of the business of profession." and (18) "interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplinary authority or its authorized representations…." The latter charge is based on Plaintiff's statements that he made in response to the Commission's request that he provide a response and justification for the positions he took in his opinion articles.[8]

39. By mutual agreement with the publisher of the *Lewiston Tribune*, after the Commission filed its statement of charges against him, Dr. Eggleston agreed to only

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[8] The Commission's hearing was scheduled to commence on May 23, 2023. However, after an Asotin County superior court denied Eggleston's motion for a preliminary injunction (*Eggleston v. Washington Medical Commission*, 23-0006902), a state appellate court commissioner stayed the hearing pending determination of the appealability of the superior court's denial of a preliminary injunction to enjoin the hearing. However, the case is being returned to the Superior Court after the appellate court panel overturned the appellate court commissioner's determination that the case was amenable to discretionary review. (*Eggleston v. WMC,* Cause No. 397319). As of the date of the filing of this complaint, the state court action is pending. However, the state court case only contains a claim for relief under the Washington state Constitution's Free Speech clause.

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write rebuttals to other editorials about Covid. *See, e.g.*, his opinion pieces from January 2021, until February 2024: https://www.lmtribune.com/search/?f=html&q=richard+eggleston&s=start_time&sd=desc&l=25&t=article%2Ccollection%2Cvideo%2Cyoutube&nsa=eedition.

40. The Commission's prosecution of him for the content and viewpoint of his opinion pieces has directly and irreparably injured his First Amendment free speech rights, as well as the First Amendment rights of the other Plaintiffs and all Washington residents who may want to read, but no longer have unfettered access to Plaintiff Eggleston's information and opinions on Covid health policy, the safety and efficacy of off-label drugs, as well as the harm caused by lockdowns.

Plaintiff Siler's Case:

41. Plaintiff Thomas T. Siler M.D. is a retired Washington physician.[9] From February to October 2021, he wrote a series of posts in AmericanThinker.com, ("AT") which is self-described as a "community for the civil and thoughtful discussion of issues. AT is not a chatroom; it is a discussion forum."

42. Dr. Siler's posts were about Covid, and the safety and efficacy of the mRNA shots (A Doctor's View about the New mRNA vaccine," February 15, 2021), ("What Questions Must We Ask About Vaccination for Children" 10/26/2021), and the efficacy of PCR testing. He also questioned the Covid narrative core principle, that the recommendations put out by the CDC were evidence based. (Plaintiff Siler's post can be found at: https://www.americanthinker.com/author/thomassiler/.)

43. Based on these discussion forum posts, the Commission investigated him. On October 23, 2023, he was charged him with professional misconduct under RCW

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[9] Dr. Siler had been board certified in internal medicine for several decades. However, his board certification was removed for Covid misinformation by the private certifying American Board of Internal Medicine, whose actions are not constrained by the First Amendment as the Defendants actions are.

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18.130. 180 (1) ("any act involving moral turpitude, dishonesty, or corruption relating the practice of the person's profession…." And (13) "Misrepresentation or fraud in any aspect of the conduct of the business or profession." The statement of charges alleges that some statements in these posts were made "reckless disregard of the truth that promulgated misinformation regarding the SARS-CoV-2 virus and treatments for the virus" (Statement of charges, page 1 para 1.5).

44. Upon information and belief, there is no Washington statute or code section which creates a physician disciplinable offense for recklessly disregarding the "truth" in a physician's public speech. The Commission may have borrowed the phrase from the heightened burden of proof for the civil defamation of a public figure.

FIRST CLAIM FOR RELIEF

ALL PLAINTIFFS' REQUEST FOR A DECLARATORY JUDGMENT THAT DEFENDANTS' FUTURE INVESTIGATIONS, PROSECUTIONS AND SANCTIONING OF PHYSICIANS FOR THEIR PUBLIC/SOAPBOX SPEECH AGAINST THE PUBLIC HEALTH NARRATIVE VIOLATES THEIR FIRST AMENDMENT RIGHT TO ACCESS THE PROTECTED SPEECH OF WASHINGTON PHYSICIANS, AND IS SUBJECT TO INJUNCTIVE RELIEF

45. Plaintiffs repeat and reallege the foregoing allegations.

46. The First Amendment provides in relevant part: "Congress shall make no law... abridging the freedom of speech." The First Amendment applies to actions by state agencies such as the Boards via the Fourteenth Amendment.

47. Along with the right to free speech is the right of citizens hear protected speech. All Plaintiffs have the right hear the views of any Washington licensed physician who may choose to speak out against the public health Covid narrative, and who because of that speech, may be investigated, prosecuted, or sanctioned by the Defendants.

48. The loss of that access to protected speech would be an injury in fact, caused by the Defendants and redressable by the Courts.

49. The history of the Defendants' prosecutions of physicians who spoke out

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against the public health narrative including the prosecution of Plaintiffs Eggleston and Siler, and the continued prosecution of doctors despite the end of the pandemic, creates an actual threat to Plaintiffs' First Amendment rights to receive information.

50. Accordingly, Plaintiffs request injunctive relief barring the Defendants from commencing any future investigation or prosecution of physicians based on the physicians' public/soapbox speech.

SECOND CLAIM FOR RELIEF

ALL PLAINTIFFS' REQUEST FOR A DECLARATORY JUDGMENT THAT DEFENDANTS' CURRENT INVESTIGATIONS, PROSECUTIONS AND SANCTIONING OF PHYSICIANS FOR THEIR PUBLIC/SOAPBOX SPEECH AGAINST THE PUBLIC HEALTH NARRATIVE VIOLATES THEIR FIRST AMENDMENT TO SPEAK AND THE RIGHT TO ACCESS THE PROTECTED SPEECH OF WASHINGTON PHYSICIANS, AND IS SUBJECT TO INJUNCTIVE RELIEF

51. Plaintiffs repeat and reallege the foregoing allegations.

52. The individual physician plaintiffs and the Washington licensed physician members of organizational Plaintiffs CHD (including its Washington chapter), have a First Amendment right to express their views and criticisms of the mainstream Covid narrative to the public.

53. The Defendants' investigation, prosecution, and sanctioning of physicians disseminating for so-called "Covid misinformation" to the public via the guise/pretext/transformation of protected speech into professional acts of moral turpitude, fraud or misrepresentation violates the First Amendment rights of physicians.

54. The Commission's tactic of transforming protected speech into medical board regulatable professional conduct is simply the latest iteration of the "professional speech doctrine" which has been rejected by the Supreme Court in *Nat'l Inst. Advocates & Life Advocates v. Becerra* ("*NIFLA*") 138 S. Ct. 2361, 2371-2373 (2018).

55. The Defendants' actions also violate the long judicially acknowledged rights of all Plaintiffs to receive this First Amendment protected information from physicians.

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The alleged First Amendment violations are subject to the Court's strict scrutiny because they are both content and viewpoint based. Assuming arguendo, (if not counterfactually), there had been a compelling state interest to restrict physician soapbox speech, that compelling interest expired with the declared the end of the pandemic and the termination of the emergency status by the states. There is no evidence that Defendants or the Commission members considered and rejected other less invasive methods to achieve its stated goal of protecting the public. Based on the foregoing, the actions of the Defendants complained of herein violate the Plaintiffs' First Amendment rights and justify the relief requested.

56. Finally, Plaintiffs allege that based on Circuit authority, including a recent case in which Defendant Ferguson was a party, the actions of the Defendants in prosecuting physicians for their public/soap box speech are "flagrantly unconstitutional," thereby nullifying any jurisprudential comity abstention consideration that might otherwise apply. See *Tingley v. Ferguson*, 47 F.4th 1055, 1072-73 (9th Cir. 2022)[10]. *Pickup v. Brown*, s*upra* 740 F.3d at 1227-1228 cites with approval many examples in which courts and a commentor said that the government simply cannot regulate the public speech of physicians even if it the speech is contrary to the views of the medical establishment. This is the essence of what the Defendants are alleging in these Covid misinformation prosecutions, dressed-up in "moral turpitude" and "misrepresentation" negative descriptors. But they are all just the same type of disagreements among professionals which every court has said is not within the Constitutional authority of the medical boards. A close examination of the specific and extensive language from *Pickup* clearly shows that the Defendants actions are flagrantly unconstitutional.[11]

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[10] "[in *Pickup v Brown*] We held that "public dialogue" by a professional is at one end of the continuum and receives the greatest First Amendment protection. *Id.*

[11] "At one end of the continuum, where a professional is engaged in a public

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dialogue, First Amendment protection is at its greatest. Thus, for example, a doctor who publicly advocates a treatment that the medical establishment considers outside the mainstream, or even dangerous, is entitled to robust protection under the First Amendment—just as any person is—even though the state has the power to regulate medicine. *See Lowe v. SEC,*472 U.S. 181, 232, 105 S.Ct. 2557, 86 L.Ed.2d 130 (1985) (White, J., concurring) "Where the personal nexus between professional and client does not exist, and a speaker does not purport to be exercising judgment on behalf of any particular individual with whose circumstances he is directly acquainted, government regulation ceases to function as legitimate regulation of professional practice with only incidental impact on speech; it becomes regulation of speaking or publishing as such, subject to the First Amendment's command that 'Congress shall make no law ... abridging the freedom of speech, or of the press.' "); Robert Post, *Informed Consent to Abortion: A First Amendment Analysis of Compelled Physician Speech,* 2007 U. Ill. L.Rev. 939, 949 (2007) ("When a physician speaks to the public, his opinions cannot be censored and suppressed, even if they are at odds with preponderant opinion within the medical establishment."); *cf. Bailey v. Huggins Diagnostic & Rehab. Ctr., Inc.,*952 P.2d 768, 773 (Colo.Ct.App.1997) (holding that the First Amendment does not permit a court to hold a dentist liable for statements published in a book or made during a news program, even when those statements are contrary to the opinion of the medical establishment). That principle makes sense because communicating to the *public* on matters of *public concern* lies at the core of First Amendment values. *See, e.g., Snyder v. Phelps,* —— U.S. ——, 131 S.Ct. 1207, 1215, 179 L.Ed.2d 172 (2011) ("Speech on matters of public concern is at the heart of the First Amendment's protection." (internal quotation markets, brackets, and ellipsis omitted)). Thus, outside the doctor-patient relationship, doctors are constitutionally equivalent to soapbox orators and pamphleteers, and their speech receives robust protection under the First Amendment."

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57. Based on *Tingley* and *Pickup,* the Defendants should be deemed to be on notice that their attempts to sanction public speech are flagrantly unconstitutional. However, the history showing the flagrant unconstitutionality of Defendants actions goes all the way back to Justice Jackson's 1945 opinion in *Thomas v. Collins* (quoted at page 3 footnote 1 *supra*), through Justice White in *SEC v Lowe* (quoted at page 18 footnote 11) forty years later, restated in cases and a commentator from the 1990's onwards, to *Pickup* and *Tingley*.

58. In sum, for almost eighty years the courts have told government officials that they cannot regulate the public/soapbox speech of professions because of the First Amendment. Less than two years ago, the Ninth Circuit delivered the same message to the Defendants. Their failure to heed that message by continuing to prosecute physicians by mischaracterizing professional disagreements during a rapidly evolving pandemic, and even after pandemic ended, as a matter of law constitutes flagrant unconstitutional action on their part, rendering deference, comity, and abstention unwarranted.

THIRD CLAIM FOR RELIEF

ALL PLAINTIFFS REQUEST FOR A DECLARATORY JUDGMENT THAT RCW 18.130.180 (1) AND (13) ARE FACIALLY UNCONSTITUTIONALLY, OVERBROAD AND/OR UNCONSTITUTIONALLY VAGUE, AND SUBJECT TO INJUNCTIVE RELIEF

59. Plaintiffs repeat and reallege the foregoing allegations.

60. The Defendants claim to have the statutory authority to reach Plaintiffs' (and all the Commission's licensees') pure/soapbox speech based on RCW 18.130.180 (1) which provides it jurisdiction over an act of "moral turpitude, dishonesty, or corruption relating to the person's profession…" and (13) "Misrepresentation or fraud in any aspect of the conduct of the business or profession." Meaning that a licensee's expressing opinions about Covid, or asserting facts which the Commission decides are untrue is an act of moral turpitude, dishonesty, corruption, or fraud in the conduct of the business or profession.

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61. Defendants' interpretation of RCW 18.130.180 is unconstitutionally overbroad, vague, or is facially unconstitutional, insofar as it reaches fully protected speech which is either a *per se* violation of the First Amendment, or fails strict scrutiny. Plaintiffs seek a declaratory judgment and a preliminary and permanent injunction based on overbreadth principles in that the Defendants are unconstitutionally regulating fully protected speech which renders the purported statutory justification either facially unconstitutional, overbroad, or unconstitutionally vague under Ninth Circuit authority. *California Teachers Ass'n v. St. Bd. of Educ*, 271 F.3d 1141, 1149 (9th Cir. 2001), *Foti v. City of Menlo Park,* 146 F.3d 629, 10 (9th Cir. 1998) and *United States v. Wunsch,* 84 F.3d 1110 (9th Cir. 1996).

FOURTH CLAIM FOR RELIEF

PLAINTIFFS EGGLESTON, SILER, AND MOYNIHAN REQUEST FOR A DECLARATORY JUDGEMENT THAT THE COMMISSION'S INTERPRETATION OF ITS LAWS (RCW 7.24.146, 34.05 ET SEC AND WAC 246-11-480) VIOLATE THEIR FIFTH AND FOURTEENTH AMENDMENT DUE PROCESS RIGHTS AND REQUEST FOR INJUNCTIVE RELIEF

62. Plaintiffs Eggleston, Siler and Moynihan repeat and reallege the foregoing allegations.

63. Based on the litigation in *Eggleston v. Washington Medical Commission*, ("WMC") Defendants assert that under Washington law, there is no pre-administrative hearing recourse to remedy the Commission's alleged violation of the physicians' free speech rights.

64. Specifically, Defendants argue that 1. Washington law does not permit a respondent in an administrative proceeding to file a declaratory judgment action under RCW 7.24.145, during the pendency of a Medical Commission administrative proceeding, 2. An administrative law judge in an RCW 34.05 *et. seq*. hearing does not have the statutory authority to rule on the constitutionality of an administrative agency's action under WAC 246-11-480 (4), and 3. The only recourse a physician has is to raise a

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constitutional claim after the administrative action is final and in an appeal in a superior court, notwithstanding the fact that Washington law provides an exception to the failure to exhaust administrative remedies per RCW 34.05. 534 (c)(1)-(3).

65. Assuming arguendo that the Defendants' interpretation of the above statutes and regulation is correct, those laws and rule violate the federal procedural and substantive due process rights of Plaintiffs Eggleston, Siler, Moynihan, and all Washington physicians.

66. Plaintiffs' First Amendment rights of free soapbox speech is a fundamental right. Free speech jurisprudence holds that the government's likely violation of First Amendment rights constitutes irreparable injury, even for a short period of time, and is curable via a federal court preliminary injunction. *Elrod v. Burns*, 427 U.S. 347, 373 (1976); *S.O.C., Inc. v. County of Clark*, 152 F.3d. 1136, 1148 (9th Cir. 1998).

67. State preliminary injunction jurisprudence (*Beauregard v. Wash. State Bar Ass'n,* 197 Wash.2d 67, 72, 480 P.3d 410, 414 (Wash. 2021) does not recognize, and in fact is inconsistent with the expeditious hearing and cessation of likely governmental First Amendment violations as established by *Elrod* and other federal cases.[12]

68. First Amendment substantive rights and the process for protecting those rights allow and indeed require that upon the requisite showing of a First Amendment violation, the government infringement should be immediately enjoined pending a final decision on the merits.

69. The state is not free to continue to violate Plaintiff physicians' fundamental rights by requiring the physician to justify his/her protected speech in a state

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[12] "A party seeking preliminary injunctive relief must establish (1) a clear legal or equitable right, (2) a well-grounded fear of immediate invasion of that right, and (3) that the acts complained of either have or will result in actual and substantial injury. (Citations omitted.)" *Beauregard v. Wash. State Bar Ass'n*, 197 Wash.2d at 72, 480 P.3d at 414 (Wash. 2021).

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

administrative proceeding, thereby delaying the vindication of these rights until after the state has adjudicated what it has no right to judge. [13]

70. Accordingly, the state court statutes and state preliminary injunction requirements, as interpreted by the Defendants, violate procedural and substantive due process. The Defendants' actions also run afoul of the spirit if not the letter of pre-administrative hearing access to the courts that raise fundamental constitutional issues, per *Axon Enterprises v. FTC*, 143 S. Ct. 890 (2023).[14]

71. The individual physician plaintiffs seek declaratory relief, as well as preliminary and permanent injunctive relief based on the state law and state actions which violate the substantive and procedural due process rights of these Plaintiffs.

REQUEST FOR RELIEF

WHEREFORE Plaintiffs seek judgment as follows:

1. A declaration that the Defendants' future investigation, prosecution, and

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[13] Pure speech does not lose its protection based on the allegation that it is false or misleading or even if it is false. *United States v. Alvarez*, 567 U.S. 709 (2012).

[12] The *Axon* decision addressed the same basic problem as in this claim, namely the adjudication of a fundamental claim against an agency that only provides for consideration of that claim after the conclusion of the administrative process.

> And—here is the rub—it is impossible to remedy once the proceeding is over, which is when appellate review kicks in. Suppose a court of appeals agrees with Axon, on review of an adverse FTC decision, that ALJ-led proceedings violate the separation of powers. The court could of course vacate the FTC's order. But Axon's separation-of-powers claim is not about that order; indeed, Axon would have the same claim had it won before the agency. The claim, again, is about subjection to an illegitimate proceeding, led by an illegitimate decisionmaker. And as to that grievance, the court of appeals can do nothing: A proceeding that has already happened cannot be undone. Judicial review of Axon's (and Cochran's) structural constitutional claims would come too late to be meaningful.

Id. at 903-04.

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

sanctioning Washington physicians based on the physician's public/soapbox speech about the subject and viewpoint concerning Covid which is not consistent with the approved Covid narrative violates the rights of the Plaintiffs to hear dissenting information. All Plaintiffs seek preliminary and permanent injunctive relief barring the Defendants from commencing any future investigation or prosecution of a physician based on the physician's protected speech to the public.

2. A declaration that the Defendants' current investigations, prosecutions, and sanctioning of Washington physicians based on the physician's public/soapbox speech about the subject and viewpoint concerning Covid which is not consistent with the approved Covid narrative violates physicians' First Amendment rights of public speech, as well as the rights of the Plaintiffs to hear the dissenting information from physicians. All Plaintiffs seek preliminary and permanent injunctive relief barring the Defendants from continuing all current investigations and prosecutions, of physicians based on the physicians' protected speech to the public.

3. A declaration that the Defendants' interpretation of RCW 18.130.180 violates the First Amendment free speech rights of physicians and their listeners, and is unconstitutionally overbroad, subject to facial challenge and/or is unconstitutionally vague, and appropriate injunctive relief.

4. The physician Plaintiffs seek a declaration that the Defendants' interpretation of the Commission's statutes violates the substantive and procedural due process rights of Washington licensed physicians, and request preliminary and permanent injunctive relief enjoining all Commission investigations, prosecutions and sanctioning based on the physician's protected speech.

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RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

5. Attorneys' fees as allowed by law, and such other and further relief as the Court deems just and proper.

Dated: April 9, 2024

Respectfully submitted,

/s/Richard Jaffe

RICHARD JAFFE, ESQ.
Pro hac vice admitted
428 J Street, 4th Floor
Sacramento, California 95814
Tel: 916-492-6038
Fax: 713-626-9420
Email: rickjaffeesquire@gmail.com

/s/Robert F. Kennedy, Jr.
ROBERT F. KENNEDY JR., ESQ.
Subject to pro hac vice admission
48 Dewitt Mills. Rd.
Hurley, NY 12433
Tel: 845-481-2622

/s/Todd S. Richardson
TODD S. RICHARDSON, ESQ.
LAW OFFICES OF TODD S. RICHARDSON, PLLC
604 Sixth Street
Clarkston, WA 99403
Tel: 509-758-3397
Fax: 509-758-3399
WSBA 30237
Attorneys for the Plaintiffs

CERTIFICATE OF SERVICE

I hereby certify that on this 9th day of April, 2024 I electronically filed this Plaintiffs' First Amended Complaint in the Eastern District of Washington CM/ECF system which will send notification of such filing to all parties who are registered with the CM/ECF system.

DATED this 9th day of April, 2024

Richard Jaffe

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

RICHARD JAFFE, ESQ.
Pro hac vice admitted
428 J Street, 4th Floor
Sacramento, California 95814
Tel: 916-492-6038
Fax: 713-626-9420
Email: rickjaffeesquire@gmail.com

ROBERT F. KENNEDY JR., ESQ.
Pro hac vice admitted
48 Dewitt Mills. Rd.
Hurley, NY 12433
Tel: 845-481-2622

TODD S. RICHARDSON, ESQ.
Law Offices of Todd S Richardson, PLLC
604 Sixth Street
Clarkston, WA 99403
Tel: 509-758-3397
Fax: 509-758-3399
WSBA 30237
Attorneys for Plaintiffs

HON. THOMAS O. RICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

JOHN STOCKTON, RICHARD EGGLESTON, M.D., THOMAS T. SILER, M.D., DANIEL MOYNIHAN, M.D., CHILDREN'S HEALTH DEFENSE, a not-for-profit corporation, AND JOHN AND JANE DOES, M.Ds 1-50,
Plaintiffs,

v.

ROBERT FERGUSON, in his official capacity as Attorney General of the State of Washington, AND KYLE S. KARINEN, in his official capacity as Executive Director of the Washington Medical Commission,
Defendants.

Case No: 2:24-cv-00071 TOR

DECLARATION OF JOHN STOCKTON

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

John Stockton declares under penalties of perjury as follows:

1. I have been a resident of Washington State for 62 years. I make this declaration based on my personal knowledge.
2. I am a plaintiff in this case. This information about me in the First Amended Complaint is true and correct. I submit this declaration to add information and context about me and my involvement in this case.
3. My Mom and sister were both nurses, so I grew up in a medical environment where we trusted our doctors, took medications as prescribed and followed the vaccine schedule at the time. With my own children, we followed the same pattern with one exception: I was introduced to a number of physicians of multiple disciplines while playing professional basketball for the Utah Jazz of the NBA. Their viewpoints and talents allowed and propelled me to one of the longest and healthiest careers in NBA history. I didn't miss a game in 17 seasons of roughly 100 grueling games. I missed around 18 games one season for a surgery, and 4 more in another season. Two of those games were because I got the flu and spent a night or two in a Charlotte NC hospital. That season, I had received the flu vaccine.
4. I had just recently began learning about alternative medicine, like chiropractic, naturopathy, acupuncture, etc. as it was employed by our team trainer at the time. My initial reluctance wavered over time as I saw the healing power of the human body. I saw remarkable results, healing from ankle and back sprains and tendonitis in hours instead of weeks. Family members healed overnight from health issues that medicines were unable to resolve. So, when our Chiropractor suggested that "maybe I should consider not vaccinating my children," I reluctantly listened. We still followed the prescribed schedule until one of our children was harmed noticeably by vaccines.

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

5. A pattern was emerging. I contracted the flu despite the vaccine. My child was hurt because of the vaccine. Maybe there was some truth in our Chiropractor's words. I spent a lot of time over the next 30 years reading books, paying attention, and asking questions. To find the truth, I used a mosaic approach seeking data, anecdotal information, personal experience, common-sense and contrary indicators.
6. For data, you need to look no further than Pfizer's own report that acknowledges more than 42,000 adverse events for the Covid 19 shots and 1,200 deaths in only 3 months of their own study, yet the CDC, FDA, AMA, WHO all insisted on the mandate and the shots being safe and effective. An illustration of how difficult it is to get any information of this kind is the fact that they petitioned the courts to have this report buried for 75 years.
7. Anecdotally, I have heard hundreds of horrible stories from real individuals, or their families of permanent physical and mental injuries, or even death. We have all heard these stories that are dismissed by the same experts.
8. Some personal experiences I have already covered, but should add that in recent years, my aging father went into Sepsis, a severe blood infection, within 4 days of receiving the flu shot, highly recommended by all medical institutions. This happened 3 years in a row before we stopped the shots.
9. It doesn't make much sense to continue trusting a system that is habitually wrong to the detriment of their patients. Knowing the harm caused, the negative efficacy and the censorship of information, Ken Ruettgers and I started doing podcasts called Voices for Medical Freedom to try to spread the truth and maintain our rights for bodily autonomy. We are duty bound to try to share valuable information to our listeners. We have been banned from You tube several times for information shared by our guests. Some of it gleaned from the CDC's own site.

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

I have often expressed my opposition to the medical commission's actions against Doc Eggleston and the other docs being prosecuted for Covid misinformation.

11. I have also encountered significant reluctance from many physicians from talking about Covid publicly, and specifically on our podcast for fear of becoming a target of the Washington State Medical Commission and other Washington state entities.

12. I strongly believe that all Washingtonians, and all Americans, myself included, have the right to hear information and opinions put out by brilliant and courageous doctors like Dr. Eggleston.

13. It was explained to me that one of the main purposes of this lawsuit was to protect the right of the public to hear dissident information from physicians who do not agree with mainstream narrative which is mostly what is presented by most media companies. Nowhere else (other than New Zealand) do they allow Pharma to have so much power on the media through advertising.

14. Based on my deeply held beliefs, and my desire to help protect the right of Washingtonians to hear the information and opinions of doctors like Doctor Eggleston, I agreed to be listed as plaintiff.

15. I think the Medical Commission and the State of Washington need to stand up for the health and wellness of their patients instead of harassing good people who speak the truth.

Dated: April 4, 2024

JOHN STOCKTON

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

RICHARD JAFFE, ESQ.
Pro hac vice admitted
428 J Street, 4th Floor
Sacramento, California 95814
Tel: 916-492-6038
Fax: 713-626-9420
Email: rickjaffeesquire@gmail.com

ROBERT F. KENNEDY JR., ESQ.
Pro hac vice admitted
48 Dewitt Mills. Rd.
Hurley, NY 12433
Tel: 845-481-2622

TODD S. RICHARDSON, ESQ.
Law Offices of Todd S Richardson, PLLC
604 Sixth Street
Clarkston, WA 99403
Tel: 509-758-3397
Fax: 509-758-3399
WSBA 30237
Attorneys for Plaintiffs

HON. THOMAS O. RICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

JOHN STOCKTON, RICHARD EGGLESTON, M.D., THOMAS T. SILER, M.D., DANIEL MOYNIHAN, M.D., CHILDREN'S HEALTH DEFENSE, a not-for-profit corporation, AND JOHN AND JANE DOES, M.Ds 1-50,
Plaintiffs,

v.

ROBERT FERGUSON, in his official capacity as Attorney General of the State of Washington, AND KYLE S. KARINEN, in his official capacity as Executive Director of the Washington Medical Commission
Defendants.

Case No: 2:24-cv-00071 TOR

DECLARATION OF RICHARD EGGLESTON, M.D.

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

Richard J. Eggleston, declares under penalties of perjury as follows:

1. I am an adult citizen of Washington State, over the age of eighteen years, am competent to testify, and hereby make this declaration of my personal knowledge.
2. I am a Plaintiff in this case and I submit this Declaration in support of our Motion for a Preliminary Injunction.
3. The information about me in the First Amended Complaint is true and correct.
4. In addition to claiming constitutional protections for my speech, I wish to assert my rights to receive information from other Washington licensed physicians who wish to speak out against what we have described as the mainstream Covid narrative.
5. I was particularly heartened to review the declaration of Sanjay Verma, M.D. which declaration makes many of the points that I made in my *Lewiston Tribune* opinion pieces which are the basis of the Commission's case against me, or which I believe and have advocated.
6. I have long advocated that there was no scientific basis to the widely promoted claim that the Covid shots prevent infection in others. I note that Section C at pages 15-17 makes the same point.
7. I have also made the point that different countries have much different approaches to vaccines, like the fact they are not routinely administered to healthy children. Dr. Verma makes the same comparative public health and outcome result comparisons that I have made in my articles. Verma Declaration at pages 5-6.
8. I have also warned about the Covid shot's risk of Cardiovascular complications, also stated, and sourced in the Verma Declaration. (B, pages 7-15).

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

9. I also expressed concerns about the wanning efficacy of the vaccines, as has Dr. Verma. (II, pages, 17-19).

10. I have written about the lack of scientific evidence behind the mask mandate, as has Dr. Verma, (E, pages 20-24).

11. I was charged with Covid misinformation for my views about Ivermectin in part because the FDA recommended against it calling the drug in a PR campaign "horse dewormer" and basically raising alarms over the drug despite it having been administered to tens if not several hundred million times in humans.

12. Not long ago, a federal circuit court found that the FDA had no authority to recommend or not recommend the drug for Covid. Here is a newspaper article on the decision. https://www.courthousenews.com/fifth-circuit-sides-with-ivermectin-prescribing-doctors-in-their-quarrel-with-the-fda/#:~:text=AppealsFifth%20Circuit%20sides%20with%20ivermectin%2Dprescribing%20doctors%20in%20their%20quarrel,%2C%E2%80%9D%20the%20Fifth%20Circuit%20said.

13. The lawsuit was recently settled, and although the FDA did not admit that it did anything wrong, it did agree to remove from its website, among other things, all the horse dewormer and "You are not a horse" PR nonsense from its website. Here is an article explaining the settlement. https://www.cnn.com/2024/03/27/health/fda-ivermectin-lawsuit/index.html

Attached to this declaration is the stipulation of dismissal showing the parts of the FDA's website which will be removed.

14. I would also point out that public health officials have admitted that they mislead the public about the scientific support for some of their recommendations.

15. For example. Dr. Fauci has admitted that there was never any scientific support for the 6-foot distancing

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

recommendation. They just made it up! https://www.wsj.com/articles/anthony-fauci-covid-social-distancing-six-feet-rule-house-subcommittee-hearing-44289850

16. I would point out to the Court that based on the Commission's interpretation of its statutes, my providing this declaration which expresses my disagreement with the mainstream Covid narrative could subject me to further charges of moral turpitude and misrepresentations to the public. However, Dr. Verma would not be subject to the same charges because, based on my understanding of California law (as explained in Attorney Greg Glaser's declaration), California does not prosecute doctors for their speech to the public because California realized that it would be unconstitutional to do so (and Dr. Verma is not licensed in Washington).

17. You can see the clear double-standard: Verma may speak, but I get prosecuted. That is not the American standard I fought for while serving in the United States Army. The Equal Protection clause is supposed to mean that the same Constitutional protections that protect Dr. Verma should apply to me.

18. Sadly, the State of Washington, and the Washington Medical Commission disagree. I need this Court to step in and protect me, and others like me, from an administrative agency that apparently believes it is beyond the reach of our Constitution. As a veteran, as a doctor, and as an American citizen, I should be entitled to the "robust protection" of my free speech rights and be protected from an agency that fears dissent and is willing to abuse its power to silence me. That is the essence what I and the other plaintiffs are asking to Court to do: protect our constitutional rights.

19. In closing, since I first received Commission's notice about a complaint against my newspaper opinion writing, I have had a layman's sense that the Commission had no business investigating my publicly expressed criticisms of the public health response to Covid. In reviewing the papers, it appears that for over 75

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

criticisms of the public health response to Covid. In reviewing the papers, it appears that for over 75 years the federal courts, including the U.S. Supreme Court, especially Justices Robert Jackson and Byron White have vigorously upheld the right of professionals to speak out in public without fear of government sanction, even if the message is factually wrong.

20. I also learned that two years ago, the circuit court specifically told Attorney General Ferguson that the First Amendment offers robust protection to my articles, and yet he has allowed his staff and the Medical Commission to continue to prosecute me, Dr. Siler and apparently many other physicians in defiance of this long tradition and recent specific admonition.

21. According to its job description, "The Office of the Attorney General will provide excellent, independent, and ethical legal services to the State of Washington and protect the rights of its people." (First Amended Compliant at page 10, para. 24). Based on my sense of justice, and my perhaps limited understanding of the law, the Office of the Attorney General is providing none of the above by its flagrant violation of Washingtonians' First Amendment rights to speak and to listen. We ask the Court to stop the violation forthwith.

Dated: April 8, 2024

Richard Eggleston, M.D.

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
GALVESTON DIVISION

MARY TALLEY BOWDEN, Plaintiff, v. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, *et al.*, Defendants.	Case No. 3:22-cv-184 JUDGE JEFFREY V. BROWN

STIPULATION OF DISMISSAL

Pursuant to Federal Rule of Civil Procedure 41(a)(1)(A)(ii), Plaintiffs Robert L. Apter; Mary Talley Bowden; and Paul E. Marik,[1] and Defendants U.S. Department of Health and Human Services; Xavier Becerra, in his official capacity as Secretary of Health and Human Services; U.S. Food and Drug Administration (FDA); and Robert M. Califf, in his official capacity as Commissioner of Food and Drugs, stipulate to the dismissal with prejudice of all claims in the above-captioned case because the parties have reached a settlement.

In exchange for Plaintiffs' agreement to dismiss all claims in this case, Defendants agree to, within 21 calendar days:

[1] Dr. Apter and Dr. Marik were dismissed from this case on February 5, 2024, ECF No. 66, but join in this Stipulation of Dismissal.

- Retire FDA's Consumer Update entitled, *Why You Should Not Use Ivermectin to Treat or Prevent COVID-19*, originally posted on March 5, 2021, and revised on September 7, 2021 (ECF No. 12, Ex. 1), while retaining the right to post a revised Consumer Update.
- Delete and not republish (1) FDA's Twitter, LinkedIn, and Facebook posts from August 21, 2021 (ECF No. 12, Exs. 4, 5), that read, "You are not a horse. You are not a cow. Seriously, y'all. Stop it."; (2) FDA's Instagram post from August 21, 2021 (ECF No. 12, Ex. 6), that reads, "You are not a horse. Stop it with the #ivermectin. It's not authorized for treating #COVID."; (3) FDA's Twitter post from April 26, 2022 (ECF No. 12, Ex. 7), that reads, "Hold your horses, y'all. Ivermectin may be trending, but it still isn't authorized or approved to treat COVID-19."; and (4) all other social media posts on FDA accounts that link to *Why You Should Not Use Ivermectin to Treat or Prevent COVID-19* (ECF No. 12, Ex. 1).

FDA has already retired the Frequently Asked Questions (ECF No. 12, Exs. 2, 3) at issue in this case.

All materials will be archived, as required by federal law.

Neither this Stipulation of Dismissal nor the actions described herein shall constitute an admission or evidence of any issue of fact or law, wrongdoing, misconduct, or liability on the part of any party to this litigation.

March 21, 2024

Respectfully submitted,

/s/ Jared M. Kelson
R. Trent McCotter
So. Dist. No. 3712529
Texas Bar No. 24134174
Michael Buschbacher (*pro hac vice*)
D.C. Bar No. 1048432
Jared M. Kelson (*pro hac vice*)
Attorney-In-Charge
D.C. Bar No. 241393
Laura B. Ruppalt
So. Dist. No. 3869876
V.A. Bar No. 97202
Boyden Gray PLLC
801 17th St NW, Suite 350
Washington, DC 20006
(202) 706-5488
tmccotter@boydengray.com
jkelson@boydengray.com

Counsel for Plaintiffs

/s/ Isaac C. Belfer
Isaac C. Belfer
Attorney-In-Charge
D.C. Bar No. 1014909
Oliver McDonald
Of Counsel
N.Y. Bar No. 5416789
Trial Attorneys
Consumer Protection Branch
Civil Division
U.S. Department of Justice
PO Box 386
Washington, DC 20044-0386
(202) 305-7134 (Belfer)
(202) 305-0168 (McDonald)
(202) 514-8742 (fax)
Isaac.C.Belfer@usdoj.gov
Oliver.J.McDonald@usdoj.gov

Counsel for Defendants

RICHARD JAFFE, ESQ.
Pro hac vice admitted
428 J Street, 4th Floor
Sacramento, California 95814
Tel: 916-492-6038
Fax: 713-626-9420
Email: rickjaffeesquire@gmail.com

ROBERT F. KENNEDY JR., ESQ.
Pro hac vice admitted
48 Dewitt Mills. Rd.
Hurley, NY 12433
Tel: 845-481-2622

TODD S. RICHARDSON, ESQ.
Law Offices of Todd S Richardson, PLLC
604 Sixth Street
Clarkston, WA 99403
Tel: 509-758-3397
Fax: 509-758-3399
WSBA 30237
Attorneys for Plaintiffs

HON. THOMAS O. RICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

JOHN STOCKTON, RICHARD EGGLESTON, M.D., THOMAS T. SILER, M.D., DANIEL MOYNIHAN, M.D., CHILDREN'S HEALTH DEFENSE, a not-for-profit corporation, AND JOHN AND JANE DOES, M.Ds 1-50,
Plaintiffs,

v.

ROBERT FERGUSON, in his official capacity as Attorney General of the State of Washington, AND KYLE S. KARINEN, in his official capacity as Executive Director of the Washington Medical Commission,
Defendants.

Case No: 2:24-cv-00071 TOR

DECLARATION OF THOMAS T. SILER, M.D.

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

Thomas T. Siler, M.D. being duly, sworn, deposes and says:

1. I am a Plaintiff in this case. I have personal knowledge of the facts in this declaration. I submit this declaration under penalties of perjury.
2. First, I have reviewed the allegations in the First Amended Complaint about me and they are true and correct to the best of my knowledge and belief.
3. I retired as an internal medicine physician in early 2021 as the COVID pandemic started. I did not retire due to the pandemic, but had already planned to exit medicine in 2021.
4. I worked in several practices in my 34 years in medicine and always recommended all routine adult vaccinations to my patients (flu, pneumovax, shingles, etc.)
5. At no point in my career, did I speak against taking these older fully tested vaccines. As the COVID pandemic started and developed and the mRNA vaccines were rolled out, I read the current literature and governmental advice in order to communicate the best information to my patients in the last year of my practice.
6. There were many alarming things that happened in the process of managing the pandemic over the first year that caused me to think differently about the pandemic and the new, experimental vaccines.
7. As I had an interest in writing, I began to write articles, or posts to an online discussion group called American Thinker. My eight 2021 posts in part voiced my concerns regarding the management of the pandemic, the experimental vaccines, and the treatment of COVID-19.
8. My initial article was cautiously hopeful that the new mRNA technology would bring great things. However, it quickly became apparent that this was not the case and I wrote about the problems with the new vaccines. I also advocated a more cautious approach to the pandemic fearing that the lockdowns, mask wearing,

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

social isolation would have disastrous effects and agreed with the Great Barrington Declaration. Copies of these posts are attached to my declaration.

9. As the medical profession, government, media. pharmaceutical companies went through this pandemic, an alarming development occurred in that dissenting opinions were not allowed to the mainstream narrative.

10. The Washington Medical Commission usually manages cases of physician malpractice or impaired(addicted)physicians to police the medical profession. In times past, the WMC has not policed the speech of physicians, no matter what their claims were for cancer cures or alternative treatments.

11. While I was in the last year of practice, I did not prescribe Ivermectin to any patients nor did I try to dissuade any patients from taking the COVID vaccine. As I did with all medical procedures, I gave the patients the best information I had at the time and helped them make an informed decision.

12. The WMC stated it had received complaints from the public about what I wrote in an online discussion forum and notified me that they would be investigating what I said to the public. After this notification I wrote one more article simply noting how many doctors/scientists were calling for a stop to the mRNA vaccines, since I was not sure what this "investigation" meant for me.

13. I did find it very strange to be investigated for this since previously they were not telling physicians what to think and speak. Even though I had more to say regarding the events of the COVID pandemic, I stopped writing in 2022 and awaited their determination on my speech.

14. In late 2023, I was notified that I was being charged with misconduct due to a handful of specific statements in the posts concerning the safety and efficacy of the new mRNA vaccines, early treatment of COVID-19 with Ivermectin and Hydroxychloroquine, and the actual danger of COVID-19 infection in different population subsets. Due to the fact that my views did not fit the prevailing medical establishment views of the COVID-19 vaccine or its treatment, I was

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

14. In late 2023, I was notified that I was being charged with misconduct due to a handful of specific statements in the posts concerning the safety and efficacy of the new mRNA vaccines, early treatment of COVID-19 with Ivermectin and Hydroxychloroquine, and the actual danger of COVID-19 infection in different population subsets. Due to the fact that my views did not fit the prevailing medical establishment views of the COVID-19 vaccine or its treatment, I was charged with "moral turpitude" and "misrepresentation" and that I was guilty of a "reckless disregard for the truth".
15. This was shocking to me and I decided to fight this decision and hired a lawyer to defend my free speech rights.
16. This is not about the practice of medicine; this is about whether a physician, studying a particular medical topic in the medical literature, and coming to a different conclusion than the prevailing medical/pharmaceutical/government opinion-------- can he/she offer these conclusions to the public?
17. If the prevailing medical opinion is injuring people or costing people their lives, can a physician speak out and try to challenge the prevailing narrative? If the WMC is granted the ability to police physician speech and punish physicians for speaking out, what is the next issue they will choose to censor physicians on?
18. More fundamentally, are the free speech rights of Americans being attacked and taken away gradually on multiple fronts?

Dated: April 7, 2024

+ THOMAS T. SILER, M.D.

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

RICHARD JAFFE, ESQ.
Pro hac vice admitted
428 J Street, 4th Floor
Sacramento, California 95814
Tel: 916-492-6038
Fax: 713-626-9420
Email: rickjaffeesquire@gmail.com

ROBERT F. KENNEDY JR., ESQ.
Pro hac vice admitted
48 Dewitt Mills. Rd.
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Tel: 845-481-2622

TODD S. RICHARDSON, ESQ.
Law Offices of Todd S Richardson, PLLC
604 Sixth Street
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Tel: 509-758-3397
Fax: 509-758-3399
WSBA 30237
Attorneys for Plaintiffs

HON. THOMAS O. RICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

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ROBERT FERGUSON, in his official capacity as Attorney General of the State of Washington, AND KYLE S. KARINEN, in his official capacity as Executive Director of the Washington Medical Commission,
Defendants.

Case No: 2:24-cv-00071 TOR

DECLARATION OF DANIEL MOYNIHAN, M.D.

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

Daniel Moynihan, M.D. declares under penalties of perjury as follows:

1. I am an adult citizen of Washington State, over the age of eighteen years, am competent to testify, and hereby make this declaration of my personal knowledge.
2. I have reviewed the allegations in the First Amended Complaint about me and they are true and correct to the best of my knowledge. I would like to explain to the Court in greater detail my concerns which lead me to join in this lawsuit.
3. I am a board-certified MD, practicing Family Medicine since 1990, until retirement in May 2022.
4. The Covid pandemic was scary for everyone including doctors. As those on the front lines, we were more likely to catch it and as an older physician I was in a high-risk group.
5. When a health crisis appears, we learn as we go from those on the front lines in the ER and the ICU.
6. When the new MRA "vaccines "came out, I greeted them with enthusiasm. Finally! The definitive cure for the pandemic! As a doctor on the front lines, I was one of the first to get the shot. But it was not very long till we started hearing of vaccine reactions, often severe enough to require ER visits, and even many episodes of sudden death within hours or a few days of a shot, and it was not preventing Covid either – people getting the shot were MORE likely to catch Covid. Indeed, my own first bout of Covid came just a few weeks after the second shot that should have made me immune. These events changed my mind about the safety and efficacy of the vaccine, despite the repeated pronouncements from the public health authorities that the vaccines were safe and effective and that serious reactions and death from the vaccines were rare. Despite my initial positive regard for the vaccines, I no longer believe that they are safe or effective.

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

7. Sometime later, along with all the other doctors in Washington State, I got the notice from the Washington Medical Commission (WMC) that they had adopted the FSMB Covid guidelines: any dissent from the (constantly changing!) Covid orthodoxy would result in disciplinary action.
8. Back in the Fall of 2021, I did receive a letter from the Commission based on a complaint from the wife of a patient who I had given informed consent about the Covid vaccines. I submitted a response and assumed that the matter has been dropped because I have not heard back from the Commission in over two years.
9. However, based on the Commission's Covid policy statement, prosecution of physicians for alleged Covid misinformation to the public, and the fact that I am on the Commission's radar screen, I am reluctant to speak out in public about my beliefs, as my beliefs are not consistent with the mainstream Covid narrative.
10. For example, based on my research and 30 years of practicing medicine, I think continued Covid boosters are unnecessary and even potentially dangerous for healthy adults and especially children.
11. I also believe that based on the experience of many physicians and research papers, off-label treatments such as Ivermectin and HCQ are highly effective (or were against past variants which had greater lethality than current strains of the virus).
12. As was stated in the First Amended Complaint, I volunteer for CHD Washington Chapter, but notwithstanding my strong and heartfelt opinions, I am reluctant to speak out in public against the mainstream view because of what the Commission is doing to physicians like Dr. Eggleston and Dr. Siler, at least until this Court clarifies that the Commission cannot sanction physicians' public speech.

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

13. To be clear and specific, I think I have a constitutional right to speak out in public against the mainstream Covid narrative and I would like to exercise that right, but I do not want to have to defend my medical license if I speak out. I have joined this lawsuit to ask the Court to acknowledge my First Amendment rights. I want the Court to stop the Commission from investigating or prosecuting physicians for speaking out in public against the narratives put forth by the CDC and other agencies about Covid 19. I want the Court to bar the Commission from trying to sanction me if I share my opinions about Covid based on my three decades as a family practice physician who has seen his share of viruses which have gone around my community and especially my experience with Covid. vaccines and treatments, especially the off-label treatments which I endorse.

14. I also wish to assert my rights to hear the information and opinions of doctors like Richard Eggleston and Thomas Siler who have similar views to my own. The Commission's prosecution of them interferes with my right to receive information.

Dated: April 3, 2024

Daniel Moynihan

Daniel Moynihan, M.D.

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

RICHARD JAFFE, ESQ.
Pro hac vice admitted
428 J Street, 4th Floor
Sacramento, California 95814
Tel: 916-492-6038
Fax: 713-626-9420
Email: rickjaffeesquire@gmail.com

ROBERT F. KENNEDY JR., ESQ.
Pro hac vice admitted
48 Dewitt Mills. Rd.
Hurley, NY 12433
Tel: 845-481-2622

TODD S. RICHARDSON, ESQ.
Law Offices of Todd S Richardson, PLLC
604 Sixth Street
Clarkston, WA 99403
Tel: 509-758-3397
Fax: 509-758-3399
WSBA 30237
Attorneys for Plaintiffs

HON. THOMAS O. RICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

JOHN STOCKTON, RICHARD EGGLESTON, M.D., THOMAS T. SILER, M.D., DANIEL MOYNIHAN, M.D., CHILDREN'S HEALTH DEFENSE, a not-for-profit corporation, AND JOHN AND JANE DOES, M.Ds 1-50,
Plaintiffs,

v.

ROBERT FERGUSON, in his official capacity as Attorney General of the State of Washington, AND KYLE S. KARINEN, in his official capacity as Executive Director of the Washington Medical Commission,
Defendants.

Case No: 2:24-cv-00071 TOR

DECLARATION OF ROBERT IRVING RUNNELLS

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

Robert Irving Runnells, declares under penalties of perjury as follows:

1. I am an adult citizen of Washington State, over the age of eighteen years, am competent to testify, and hereby make this declaration of my personal knowledge.
2. I have been resident in Washington State for fifteen years.
3. I am one of four volunteer leaders of the Washington Chapter of Children's Health Defense, launched in July of 2023. CHD national has approximately 2,000 members in Washington. Our Chapter has over a thousand Washingtonians on our mailing list.
4. The information concerning our Washington chapter set out in the First Amended Complaint on pages 8-11 is true and correct to the best of my knowledge and belief.
5. I am familiar with the Federation of State Medical Board's (the "Federation") July 2021 press release. A true and correct copy of the online news release is attached as Exhibit 1.
6. I am also familiar with the fact that the Washington Medical Commission (the "Commission") adopted a policy statement based on the Federation's press release during a Special Meeting on September 22, 2021. The meeting lasted approximately 30 minutes, and while no longer available on the Commission's website, it is on YouTube at https://youtu.be/P5qDoNWfdhI?si=_PvZRLvx9jhVwN3Q).
7. A true and correct copy of the final and adopted version of the Washington Covid misinformation policy is attached as Exhibit 2.
8. It is my belief and opinion that the WMC's actions to sanction doctors for speaking informed opinions publicly has caused irreparable reputational damage to any license granted by the WMC and reflects poorly on the entire medical profession as being told what to do, rather than to practice individualized medicine.

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

9. Many chapter members have ceased care with their licensed MD or PA and have actively sought care from other providers who consider alternatives to the one-size-fits-all federal agency prescriptions supported and promoted by the WMC.
10. It is my belief and opinion that the WMC policy restrained doctors from speaking on the risks of the approved standard of care, leading the public into a false sense of security with the approved, yet still risky Covid treatments.
11. It is my belief and opinion that the ensuing WMC investigations restrained doctors from discussing the full range of potential life-saving treatments for Covid with their patients. Not discussing the full range of treatments available was completely antithetical to the actions needed to counter a dangerous global pandemic from a novel virus, which has added to our member's distrust of the medical community.

Dated: April 2, 2024

Robert Runnells

ROBERT IRVING RUNNELLS

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

EXHIBIT “A”

FSMB: SPREADING COVID-19 VACCINE MISINFORMATION MAY PUT MEDICAL LICENSE AT RISK

WASHINGTON, D.C. (July 29, 2021) – The Federation of State Medical Boards' Board of Directors released the following statement in response to a dramatic increase in the dissemination of COVID-19 vaccine misinformation and disinformation by physicians and other health care professionals on social media platforms, online and in the media:

"Physicians who generate and spread COVID-19 vaccine misinformation or disinformation are risking disciplinary action by state medical boards, including the suspension or revocation of their medical license. Due to their specialized knowledge and training, licensed physicians possess a high degree of public trust and therefore have a powerful platform in society, whether they recognize it or not. They also have an

ethical and professional responsibility to practice medicine in the best interests of their patients and must share information that is factual, scientifically grounded and consensus-driven for the betterment of public health. Spreading inaccurate COVID-19 vaccine information contradicts that responsibility, threatens to further erode public trust in the medical profession and puts all patients at risk."

For more information about how state medical boards and the FSMB are responding to the COVID-19 pandemic, visit **FSMB's webpage** dedicated to providing resources and information to states and the public about COVID-19.

About the Federation of State Medical Boards:

The Federation of State Medical Boards (FSMB) is a national non-profit organization representing the medical boards within the United States and its territories that license and discipline allopathic and osteopathic physicians and, in some jurisdictions, other health care professionals. The FSMB serves as the voice for state medical boards, supporting them through education, assessment, research and advocacy while providing services and initiatives that promote patient safety, quality health care and regulatory best practices. The FSMB serves the public through **Docinfo.org**, a free physician search tool which provides background information on the more than 1 million doctors in the United States. To learn more about the FSMB, visit **www.fsmb.org**. You can also follow FSMB on Twitter (**@theFSMB**).

EXHIBIT “B”

COVID-19 Misinformation

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

The Washington Medical Commission's (WMC) position on COVID-19 prevention and treatment is that COVID-19 is a disease process like other disease processes, and as such, treatment and advice provided by physicians and physician assistants will be assessed in the same manner as any other disease process. Treatments and recommendations regarding this disease that fall below standard of care as established by medical experts, federal authorities and legitimate medical research are potentially subject to disciplinary action.

The WMC supports the position taken by the Federation of State Medical Boards (FSMB) regarding COVID-19 vaccine misinformation. The WMC does not limit this perspective to vaccines but broadly applies this standard to all misinformation regarding COVID-19 treatments and preventive measures such as masking. Physicians and Physician Assistants, who generate and spread COVID-19 misinformation, or disinformation, erode the public trust in the medical profession and endanger patients.

The WMC will scrutinize any complaints received about practitioners granting exemptions to vaccination or masks that are not based in established science or verifiable fact. A practitioner who grants a mask or other exemption without conducting an appropriate prior exam and without a finding of a legitimate medical reason supporting such an exemption within the standard of care, may be subjecting their license to disciplinary action.

The WMC bases masking and vaccination safety on expert recommendations from the U.S. Centers for Disease Control and Prevention (CDC) and the Washington State Department of Health (DOH).

The WMC relies on the U.S Food and Drug Administration approval of medications to treat COVID-19 to be the standard of care. While not an exhaustive list, the public and practitioners should take note:

- Ivermectin is not FDA approved for use in treating or preventing COVID-19
- Hydroxychloroquine (Chloroquine) is not FDA approved for use in treating or preventing COVID-19

The public and practitioners are encouraged to use the WMC complaint forms when they believe the standard of care has been breached.

###

The Washington Medical Commission promotes patient safety and enhances the integrity of the medical profession through licensing, rulemaking, discipline, and education. Learn more about the commission at WMC.wa.gov. Follow the WMC on Facebook and Twitter.

Special meeting where the WMC adopted this position statement: https://youtu.be/P5qDoNWfdhI

Nn RICHARD JAFFE, ESQ.
Pro hac vice admitted
428 J Street, 4th Floor
Sacramento, California 95814
Tel: 916-492-6038
Fax: 713-626-9420
Email: rickjaffeesquire@gmail.com

ROBERT F. KENNEDY JR., ESQ.
Pro hac vice admitted
48 Dewitt Mills. Rd.
Hurley, NY 12433
Tel: 845-481-2622

TODD S. RICHARDSON, ESQ.
Law Offices of Todd S Richardson, PLLC
604 Sixth Street
Clarkston, WA 99403
Tel: 509-758-3397
Fax: 509-758-3399
WSBA 30237
Attorneys for Plaintiffs

HON. THOMAS O. RICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

JOHN STOCKTON, RICHARD EGGLESTON, M.D., THOMAS T. SILER, M.D., DANIEL MOYNIHAN, M.D., CHILDREN'S HEALTH DEFENSE, a not-for-profit corporation, AND JOHN AND JANE DOES, M.Ds 1-50,
Plaintiffs,

v.

ROBERT FERGUSON, in his official capacity as Attorney General of the State of Washington, AND KYLE S. KARINEN, in his official capacity as Executive Director of the Washington Medical Commission,
Defendants.

Case No: 2:24-cv-00071 TOR

DECLARATION OF SANJAY VERMA, M.D.

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

I, SANJAY VERMA, MD declare as follows:

1. I have personal knowledge of the facts set forth herein. I submit this declaration in support of Plaintiffs' Motion for a Preliminary Injunction to stop the Washington Medical Commission from investigating, prosecuting or sanctioning physicians for the speaking out in public against the recommendations of the CDC, other public health entities or the medical societies concerning COVID-19.

2. I am a California licensed, board-certified internist with a subspecialty in cardiovascular disease. My C.V. is attached as Exhibit A. I treat COVID-19 patients who present with cardiac symptoms. I also treat patients who appear to present with severe adverse cardiac side effects from the COVID-19 vaccines. I am frequently asked by patients about various aspects of COVID-19 including the risks of cardiac complications, the efficacy of the COVID-19 vaccines and boosters, the risks of COVID-19 vaccines, the extent to which the new vaccines are tested, and post market surveillance for severe adverse effects (especially cardiac issues) after COVID-19.

3. I have a good working understanding on current scientific research on these topics. I understand what information and scientific studies physicians might need to share with patients and the public, if they are inclined to speak out publicly on COVID-19 related matters.

4. My understanding is that the Washington Medical Commission (the "Commission") is prosecuting physicians for "Covid misinformation" based on its adoption of the Federation of State Medical Board's July 2021 press release, and that it is targeting physicians' public speech. I also understand that the asserted statutory basis of these prosecutions are that those who speak out against the official government COVID-19 policies are deemed to be disseminating misinformation. Such speech apparently constitutes "moral turpitude" or Commission sanctionable misrepresentations.

5. I would like to make clear to the Court, I am not here to defend any specific statement of a Plaintiff who is the subject of a Commission proceeding. I perceive my role as to provide the Court with information which suggests it is not

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

scientifically reasonable for medical boards to target physician speech about COVID-19 because of the rapidly evolving nature of the pandemic science. Additionally, frequently the public health authorities have either been proven wrong or proven to have been overly optimistic. Frequently and repeatedly, the public health authorities have failed to acknowledge contrary evidence, leading to serious preventable harm to the public.

6. For the Court's information, I have previously submitted a declaration substantially identical to this one in *Hoang v. Bonta*, concerning a California COVID-19 misinformation statute similarly based on the Federation's press release. (Bus. & Prof. Code Section 2270). The thrust of that declaration and this and is that because of the rapidly evolving nature of the scientific data and knowledge of this virus, and because of the different approaches taken in different parts of the world (some of the best outcomes have occurred in places which treated COVID-19 people quite differently and had public health policies quite differently than in this country) there was no meaning or legitimate contemporary scientific consensus about COVID-19 treatments or the need for COVIDE-19 vaccines and repeated boosters for all population subsets. My declaration was (along with other declarations in a related case) the basis for the district court judge granting a preliminary injunction against the California Covid misinformation law. (*Hoeg v. Newsom* January 23, 2023, order).

7. Although the Hoang case dealt with a statute which referred to the "contemporary scientific consensus" and the "standard of care" the fundamental policy and regulatory issue is the same as the Commission using its general disciplinary statute focusing on the words "moral turpitude" and "misrepresentations."

8. In my view there is a strong disagreement about some of the key components of the country's COVID-19 vaccine policies and recommendations. From the perspective of the dissenters, this critique arises from the many failures in public health policy by the government and the increasing alarming data and studies which emphatically demonstrate that the public has not always been given accurate information about the COVID-19 and the risk versus benefits of the vaccines and the treatments.

9. Like I did in the *Hoang* case, I can substantiate my position by reference

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

to the published scientific literature and mainstream published information.

10. First, I would say that the purported "standard of care" has evolved so frequently during the past four years of the COVID-19 era, that the public has lost all confidence in public health recommendations. According to CDC, as of Dec 23, 2023 only 7.9% of children and 18.9% of adults nationally have elected to be up to date with the current COVID-19 vaccine. Even in California, the rates are 7.0% for children and 20.7% for adults. Even the highest risk group (65-74 year-old) only have 37.5% rate of being up to date with current boosters. Clearly the public does not accept public health experts' recommendations as "standard of care". The return of mask mandates this winter was more aligned with political affiliation than with any agreed upon "standard of care".

i. https://www.cdc.gov/vaccines/imz-managers/coverage/covidvaxview/interactive/vaccination-dashboard.html

11. In this declaration I present published scientific studies which demonstrate that "standard of care" has not been established with respect to COVID-19. Consequently, to characterize those who challenge this country's COVID-19 vaccine response as being guilty of moral turpitude or misrepresentations is not scientifically justified.

12. From the practicing physicians' point of view, in a time of rapidly evolving public health situations, without the benefit of long-term studies and long-term epidemiological data, public health expert recommendations are often erroneous and ephemeral (changing before the recommendations can even be fully understood and adopted by practicing physicians and the public). Public health authorities' edicts have repeatedly (and tragically) lagged many months behind valid scientific concerns raised by scientists and practicing physicians. This has led to a *de facto* rejection of any notion of "standard of care" on almost all aspects of the COVID-19 both by the public and by practicing physicians who have undertaken a deep, comprehensive analysis of the epidemiological data. In all other aspects of clinical medicine, "standard of care" is developed *and sustained* for years; it withstands the scrutiny of repeated published scientific studies over time. For scientists, practicing physicians and the general

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

population, whimsical and ephemeral scientific consensus of public health experts and standard of care regarding COVID-19 issues cannot be materially distinguished.

13. If there is no legitimate standard of care, as indicated, it seems unscientific and unwise to argue that those who dissent from the narrative have some moral failing.

14. I will focus on five specific issues to justify my position:

(1) Differing public health approaches to vaccines in other countries which supports the view that there is no contemporary scientific consensus, but rather different countries make quite different risk/benefit decisions about Covid vaccines.

(2) the increased risk of myocarditis from the vaccines,

(3) Changing views on the efficacy of the vaccines,

(4) The benefits of masking as a public health measure, and

(5) Use of off-label drugs

Any of the information covered in this declaration could be included in conversations between physicians and patients. This type of information is necessary for patients to make educated decisions and give ethically mandated informed consent. However, presumably publishing this kind of information could lead to Washington Commission Covid misinformation charge for moral turpitude or misrepresentations.

A. DIFFERING PUBLIC HEALTH APPROACHES TO VACCINES IN OTHER COUNTRIES

15. The World Health Organization (WHO) no longer recommends COVID-19 vaccination in low-risk populations (e.g., pediatric population) depending upon the country's specific disease burden. At this point in the (post) pandemic, "The update is based on the scenario that assumes that the virus will continue to evolve but cause less severe disease" and considers the overall decline in disease severity, including post-COVID conditions." Furthermore, the "update considers the steep increase in the seroprevalence of SARS CoV2 antibodies globally in all age groups, indicating high levels of immunity due to infection-induced, vaccine-induced, or hybrid immunity." The recent FDA update acknowledges this also, stating "Evidence is now available that most of the U.S. population 5 years of age and older has antibodies to SARS-CoV-2, the virus

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

that causes COVID-19, either from vaccination or infection." In fact, 96% of the pediatric population in the United States has antibodies to SARS-CoV2 (from vaccination or infection). Acknowledging the overall very low risk of COVID-19 to children and accounting for the widespread seroprevalence (i.e., evidence of immunity by infection or vaccination), the UK announced in January 2023 that it "will stop widely providing the vaccine to those under 50 next month,"[i] (except to those at high risk for severe illness).

i. https://www.who.int/news/item/28-03-2023-sage-updates-covid-19-vaccination-guidance

ii. https://cdn.who.int/media/docs/default-source/immunization/sage/2023/march-2023/sage_march_2023_meeting_highlights.pdf?sfvrsn=a8e5be9_4
https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-changes-simplify-use-bivalent-mrna-covid-19-vaccines

iii. https://covid.cdc.gov/covid-data-tracker/#pediatric-seroprevalence

iv. https://apnews.com/article/fact-check-covid-pandemic-vaccine-uk-britain-324766934158

16. In England, COVID-19 vaccines are no longer offered to young healthy people.

i. "Now, the vaccine will only be offered to those aged 65 and over along with health and care workers and people living with certain health conditions."

ii. "Health officials are following advice on the UK booster programmes from the Joint Committee on Vaccination and Immunisation (JCVI)."

iii. https://www.itv.com/news/2023-08-08/who-is-eligible-for-a-covid-booster-jab-under-new-guidelines

17. In Sweden COVID-19 vaccines are recommended to those 65 years and older, as well as those 18- 64 years old who have high risk chronic medical conditions. COVID-19 vaccines are not recommended for children or healthy adults under 65 years old.

i. https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/communicable-disease-control/vaccinations/vaccination-against-flu-and-covid-19/

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

18. Denmark only recommends that those "who are at risk of becoming severely ill should be vaccinated" against COVID-19.

i. https://www.sst.dk/en/english/Vaccination-against-influenza-and-covid-19

19. The common thread in all these examples is that many developed countries have made different vaccine recommendations, most notably concerning low risk demographic groups like children and healthy young adults, based on a risk-benefit analysis different from that made by the public health authorities and the U.S. infectious disease establishment. Some of the specific reason for these differing vaccine and other COVID-19 recommendations are set forth below.

B. COVID-19 VACCINES' RISK OF CARDIOVASCULAR COMPLICATIONS

20. Reports of vaccine associated myocarditis initially surfaced in April 2021 from Israel. CDC's initial response was quite dismissive. Although CDC later acknowledged myocarditis as a risk after COVID-19 vaccination, it continues to insist most cases are "generally mild" and "self-limiting". However, studies continue to be published that contradict CDC's dismissive and scientifically inaccurate assessment.

21. A study of 4928 high school students from Taipei City found that 1% had abnormal EKG and the incidence of myocarditis was 0.02% (1 in 5,000 or 200 per million). This corroborates previously published international studies on myocarditis after COVID-19 vaccination and is much higher than the rates calculated from Vaccine Adverse Event Reporting System (VAERS), which CDC uses for part of its risk-benefit calculation.

i. https://link.springer.com/article/10.1007/s00431-022-04786-0

22. Heterologous dosing (mixing manufacturers for dose 1 and dose 2) has been shown by two other studies to have an even higher risk of myocarditis after vaccination. Despite this, CDC continues to state that heterologous dosing is acceptable. A case report from Australia describes myocarditis in two individuals who had completely recovered from initial myocarditis after dose 1, but subsequently developed myocarditis again after dose 2 (heterologous dosing whereby second dose was different manufacturer than first dose).

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

i. https://aacijournal.biomedcentral.com/articles/10.1186/s13223-022-00750-7

ii. https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html

23. CDC continues to describe myocarditis after vaccination to be "generally mild" and report that "most recovered". Adding to previous cardiac MRI (CMR) studies, another recent study found that 100% of adolescents with myocarditis had persistent late gadolinium enhancement (LGE) on follow-up CMR 3-6 months later. Persistent LGE on follow-up CMR indicates myocardial scar tissue and consequent increased risk of fatal cardiac arrhythmias. A condition that increases the risk of fatal cardiac arrhythmias can hardly be characterized as "generally mild". This is not merely a hypothetical concern. "Cardiac autopsy findings consistent with (epi-)myocarditis were found in five cases of the remaining 25 bodies found unexpectedly dead at home within 20 days following SARS-CoV-2 vaccination" as reported in a recent study. A study that performed 6-month follow-up cardiac MRI in myocarditis patients found that myocardial fibrosis is associated with a significantly worse survival (Appendix D).

i. https://www.tandfonline.com/doi/abs/10.1080/23744235.2022.2157478

ii. https://link.springer.com/article/10.1007/s00392-022-02129-5

iii. https://www.jacc.org/doi/abs/10.1016/j.jacc.2019.08.1061

24. A very large Nordic preprint study[ii] of 8.9 million residents found the risk of myocarditis after BNT1262b2 (Pfizer) COVID-19 vaccine to be *359% higher* after dose 2 for 12-15-year-old males compared to unvaccinated controls. The rate was *1256% higher* after mRNA-1273 (Moderna) COVID-19 vaccine dose 2 in 12-39-year-old males.

i. https://www.medrxiv.org/content/10.1101/2022.12.16.22283603v1

25. One study in American Heart Association's flagship journal, *Circulation*, found a possible explanation for adolescents being at such higher risk of myocarditis after COVID-19 vaccination. The study "discovered distinct differences in how adolescents respond to mRNA vaccination compared with adults, which warrant further investigation." Unlike adults, the study found that adolescents have much higher rate of unbound (i.e., not bound by antibodies) circulating spike protein after vaccination. The

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

differential immune response to COVID-19 vaccination between adults and adolescent children certainty warrants greater caution in categorical recommendations across all age groups.

i. https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.122.061025

26. Persistence of spike protein and risk of myocarditis: One study found that *50% of patients had circulating spike protein has been detected 6 months (up to 187 days) after injection*. This is in stark contrast to CDC's claims that circulating spike protein from the COVID-19 vaccine is gone within a few days or weeks (as noted in my original Declaration). This would explain why a study found molecular damage in the heart (myocardial injury by altered gene expression) *up to 6 months after injection.* Circulating spike protein (up to 6 months after injection) and myocardial injury (up to 6 months after injection) may explain why two adolescent males were reported to have *(potentially unprovoked) relapsing* myocarditis 6 months after the initial episode of vaccine associate myocarditis.

i. https://onlinelibrary.wiley.com/doi/10.1002/prca.202300048

ii. https://www.sciencedirect.com/science/article/pii/S2452302X22003278?via%3Dihub

iii. https://pubmed.ncbi.nlm.nih.gov/37303596/

27. COVID-19 infection can also cause myocarditis. Contrary to CDC's assertion, the risk of myocarditis after infection is not greater than risk of myocarditis after vaccination. A large study from Israel found that *COVID-19 was not associated with an increased risk of myocarditis* (compared to background rate in general population). Another recent large study from Italy confirmed that *COVID-19 was not associated with an increased risk of myocarditis*. Therefore, continued assertions that COVID-19 infection poses a greater risk of causing myocarditis than COVID-19 vaccines (especially in children and young adults) are inaccurate and not supported by the prevailing scientific research. A study from Canada compared the incidence of myocarditis after mRNA COVID-19 vaccination with expected rates based on historical background rates in British Columbia. The study found that young males receiving mRNA-1273 (Moderna) COVID-19 vaccination were *148 times more likely* to suffer

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

from myocarditis (compared to historical background rate). Most studies on myocarditis limit their analysis to within 21 or 28 days after COVID-19 vaccination. However, an autopsy report has demonstrated death from myocarditis even *four months after vaccination*. As noted above, circulating spike protein (and consequent molecular myocardial injury) persist for at least 6 months. Therefore, continued assertions that COVID-19 infection poses a greater risk of causing myocarditis than COVID-19 vaccines (especially in children and young adults) are inaccurate and not supported by the prevailing scientific research.

i. https://pubmed.ncbi.nlm.nih.gov/35456309/
ii. https://journals.lww.com/jcardiovascularmedicine/Fulltext/2022/07000/Incidence_of_acute_myocarditis_and_pericarditis.5.aspx
iii. https://www.cmaj.ca/content/194/45/E1529
iv. https://www.preprints.org/manuscript/202209.0051/v1

28. Despite CDC's repeated assertions, myocarditis cases after COVID-19 vaccination are not "temporary and mild". In a study of CDC's 90-day follow-up data published in *Lancet*: *47% were lost to follow-up and about a third still had activity restrictions at median follow-up of 98 days. 25% were treated in an intensive care unit.* (Appendix E) A cardiac MRI study (in addition to prior cardiac MRI studies) indicated 100% of adolescents had evidence of scar on follow-up MRI 3-6 months later. Evidence of scar 3-6 months later indicates increased risk of fatal cardiac arrhythmias (as confirmed in autopsy study). While CDC continues to insist most of the myocarditis cases after COVID-19 are "generally mild" a study on autopsy findings of fatal fulminant myocarditis and persistent cardiac MRI abnormalities are noted in 100% of patients with myocarditis in this follow-up study. Persistent abnormalities on cardiac MRI at 6-month follow-up after myocarditis has been proven to be associated with significantly increased mortality (Appendix F).

i. https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(22)00244-9/fulltext
ii. https://www.tandfonline.com/doi/abs/10.1080/23744235.2022.2157478
iii. https://www.jpeds.com/article/S0022-3476(22)00282-7/fulltext

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428 J Street, 4th Floor
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iv. https://www.tandfonline.com/doi/abs/10.1080/23744235.2022.2157478

v. https://www.sciencedirect.com/science/article/pii/S0735109719377368?via%3Dihub

29. A one-year follow-up study of adolescents with myocarditis after COVID-19 vaccination found over 20% had persistent abnormalities on echocardiogram and over 50% had persistent abnormalities on cardiac MRI.

i. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10373639/

30. A nationwide Korean study of vaccine related myocarditis (VRM) found severe VRM in 19.8% of cases. Sudden Cardiac Death (SCD) attributable VRM was found in 1.7% (8) of the 480 cases of VRM in the study. This comprehensive nationwide study starkly contrasts with CDC's repeated assertions that these myocarditis cases are "generally mild" and self-limiting.

i. https://pubmed.ncbi.nlm.nih.gov/37264895/

31. While CDC continues to insist that most cases of vaccine associated myocarditis are self-limiting (most recover with supportive treatment) a recent study reported two cases of relapsing myocarditis 8-9 months after the initial episode. Both cases were 16- year-old males and had ostensibly fully recovered (with return to play at 6-month follow-up). This raises the concern that even those who apparently fully recovered may continue to be at significantly elevated risk of cardiovascular complications.

i. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html

ii. https://pubmed.ncbi.nlm.nih.gov/37303596/

32. Most of the follow-up data on myocarditis cases after vaccination is based upon symptoms (as seen in CDC's follow-up data published in Lancet) and some even report data on follow-up cardiac MRI. As noted above, evidence of fibrosis (scar) on follow-up cardiac MRI portends an ominous prognosis (much lower survival in the long term). A study performing serial heart biopsies on myocarditis patients found *persistent molecular changes (adversely altered gene expression of key myocardial proteins) up to 182 days after mRNA COVID-19 vaccination!* This could explain the underlying mechanism of the relapsing myocarditis cases reported above. It also underscores the

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428 J Street, 4th Floor
Sacramento, California 95814

importance of continued vigilance in surveillance even after the initial acute myocarditis seems to have resolved.

i. https://pubmed.ncbi.nlm.nih.gov/36281440/

33. Myocarditis after COVID-19 vaccination occurs at a greater rate than CDC estimates (which are exclusively based upon data from VAERS). Repeated studies have affirmed that risk of myocarditis after vaccination (for children and young adults) is greater than risk of myocarditis after COVID-19 infection. The cases are not "generally mild" as CDC asserts. The long-term sequelae are just now being better elucidated. It is therefore of paramount and critical importance that physicians be able to engage in a candid and comprehensive informed consent dialogue with patients (especially younger ones) about the safety of COVID-19 vaccines. In my own cardiology practice, virtually all my patients with vaccine associated myocarditis or cardiomyopathy were unaware of the actual extent of the risk prior to being vaccinated against COVID-19.

34. Risk-benefit analysis (and additional side effects of COVID-19 vaccination)

a. CDC has often misrepresented the risk of COVID-19 to children and young adults. During the early months of the COVID-19 pandemic in 2020, it was emphatically stated that "everyone is equally susceptible". Even when CDC later conceded that children were at low risk compared to older adults, CDC continues to promote COVID-19 vaccination for everyone starting at the age of 6. The risk benefit analysis conducted by CDC has frequently neglected seroprevalence data (i.e., underestimated the denominator for infections) and relied almost exclusively on data from VAERS (i.e., underestimated the numerator for severe adverse events after vaccination). CDC's risk-benefit analysis has been deeply and tragically flawed. AB 2098 would sanction physicians for challenging CDC's flawed data analysis on safety of COVID-19 vaccines (especially for children and young adults).

35. A concrete and comprehensive analysis of risks and benefits of COVID-19 booster vaccine amongst college aged students found that booster "may result in a

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428 J Street, 4th Floor
Sacramento, California 95814

net harm to healthy young adults". The authors emphasize that CDC's risk-benefit analysis is "not based on an updated (Omicron era) stratified risk-benefit assessment for this age group." With each subsequent variant, the virulence (i.e., risk of hospitalization and death) continues to decrease.

i. https://jme.bmj.com/content/early/2022/12/05/jme-2022-108449

36. CDC's risk-benefit analysis does not adjust for seroprevalence. Seroprevalence is the assessment of disease prevalence based upon antibodies in sera samples and accounts for those who may never have tested for COVID-19 but nevertheless have evidence of prior infection. CDC's own seroprevalence estimates now indicate that 96% of all children have already been infected with COVID-19. A robust analysis of 31 national seroprevalence studies found the infection fatality rate (IFR) in 0-19-year-olds to be 0.0003%. CDC continues to use only PCR confirmed cases for their denominator to calculate COVID-19 morbidity and mortality (grossly overestimating the risk of hospitalization and death). When adjusting for seroprevalence, the actual IFR calculated is far lower, thereby supporting conclusions that the COVID-19 vaccines may result in net harm for children and young adults.

i. https://covid.cdc.gov/covid-data-tracker/#pediatric-seroprevalence

ii. https://www.sciencedirect.com/science/article/pii/S001393512201982X?via%3Dihub

37. COVID-19 infection can also cause myocarditis. Contrary to CDC's assertion, the risk of myocarditis after infection *is not greate*r than risk of myocarditis after vaccination. A large study from Israel found that COVID-19 as not associated with an increased risk of myocarditis (compared to background rate in general population). Another recent large study from Italy confirmed that COVID-19 was not associated with an increased risk of myocarditis. Therefore, continued assertions that COVID-19 infection poses a greater risk of causing myocarditis than COVID-19 vaccines (especially in children and young adults) are inaccurate and not supported by the prevailing scientific research. A study from Canada compared the incidence of myocarditis after mRNA COVID-19 vaccination with expected rates based on historical background rates in British Columbia. The study found that young males receiving

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428 J Street, 4th Floor
Sacramento, California 95814

mRNA-1273 (Moderna) COVID-19 vaccination were *148 times more likely* to suffer from myocarditis (compared to historical background rate). Most studies on myocarditis limit their analysis to within 21 or 28 days after COVID-19 vaccination. However, autopsy report has demonstrated death from myocarditis even *four months after vaccination*. Therefore, continued assertions that COVID-19 infection poses a greater risk of causing myocarditis than COVID-19 vaccines (especially in children and young adults) are inaccurate and not supported by the prevailing scientific research.

i. https://pubmed.ncbi.nlm.nih.gov/35456309/

ii. https://journals.lww.com/jcardiovascularmedicine/Fulltext/2022/07000/Incidence_of_acute_myocarditis_and_pericarditis.5.aspx

38. One reason for this common misconception is the assessment of myocarditis after vaccination based upon aggregate population analysis (i.e., not performing stratified analysis by age, sex, etc.). A systematic review of myocarditis studies found that only 28% of studies were comprehensively stratified. When appropriately stratified, the risk of myocarditis (in younger population) is far greater than pooled analysis suggests (when combining all ages). This study demonstrates the risk is much higher in in adolescent males for both Pfizer (390 / million) and Moderna.

i. https://onlinelibrary.wiley.com/doi/10.1111/eci.13947

39. Numerous studies have demonstrated an increased risk of myocarditis after mRNA COVID-19 vaccination (especially for adolescent males after mRNA-1273 Dose 2). As noted, a common (mistaken) refrain by CDC and other public health experts is that the risk of myocarditis after COVID-19 infection is greater than after mRNA vaccination. Yet another recently published study contradicts CDC's claims that the risk of myocarditis is greater after COVID-19 infection. This study of almost 300,000 persons[iii] found that the risk of myocarditis after mRNA COVID-19 vaccination was about 150% greater than after COVID-19 infection. Furthermore, previous reports suggested the increased risk of myocarditis in adolescent males occurred mostly with mRNA-1273. However, the FDA recently published a very large study analyzing about three million children ages 5-17 years old who received the BNT162b2 mRNA COVID-19 vaccination. This study by the FDA found the BNT1262b2 mRNA COVID-19

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428 J Street, 4th Floor
Sacramento, California 95814

vaccination to have almost *twenty-two times* increased risk of myocarditis within 7 days of vaccination for 12-15-year-olds and almost *thirty times* for 16-17-year-olds. (Table 2) The study analysis combined males and females. Since previous studies have all demonstrated that adolescent males have higher risk than female for myocarditis after COVID-19 vaccination, it is scientifically reasonable to conclude with certainty that if the FDA authors had ethically performed subgroup analysis (by males and females), the reported risk would be even higher for adolescent males (i.e., combining males and females dilutes the true risk to males alone).

i. https://www.nature.com/articles/s44161-022-00177-8
ii. https://pubmed.ncbi.nlm.nih.gov/34432976/
iii. https://www.sciencedirect.com/science/article/pii/S1878540922001128

C. CHANGING VIEWS ON THE EFFICACY OF THE COVID-19 VACCINES

(1) STUDIES CORRECTING THE MISREPRESENTATION THAT THE VACCINE PREVENT INFECTION

40. In the early stages of implementing mass COVID-19 vaccine administration, the claim that COVID-19 vaccines prevent transmission was repeated by numerous public health officials (including CDC Director Dr. Rochelle Walensky). In fact, this was the entire basis of the OSHA employer COVID-19 vaccine mandate (as well as for schools and colleges). Supreme Court Justice Kagan (during oral arguments on the OSHA mandate) stated, "the best way" to prevent the spread of COVID-19 is "for people to get vaccinated". However, the COVID-19 vaccines were never tested for preventing secondary transmission (as Pfizer CEO Peter Bourla subsequently admitted).

i. https://www.washingtonexaminer.com/opinion/liberal-supreme-court-justices-spread-covid-19-misinformation
ii. https://www.news.com.au/technology/science/human-body/pfizer-did-not-know-whether-covid-vaccine-stopped-transmission-before-rollout-executive-admits/news-story/f307f28f794e173ac017a62784fec414
iii. https://www.michigancapitolconfidential.com/news/pfizer-admits-covid-vaccine-was-never-meant-to-stop-transmission

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Sacramento, California 95814

41. Emails recently obtained through a Freedom of Information Act request show that CDC Director Rochelle Walensky and former NIH Director Francis Collins were aware of, and discussed, "breakthrough cases" of COVID in January 2021 — right when the vaccines became widely available. In her email, Walensky says that "clearly," it is an "important area of study," links to a study raising the issue, and assures the person she is sending it to that Dr. Anthony Fauci is looped into these conversations. However, in public, Walensky's rhetoric was quite different. Two months after discussing this data, she said vaccinated people "don't carry the virus" and "don't get sick." In congressional testimony, after it became evident vaccinated people were able to get infected with COVID-19, she defended her original statements by claiming it was true at the time she said it — namely, for the strands we were dealing with in early 2021.

i. https://www.washingtonexaminer.com/opinion/new-emails-show-covid-vaccine-mandates-were-based-on-a-lie

ii. https://twitter.com/michaelpsenger/status/1668669558054600708

iii. https://www.businessinsider.com/cdc-director-data-vaccinated-people-do-not-carry-covid-19-2021-3?r=US&IR=T

42. The unproven and false claim that COVID-19 vaccines prevent secondary transmission (i.e., prevent infecting others) was the entire bases of the Occupational Safety and Health Administration (OSHA) mandate as well as school and university COVID-19 vaccine mandates. Early on many physicians had been challenging this claim. Food and Drug Administration (FDA) briefing documents for (Emergency Use Authorization (EUA) application for both Pfizer and Moderna *did not contain any data analysis on secondary prevention* to warrant such claims. In my own practice, I have several young adults who chose to be vaccinated against COVID-19 "to protect the elderly" (older more vulnerable family members) who subsequently developed vaccine associated myocarditis and cardiomyopathy. If the general populace were permitted to have a more genuine and comprehensive risk-benefit analysis (i.e., engage in informed consent) many of these cases of myocarditis might have been prevented. Children, who are otherwise at very low risk for hospitalization and death from COVID-19 should

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428 J Street, 4th Floor
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never have been subjected to COVID-19 vaccine mandates "to protect the vulnerable" elderly and teachers (since they do not prevent transmission to others). As noted below, CDPH elected not to add COVID-19 vaccine to the children's school schedule of mandated vaccines. CDC's misrepresentation of the COVID-19 vaccine's ability prevent transmission was not only scientifically unjustified, their recommendations may have actually caused harm to low-risk individuals who mistakenly took the COVID-19 vaccine "to protect the elderly".

(II) COVID-19 VACCINES' WANING EFFICACY AND RISK OF REPEATED VACCINATION

43. CDC continues to recommend everyone (regardless of prior infection or individual risk stratification) be "up to date" on COVID-19 vaccines by receiving at least one Pfizer-BioNTech or Moderna updated (bivalent) COVID-19 vaccine (November 8, 2023): However, this recommendation is not based on a contemporary scientific consensus because the published scientific research does not support the recommendations.

i. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

44. Repeated studies have demonstrated rapidly waning vaccine efficacy (VE) with both the original (monovalent) and updated (bivalent) COVID-19 vaccines. Furthermore, some studies also suggest that repeated vaccination may *increase* the risk of infection and hospitalization and cause harm to the immune system.

45. For example, a meta-analysis of 40 studies found VE of primary (monovalent) COVID-19 vaccination series against Omicron to be *less than 20%* at six months. Nine months after booster administration, VE against Omicron was *lower than 30%*. Previous recommendations by public health experts indicated repeated boosters were needed because of this well-established waning VE. However, research now suggests that repeated vaccination may have numerous deleterious effects. Authors of one study caution that repeated vaccination "could promote unopposed SARS-CoV2 infection and replication by suppressing natural antiviral responses." Additionally, the authors caution that repeated vaccination "may also cause autoimmune diseases, and promote cancer growth and autoimmune myocarditis in susceptible individuals." This

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risk of worsening infection risk with repeated vaccination is not merely speculative. In a study from Cleveland Clinic, the authors found "The higher the number of vaccines previously received, the higher the risk of contracting COVID-19" (Appendix E). However, up until very recently, CDC continued to recommend repeated boosters and repeated its refrain that they were "safe and effective".

i. https://pubmed.ncbi.nlm.nih.gov/37133863/
ii. https://pubmed.ncbi.nlm.nih.gov/37243095/
iii. https://pubmed.ncbi.nlm.nih.gov/37243095/
iv. https://www.nature.com/articles/s41598-023-40103-x
v. ttps://academic.oup.com/ofid/article/10/6/ofad209/7131292
vi. https://www.cdc.gov/media/releases/2022/s0901-covid-19-booster.html

46. The original (monovalent) vaccines have not been found to be effective against the predominant variants in circulation end of 2022 thru mid-2023. A study evaluating effectiveness of antibodies against current variants found that "BQ and XBB subvariants … render inactive all authorized antibodies, and may have gained dominance in the population because of their advantage in evading antibodies."[iv] The bivalent booster did not perform better as the authors note that "[s]erum neutralization was markedly reduced, including with the bivalent booster."

i. https://www.cell.com/cell/pdf/S0092-8674(22)01531-8.pdf

47. CDC's own presentation June 15, 2023 of COVID-19 vaccine efficacy reported abysmally low VE for the monovalent and bivalent COVID-19 vaccines. VE against hospitalizations and critical illness for monovalent vaccines was 21% and 31%, respectively. The bivalent vaccines did not perform much better, with VE of 24% and 52% against hospitalizations and critical illness, respectively. In fact, analysis of their IVY network found that the monovalent and bivalent vaccines *may increase* the risk of hospitalization with XBB variant. (See Appendix C)

i. https://s3.documentcloud.org/documents/23852341/cdc-presentation-on-vaccine-effectiveness.pdf?fbclid=IwAR3HLG-eUHA4JSW-qr25-242Aph4tXg8B9GOlmRDaZ3nJemRI2RPFK9e39I

48. A study from Cleveland Clinic found rapid precipitous drop on VE for the

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428 J Street, 4th Floor
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bivalent COVID-19 boosters and an *increased risk of COVID-19 with each additional booster*.

i. "The estimated vaccine effectiveness was 29% (95% confidence interval, 21%–37%), 20% (6%–31%), and 4% (−12% to 18%), during the BA.4/5-, BQ-, and XBB-dominant phases, respectively. The risk of COVID-19 also increased with time since the most recent prior COVID-19 episode and with the number of vaccine doses previously received. "

ii. https://academic.oup.com/ofid/article/10/6/ofad209/7131292

49. Vaccinated people have increased risk of immune escape compared to unvaccinated.

i. "Overall, the relatively higher intra-host diversity among vaccinated individuals and the detection of immune-escape mutations, despite being rare, suggest a potential vaccine-induced immune pressure in vaccinated individuals."

ii. https://www.cell.com/iscience/fulltext/S2589-0042(22)01710-2

50. In addition to the well-established risk of myocarditis after COVID-19 vaccination, new research has now demonstrated other severe adverse reactions not previously recognized by CDC. A meta-analysis found increased risk of autoimmune skin disorders. Another study found increased risk of retinal vascular occlusion (and consequent blindness) that persisted for *two years* after COVD-19 vaccination. This corroborates my own professional experience in which I have seen an increasing number of patients with retinal vascular occlusion. Other visual complications include macular neuroretinopathy and paracentral acute middle maculopathy. A link between COVID-19 vaccines and Long Covid-like illness is also now being recognized, as are new onset multiple sclerosis and inflammatory rheumatic disease. COVID-19 vaccination has also been associated with postural orthostatic tachycardia syndrome (POTS).

i. https://onlinelibrary.wiley.com/doi/full/10.1111/ddg.15114

ii. https://www.nature.com/articles/s41541_023_00661_7

iii. https://www.mdpi.com/2076-393X/11/2/474

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

iv. https://www.science.org/content/article/rare-link-between-coronavirus-vaccines-and-long-covid-illness-starts-gain-acceptance

v. https://pubmed.ncbi.nlm.nih.gov/37077605/

vi. https://rmdopen.bmj.com/content/rmdopen/9/2/e003022.full.pdf

vii. https://pubmed.ncbi.nlm.nih.gov/37303827/

51. COVID-19 infection may be *no worse* than influenza and sepsis for long term medical and mental complications

i. https://pubmed.ncbi.nlm.nih.gov/37338892/

52. To have a meaningful discussion with patients with genuine and comprehensive informed consent, physicians need to be able to share accurate risks of COVID-19 (individualized risk stratification). It is undeniably untrue that "everyone is equally susceptible". For children and young-adults the risk of hospitalization and death from COVID-19 is very, very low. This should be factored into all the risk-benefit analyses before making blanket recommendations. The risks after COVID-19 vaccination need to be discussed with accurate representation of the incidence and severity of each of the side effects. All the known side effects ought to be discussed freely and without restrictions. The putative standard of care (which is indistinguishable from contemporary scientific consensus) would sanction physicians for contradicting CDC's risk-benefit analysis. Many of the disabling and fatal side effects of COVID-19 vaccination in children and young adults may have been prevented had there been more objective and transparent discussion of stratified risks and benefits earlier.

E. EFFICACY OF MASKING

53. This is an issue which is becoming more important again as many institutions, corporations, and local governments are considering mask mandates for the new variants. The Court will recall that masks were heavily promoted with slogans "masks save lives" and mandated by numerous government agencies, often relying upon CDC's recommendations and published 'studies' for their justification. Any suggestion that masks are ineffective for an airborne virus (and *may* even be harmful) was deemed 'misinformation' for which physicians were censured and censored. However, the

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428 J Street, 4th Floor
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mounting scientific evidence indicates that community mask mandates may have had no meaningful contribution to curtailing the spread of this airborne virus. Some evidence even suggests mask mandates may have caused harm to specific subsets of the population.

54. *New York Times* now openly discusses the futility of mask mandates, where it previously strongly promoted masks to prevent COVID-19 spread:

i. https://www.nytimes.com/2023/02/21/opinion/do-mask-mandates-work.html
ii. https://www.nytimes.com/article/coronavirus-masks.html
iii. https://www.nytimes.com/2023/03/10/opinion/masks-work-cochrane-study.html

55. A study entitled "Correlation between mask compliance and COVID-19 outcomes in Europe" found that "countries with high levels of mask compliance did not perform better than those with low mask usage."

i. https://www.cureus.com/articles/93826-correlation-between-mask-compliance-and-covid-19-outcomes-in-europe?fbclid=IwAR1Gi9MaLy36UtUZX8VDqNj3EQl6IqopliaOVlrNLvcd4ZpTIHjdjjo6xBA#!/

56. Another study found "no additional effect was gained from mandating face masks" for children in schools:

i. https://pubmed.ncbi.nlm.nih.gov/37085807/
ii. https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-023-15624-9

57. Masks may even cause harm, as noted by this study:

i. "The findings contribute to existing literature by demonstrating that wearing the N95 mask for 14 hours significantly affected the physiological, biochemical, and perception parameters. The effect was primarily initiated by increased respiratory resistance and subsequent decreased blood oxygen and pH, which contributed to sympathoadrenal system activation and epinephrine as well as norepinephrine secretion elevation"
ii. https://pubmed.ncbi.nlm.nih.gov/37294572/

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58. Masks may increase quantity of harmful volatile organic compounds

i. https://pubmed.ncbi.nlm.nih.gov/37079939/

59. Masks may increase toxic chronic carbon dioxide exposure, particularly in pregnant women, children, and adolescents

i. https://www.cell.com/heliyon/pdf/S2405-8440(23)01324-5.pdf?fbclid=IwAR34-NOACEQBNvdPwUDd0uehjfQz2w5QlrYKJ7Y1Vx6Z3MC8E9LdDBCDGpA_aem_AWWCmc1X2PqFlxT9QrBv1QatliNX47F14gOYP2B7sH9DAnC5zNNQt4wT9j1FlPdPTpY&mibextid=Zxz2cZ

60. A preprint study reviewing quality of evidence in CDC's Morbidity and Mortality Weekly Report (MMWR) mask studies found: "MMWR publications pertaining to masks drew positive conclusions about mask effectiveness over 75% of the time despite only 30% testing masks and <15% having statistically significant results. No studies were randomized, yet over half drew causal conclusions. The level of evidence generated was low and the conclusions drawn were most often unsupported by the data."

i. https://www.medrxiv.org/content/10.1101/2023.07.07.23292338v1

61. The study "Bacterial and fungal isolation from face masks under the COVID-19 pandemic" found pathogenic microbes on face masks and authors "propose that immunocompromised people should avoid repeated use of masks to prevent microbial infection." Perhaps this explains why CDC's own data show that more children died of bacterial pneumonia than COVID-19 infection throughout the COVID-19 pandemic.

i. https://www.nature.com/articles/s41598-022-15409-x

ii. https://data.cdc.gov/d/9bhg-hcku/visualization?fbclid=IwAR3YQqnTb3-2lyeCzw-LPp9U3IClHGOrF8mr5lG_Oii6-_wBKFRP9YTacv4

62. Despite virtually universal school mask mandates for primary schools, 92% of all children have evidence of COVID-19 antibodies from prior infection by CDC's own data (higher than any other age group). This strongly suggests that universal school mask mandates in schools were in fact futile.

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i. https://covid.cdc.gov/covid-data-tracker/?fbclid=IwAR00sfsJCL8PLQj6DsWXM6ewC-x2ussgogfcwjcNw87r5TkJnGZJQH0dBfM#pediatric-seroprevalence

63. In a letter sent in November 2021 to the CDC, epidemiologist Michael Osterholm, informed the agency it was promoting flawed data and excluding data that did not reinforce their narrative on masks. "We believe the information and recommendations as provided *may actually put an individual at increased risk of becoming infected with SARS-CoV-2* and for them to experience a serious or even life-threatening infection," [emphasis mine] Mr. Osterholm wrote. He admonished the IDSA to remove the suggestion that masking prevents severe disease from its website and urged the CDC to reconsider its statements about the "efficacy of masks and face coverings for preventing transmission of SARS-CoV-2."

i. https://img.theepochtimes.com/assets/uploads/2023/08/21/id5477758-Letter-on-deadly-risks-on-CDC-IDSA-website-1.pdf?_gl=1*zgulv9*_gcl_au*MjA2NDcyNjY5Ny4xNjkzMDgwMTA3

64. Cochrane Database of Systemic Reviews is deemed to be one of the most robust and respectable sources of evidence-based medicine. In its very recent review ("Physical interventions to interrupt or reduce the spread of respiratory viruses") the authors conclude:

> "There is uncertainty about the effects of face masks. The low to moderate certainty of evidence means our confidence in the effect estimate is limited, and that the true effect may be different from the observed estimate of the effect. The pooled results of RCTs did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks. There were no clear differences between the use of medical/surgical masks compared with N95/P2 respirators in healthcare workers when used in routine care to reduce respiratory viral infection. Hand hygiene is likely to modestly reduce the burden of respiratory illness, and although this effect was also present when ILI and laboratory-confirmed influenza were analysed separately, it was not found to be a significant difference for the latter two outcomes. Harms associated with physical interventions were under-investigated."

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i. https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006207.pub6/epdf/full?fbclid=IwAR0FAHQLl_UtEmdYKB8bI3E0J9wy3zrLDNhNShxyKdKXxl4ygbRfMm91BxY

65. The exorbitant resources that were spent in mandating masks "to prevent the spread of COVID-19" and censoring any contrarian views did not have any proven incremental benefit in containing the spread of this airborne virus. Furthermore, these futile efforts *may* have actually caused harm for some subsets of the population in susceptible individuals. Scientific integrity, informed consent, and medical ethics demand that physicians have the freedom to discuss the scientific risks and benefits of these interventions with their patients (especially for those whom prolonged wearing of masks throughout the day may have been unduly burdensome, impaired their cardiorespiratory status, or increased their risk of bacterial pneumonia). Patients deserve to have a candid informed scientifically balanced discussion of the risks and benefits (or lack thereof) of any intervention that putatively prevents disease.

F. THE USE OF OFF-LABEL DRUGS

66. Prior to 2020, SARS-CoV2 virus was not publicly known to the general medical community. Therefore, treatment options were not readily available as SARS-CoV2 began rapidly spreading in 2020, with many hospitals overwhelmed by critically ill patients. Despite the tremendous research efforts invested here in the US and internationally, physicians motivated to provide the best treatment options for their patients could not wait the customary months or years required for development, research, and testing of new therapeutics. The impetus to try off-label medications was therefore scientifically and ethically justified. Off-label use of medications is more common in medical practice than many may realize. One of the most relevant here is the use of colchicine for pericarditis after COVID-19 infection or COVID-19 vaccination. Despite being off-label, colchicine is the standard of care for pericarditis.

67. Examples of off label medications routinely used:

a. Actiq (oral transmucosal fentanyl citrate) is approved solely for breakthrough cancer pain. However, it is used off-label to treat moderate to severe chronic, non-malignant pain.

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i. https://www.drugs.com/actiq.html

ii. https://pubmed.ncbi.nlm.nih.gov/17305684/

b. Bevacizumab has been used off label against wet age-related macular degeneration, as well as macular edema.

i. https://www.theguardian.com/society/2006/jun/17/health.medicineandhealth

c. Buprenorphine has been shown experimentally to be effective against severe, refractory depression.

i. http://www.naabt.org/documents/The_Buprenorphine_effect_on_Depression.pdf

ii. https://journals.lww.com/psychopharmacology/abstract/1995/02000/buprenorphine_treatment_of_refractory_depression.8.aspx

d. Bupropion when sold under the brand name Wellbutrin is indicated for depression. It is also sold as a smoking cessation drug, under the name Zyban. A physician can write a prescription for Wellbutrin to assist with giving up the habit of smoking. Sometimes it is also prescribed as second-line treatment of ADHD, often in combination with the stimulant being used, but it was also shown to work on its own.

i. https://onlinelibrary.wiley.com/doi/10.1111/j.1440-1819.2011.02264.x

e. Carbamazepine, (Tegretol), has been used as a mood stabilizer and is accepted treatment for bipolar disorder.

i. http://www.leeheymd.com/charts/dep4_1.html

f. Clonidine (Catapres) for ADHD: clonidine is approved and commonly used for the treatment of hypertension. Other off-label uses include cancer pain, hot sweats, certain psychiatric disorders, nicotine dependence, opioid withdrawal, migraine headaches, and restless leg syndrome.

i. https://www.drugs.com/monograph/clonidine.html#uses

g. Colchicine for pericarditis: colchicine is indicated for the treatment and prevention of gout, though it is also generally considered first-line treatment (standard of care) for acute pericarditis (Appendix A, scientific

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recommendations from American College of Cardiology), as well as preventing recurrent episodes.

i. https://pubmed.ncbi.nlm.nih.gov/31918837/

h. Dexamethasone and Betamethasone are used off label in premature labor, to enhance pulmonary maturation of the fetus.

i. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/antenatal-corticosteroid-therapy-for-fetal-maturation

i. Doxepin is a tricyclic antidepressant that has also been used to treat severe allergic reactions due to its strong antihistamine properties.

i. https://pubmed.ncbi.nlm.nih.gov/3782654/

j. Gabapentin, approved for treatment of seizures and postherpetic neuralgia in adults, is used off-label for a variety of conditions including bipolar disorder, essential tremor, migraine prophylaxis, neuropathic pain syndromes, phantom limb syndrome, and restless leg syndrome.

i. https://universityhealthnews.com/daily/pain/gabapentins-off-label-uses-include-pain-relief/

k. Lithium is approved by the FDA for the treatment of bipolar disorder and is widely prescribed off-label as a treatment for major depressive disorder. often as an augmentation. Lithium is recommended for the treatment of schizophrenic disorders only after other antipsychotics have failed.

i. https://pubmed.ncbi.nlm.nih.gov/15982996/

ii. https://rxce.com/materials/Lithium-Antimanic-and-Off-label-Uses-Tech-Ceu.pdf

l. Magnesium sulfate is used in obstetrics for premature labor and preeclampsia.

i. https://pubmed.ncbi.nlm.nih.gov/19211496/

m. Memantine (Namenda) is approved for the treatment of Alzheimer's disease, but has also been used off-label for Obsessive Compulsive Disorder (OCD).

i. https://pubmed.ncbi.nlm.nih.gov/31846244/

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n. Methotrexate (MTX), approved for the treatment of choriocarcinoma, is frequently used for the medical treatment of an unruptured ectopic pregnancy. There is no FDA-approved drug for this purpose and there is little incentive to sponsor an unpatented drug such as MTX for FDA-approval.
   i. https://www.aafp.org/pubs/afp/issues/2020/0515/p599.html

o. Prazosin for nightmares: prazosin is approved for the use of hypertension. A meta-analysis and systematic review showed a small benefit for the treatment of PTSD-associated night terrors[v]. Other non-FDA-approved uses for prazosin include the treatment of Raynaud's disease and poisoning due to scorpion venom.
   i. https://pubmed.ncbi.nlm.nih.gov/32362287/

p. Propranolol for performance anxiety: propranolol is a non-selective beta-blocker used for the treatment of hypertension and the prophylaxis of angina pectoris. Propranolol has been used off label for the treatment of anxiety disorders. Other off-label uses for propranolol include the treatment of thyroid storm, portal hypertension, and neuroleptic-induced akathisia.
   i. https://pubmed.ncbi.nlm.nih.gov/26487439/
   ii. https://pubmed.ncbi.nlm.nih.gov/26487439/
   iii. https://www.ebmconsult.com/articles/propranolol-preferred-thyroid-storm-thyrotoxicosis
   iv. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5718179/
   v. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1192441/

CONCLUSION

I wish to stress that the purpose of this declaration is to support the Plaintiffs' contention that it is not an act of moral turpitude or misrepresentation to challenge the public health response to SARS-Covi 2 virus. Many of the edicts put out by the public health authorities have had to be changed or abandoned because of new data. As the new edicts change, so do the recommendations of many physicians, but I believe that it is a misuse of the term to call what most physicians are telling patients to be an actual standard of care which

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

means that challenges to the standard of care, cannot be fairly construed as evincing a moral or ethical failing.

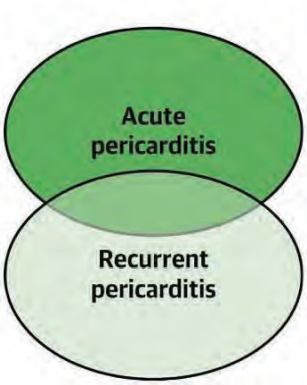
April 7, 2024

Sanjay Verma, MD

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

APPENDIX A

- Figure 3: Treatment for Acute and Recurrent Pericarditis and Their Complications from "Management of Acute and Recurrent Pericarditis: *JACC* State-of-the-Art Review" (PMID: 31918837 DOI: 10.1016/j.jacc.2019.11.021)



DRUG	DOSE	DURATION
Aspirin	750-1,000 mg every 8 h	1-2 weeks
Ibuprofen	600-800 mg every 8 h	1-2 weeks
Colchicine	0.5-1.2 mg in one or divided doses	3 months
Aspirin	750-1,000 mg every 8 h	Weeks-months
Ibuprofen	600-800 mg every 8 h	Weeks-months
Indomethacin	25-50 mg every 8 h	Weeks-months
Colchicine	0.5-1.2 mg in one or divided doses	At least 6 months
Prednisone	0.2-0.5 mg/kg/daily	Months
Anakinra	1-2 mg/kg/daily up to 100 mg/daily	Months
Rilonacept	320 mg once, then 160 mg weekly	Months
Azathioprine	1 mg/kg/daily up to 2-3 mg/kg/daily	Months
Methotrexate	10-15 mg weekly	Months
MMF	2,000 mg daily	Months
IVIGs	400-500 mg/kg/day	5 days

Pericardiocentesis

Pericardial window

Active inflammation
- Yes → Anti-inflammatory therapy as first line, pericardiectomy for refractory cases
- No → Pericardiectomy

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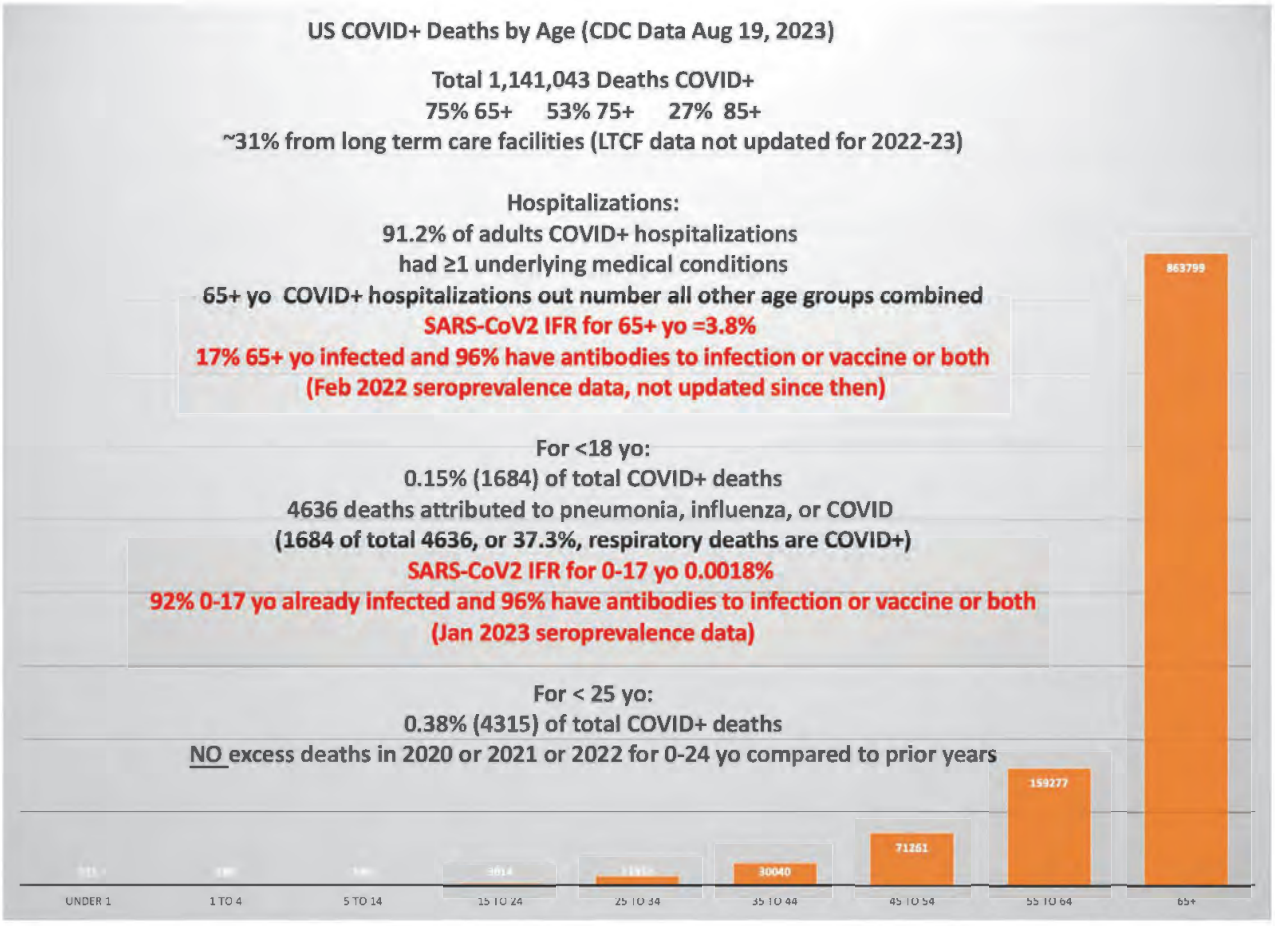
APPENDIX B

CDC data on COVID+ deaths by age and seroprevalence

https://data.cdc.gov/d/9bhg-hcku/visualization?fbclid=IwAR3YQqnTb3-2lyeCzw-LPp9U3IClHGOrF8mr5lG_Oii6-_wBKFRP9YTacv4

https://covid.cdc.gov/covid-data-tracker/#pediatric-seroprevalence



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APPENDIX C

Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases

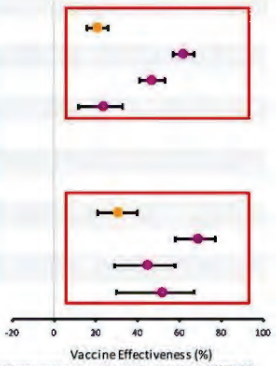
COVID-19 vaccine effectiveness updates

15 June 2023

Ruth Link-Gelles, PhD, MPH
LCDR, US Public Health Service
COVID-19 Vaccine Effectiveness Program Lead
Centers for Disease Control and Prevention

VISION: *Absolute* VE of *monovalent* and *bivalent* booster doses against *hospitalization* and *critical illness* among immuno*competent* adults aged ≥18 years – September 2022 – May 2023

mRNA Dosage Pattern	Total tests	SARS-CoV-2-test-positive, N (%)	Median interval since last dose, days (IQR)	Adjusted VE (95% CI)
Hospitalization				
Unvaccinated (ref)	16,219	1,835 (11)	–	Ref
Monovalent doses only	38,843	4,086 (11)	381 (275-513)	21 (16-26)
Bivalent booster, 7-59 days earlier	4,894	329 (7)	35 (21-47)	62 (57-67)
Bivalent booster, 60-119 days earlier	5,283	491 (9)	87 (73-103)	47 (41-53)
Bivalent booster, 120-179 days earlier	3,756	346 (9)	146 (132-161)	24 (12-33)
Critical illness				
Unvaccinated (ref)	14,762	378 (3)	–	Ref
Monovalent doses only	35,415	658 (2)	380 (275-514)	31 (21-40)
Bivalent booster, 7-59 days earlier	4,614	49 (1)	34 (21-47)	69 (58-77)
Bivalent booster, 60-119 days earlier	4,880	88 (2)	87 (73-103)	45 (29-58)
Bivalent booster, 120-179 days earlier	3,445	35 (1)	146 (132-161)	52 (30-67)



Critical illness defined as admission to intensive care unit or death; case-patients were persons admitted to ICU or who experienced death associated with COVID-19, and control patients were persons hospitalized without COVID-19. VE estimates adjusted for age, sex, race and ethnicity, geographic region, and calendar time. Updated from: Link-Gelles et al., MMWR, https://www.cdc.gov/mmwr/volumes/72/wr/mm7221a3.htm

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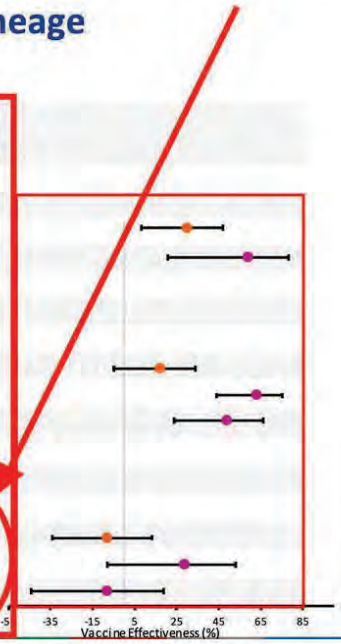
IVY Network: *Absolute* VE against COVID-19 *hospitalization* among immuno*competent* adults aged *≥18 years* by lineage period — September 8, 2022 – May 24, 2023

	Total Cases and Controls	Cases (%)	Median time since last dose, days (IQR)	Adjusted VE*, % (95% CI)
BA.4/5 (September 8 – November 13, 2022)				
Unvaccinated (Ref)	313	138 (44)	--	Ref
Monovalent doses only	1003	398 (40)	304 (188–386)	30 (8– 47)
Bivalent booster dose, 7–59 days earlier	83	26 (31)	25 (13–40)	59 (21–78)
BQ.1 (November 14, 2022 – January 22, 2023)				
Unvaccinated (Ref)	458	190 (41)	--	Ref
Monovalent doses only	1262	504 (40)	386 (297–518)	17 (-5 to 34)
Bivalent booster dose, 7–59 days earlier	226	52 (23)	40 (25–52)	63 (44–75)
Bivalent booster dose, 60–119 days earlier	225	68 (30)	83 (69–95)	49 (24–66)
XBB (January 23 – May 24, 2023)				
Unvaccinated (Ref)	514	209 (41)	--	Ref
Monovalent doses only	1246	558 (45)	464 (378–590)	-8 (-34 to 13)
Bivalent booster dose, 7–89 days earlier	155	56 (36)	64 (46–78)	29 (-8 to 53)
Bivalent booster dose, 90–179 days earlier	478	208 (44)	137 (118–154)	-8 (-44 to 19)

*VE adjustments: Age, sex, race, ethnicity, admission date (biweekly), and HHS region



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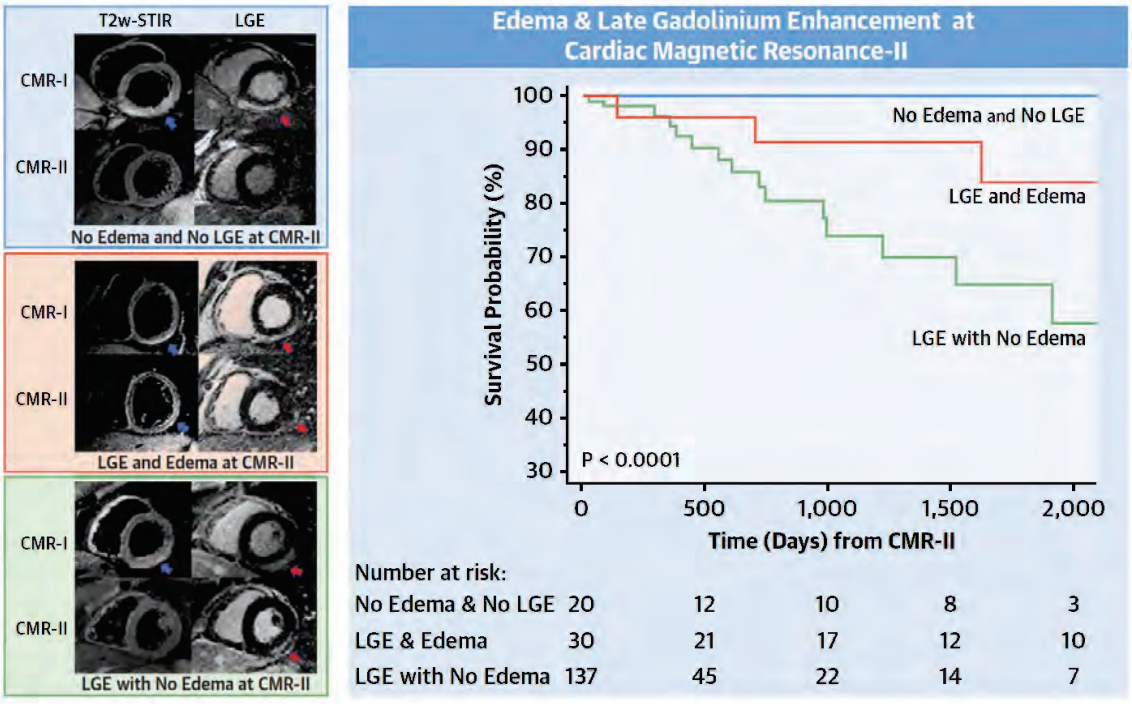
Sacramento, California 95814

APPENDIX D

Prognostic Role of 6-Month Follow-Up CMR in Myocarditis

https://www.jacc.org/doi/abs/10.1016/j.jacc.2019.08.1061

CENTRAL ILLUSTRATION Prognostic Role of 6-Month Follow-Up CMR in Myocarditis



Aquaro, G.D. et al. J Am Coll Cardiol. 2019;74(20):2439-48.

Cardiac magnetic resonance (CMR) was performed within the first week following symptom onset (CMR-I) and after 6 months (CMR-II). At CMR-II, 3 different presentations were found: 1) the complete absence of edema and late gadolinium enhancement (LGE) (no edema and no LGE, **left top**); 2) the presence of both edema and LGE (LGE and edema, **left middle**); and 3) LGE without edema (LGE with no edema, **left bottom**). The **red arrows** identify the presence of LGE, and the **blue arrows** indicate the presence of edema. **(Right)** The Kaplan-Meier survival curves demonstrate that patients with LGE but without edema at CMR-II had a worse prognosis than those with edema and LGE and than those with complete healing from edema and LGE.

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APPENDIX E

CDC's intermediate term follow-up study on myocarditis (Lancet study)

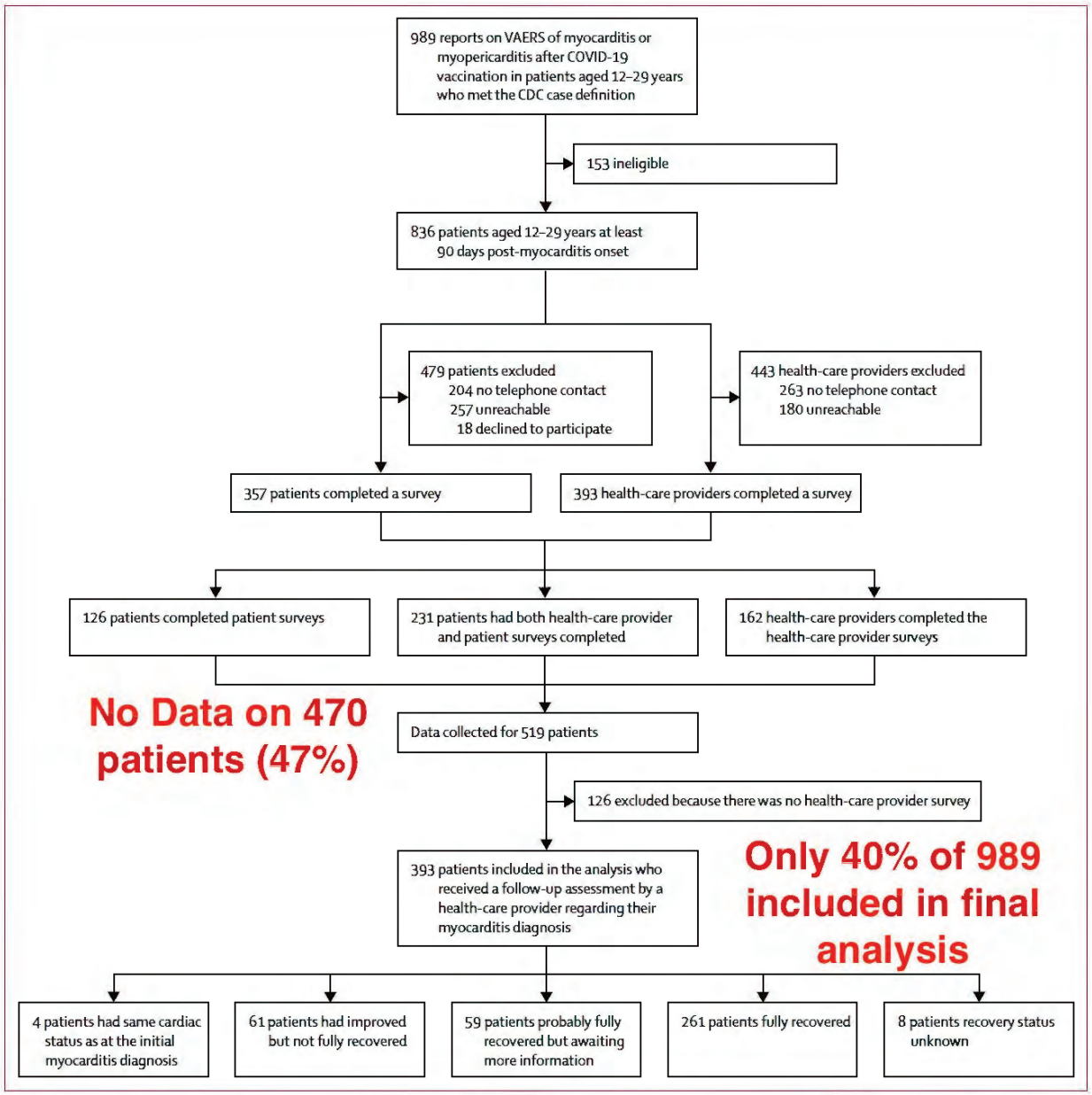

Figure 1: **Survey participation of patients with myocarditis after mRNA COVID-19 vaccination reported to VAERS at least 90 days since symptom onset**
CDC=US Centers for Disease Control and Prevention. VAERS=Vaccine Adverse Event Reporting System.

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	Patients fully or probably fully recovered (n=320)	Patients not recovered (n=65)	All patients (n=519)	p value
(Continued from previous page)				
Patient-reported symptoms in the patient survey	n=195§	n=28§	n=357	..
	~50% still had symptoms of myocarditis!			
At least one symptom	94 (48%)	18 (64%)	178 (50%)	0·16
Chest pain or discomfort	55 (28%)	13 (46%)	113 (32%)	0·082
Chest pain or discomfort while resting	45 (23%)	11 (39%)	92 (26%)	0·011
Fatigue	40 (21%)	12 (43%)	89 (25%)	0·018
Fatigue while resting	28 (14%)	10 (36%)	63 (18%)	0·012
Shortness of breath	38 (19%)	9 (32%)	80 (22%)	0·28
Shortness of breath while resting	15 (8%)	4 (14%)	38 (11%)	0·42
Heart palpitations	36 (18%)	6 (21%)	77 (22%)	0·71
Heart palpitations while resting	28 (14%)	5 (18%)	59 (17%)	0·84

Data are n (%) unless specified otherwise. Data are based on the completion of 357 patient surveys, 393 provider surveys, and 231 linked surveys, resulting in 519 patients for which data were collected. Health-care provider determination of patient myocarditis recovery was provided for 393 patients, of whom 320 were considered fully or probably fully recovered and 65 were not considered recovered (and eight patients had an undetermined recovery status; figure 1). Based on the last patient encounter, health-care providers reported that 62 (16%) of 393 patients had at least one symptom that might occur with myocarditis. *Previous SARS-CoV-2 infection before the diagnosis of myocarditis, as determined by a positive laboratory-confirmed test; the interval from a positive SARS-CoV-2 test result to mRNA COVID-19 vaccination was a median of 139 days (IQR 92–198; n=15 with a date provided). †Asthma, for which prescription medicine within the past 2 years was needed; if asthma was only with exercise, it was not recorded. ‡BMI was calculated using measurements obtained at the earliest follow-up visit: the formula weight (pounds) / [height (inches)]^2 × 703. The denominators reflect the number of individuals with data available to calculate BMI. §All patients who self-reported symptoms in the patient survey and had a provider-reported recovery status.

Table 1: **Demographic characteristics and symptoms of patients by provider-reported recovery status from myocarditis after mRNA COVID-19 vaccination**

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Sacramento, California 95814

APPENDIX F

From "Effectiveness of Coronavirus Disease 2019 Bivalent Vaccine"

- Risk of COVID-19 infection *increases* with each additional COVID-19 vaccine dose
- https://academic.oup.com/ofid/article/10/6/ofad209/7131292
- https://pubmed.ncbi.nlm.nih.gov/37274183/

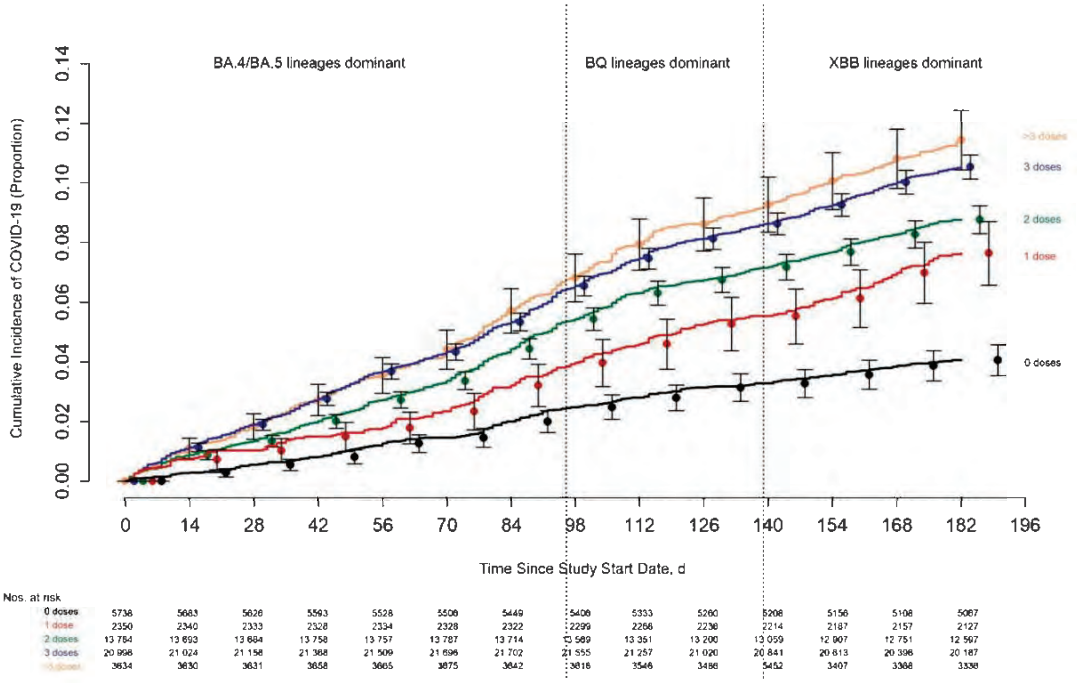

Figure 2. Cumulative incidence of coronavirus disease 2019 (COVID-19) for study participants stratified by the number of COVID-19 vaccine doses previously received. Day 0 was 12 September 2022, the date the bivalent vaccine was first offered to employees. Point estimates and 95% confidence intervals are jittered along the x-axis to improve visibility.

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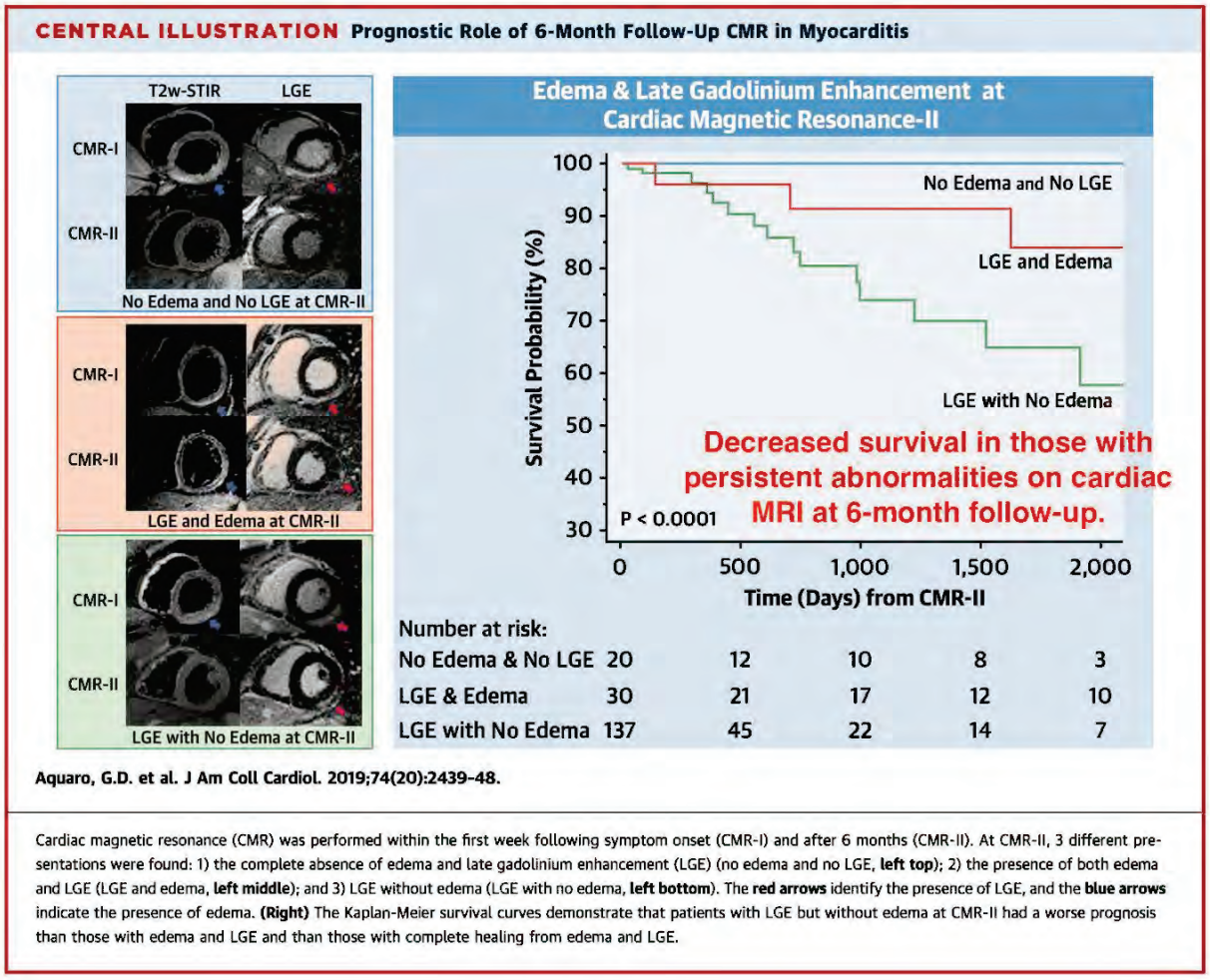
Sacramento, California 95814

APPENDIX G

Decreased survival in those with persistent abnormalities on cardiac MRI at 6-month follow-up after myocarditis

- https://www.sciencedirect.com/science/article/pii/S0735109719377368?via%3Dihub



March 7, 2024

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

EXHIBIT “A”

SANJAY VERMA, MD FACC
Desert Care Multi-Specialty Clinic
47647 Caleo Bay Dr. Suite 210
La Quinta, CA 92253
sanjayverma@mac.com

PROFESSIONAL EXPERIENCE (Medical)

01/20– present	Desert Care Network, JFK Memorial Hospital, Indio, CA Interventional Cardiologist and Medical Director
05/18 – 01/20	Bay Area Hospital, Coos Bay OR Medical Director, Ambulatory Services and Cardiac Rehab Interventional Cardiologist [complex PCI, mechanical atherectomy, mechanical support (IABP, Impella), EKOS, TEE, PVI including CLI, TTE, MPI, ILR]
07/16 – 05/18	Pueblo Cardiology Parkview Medical Center, Pueblo CO Interventional Cardiologist
07/10 – 06/12	Riverside County Regional Medical Center, Moreno Valley CA Loma Linda Internal Medicine Residency Program Internal Medicine Physician (Internal Medicine Faculty and Hospitalist)

EDUCATION

07/15 – 06/16	Henry Ford Hospital, Detroit MI Interventional Cardiology Fellow
07/12 – 06/15	Henry Ford Hospital, Detroit MI General Cardiology Fellow
07/09 – 06/10	Riverside County Regional Medical Center (affiliated with LLUMC) Chief Medical Resident
07/06 – 06/09	Loma Linda University Medical Center (LLUMC), Loma Linda CA Internal Medicine Resident
12/99 – 08/05	Kasturba Medical College, Manipal, India M.B., B.S., *First Class*
12/97 – 12/99	University of California, Berkeley, Berkeley CA B.A., South Asian Studies with Philosophy minor *magna cum laude* Departmental Honors, Golden Key Honor Society
09/86 – 06/90	California State Polytechnic University, Pomona CA Electrical and Computer Engineering major

MEDICAL LICENSURE AND BOARD CERTIFICATIONS

American Board of Internal Medicine: Interventional Cardiology: 10/16
American Board of Internal Medicine: Cardiovascular Disease: 10/15
National Board of Echocardiography: Adult echocardiography: 7/15
American Board of Internal Medicine Certification: 8/10

Medical Board of California: License A105189 exp: 06/26
Oregon Medical Board: License MD 186631 exp: 12/25
Colorado Medical Board: Dr.0056532 exp: 04/25

OR DEA Registration Number: FV1088310 Exp: 5/2026
CA DEA Registration Number: FV8944616 Exp: 5/2025

ACLS Certification: Exp: 03/26
BLS Certification: Exp: 03/26

PUBLICATIONS

Verma S, Burkhoff D, O'neill WW. Avoiding hemodynamic collapse during high-risk percutaneous coronary intervention: Advanced hemodynamics of Impella support. Catheterization and Cardiovascular Interventions. 2017 Mar 1;89(4):672-5.

Krishnan, S., **Verma, S.**, Cheng, M., Krishnan, R. and Pai, R.G., 2015. Left Ventricular Septolateral Mechanical Delay Is Associated with Reduced Long-Term Survival in Systolic Heart Failure with Narrow QRS Duration: Nine-Year Outcome in 109 Patients. *Echocardiography*, *32*(10), pp.1515-1519.

Naqvi TZ, Rafique AM, **Verma S**, Peter CT. AV and VV Optimization Causes Incremental Improvement in Cardiac Output and Synchrony Post Cardiac Resynchronization Treatment. Circulation 2006; 114(18): E-.

Rafique AM, **Verma S**, Peter CT, Naqvi TZ. A novel method for Non-Invasive programming of Atrioventricular and Ventriculo-Ventricular delays of Cardiac Resynchronization Devices. Circulation 2006; 114(18): E-.

Naqvi TZ, Rafique AM, Swerdlow CD, **Verma S**, Siegel RJ, Tolstrup K, Kerwin WF, Goodman JS, Gallik D, Gang ES, Peter CT. Predictors of Reduction in Mitral Regurgitation in Patients Undergoing Cardiac Resynchronization Treatment. Heart. 2008 May; Epub ahead of print. Cited in PubMed; PMID: 18467354.

POSTERS AND PRESENTATIONS

"Does Visual Grading of Myocardial Perfusion During Standard Resting Contrast Echocardiography Predict Extent of ST Segment Resolution or Lack Thereof and Angiographic No Re-Flow in Patients Presenting With ST Elevation Myocardial Infarction?" **Verma S,** Kanasagara J, Frank J, Parikh S, Ananthasubramaniam K. Henry Ford Hospital. Presented at NASCI, Scientific Sessions, New Orleans LA, 2014

"Beta Blockers Confer a Survival Benefit in Patients with Myocardial Infarction". **Verma S**, Wells K, Peterson EL, Surjanhata B, Williams LK, Lanfear DE. Henry Ford Hospital. Presented at AHA Scientific Sessions, Dallas TX, 2013

"Left Ventricular Septolateral Delay Affects Survival Independent of QRS Duration in Patients With Systolic Heart Failure: Nine Year Outcome in 119 Patients." **Verma S**, Cheng M, Krishnan S, Krishnan R, Pai RG. Presented at AHA Scientific Sessions Orlando FL, 2011

PROFESSIONAL SOCIETY MEMBERSHIPS

Fellow of the American College of Cardiology

PERSONAL

Languages: English, Hindi, German

Hobbies: photography, hiking, classical music and am an audiophile

Citizenship: USA

RICHARD JAFFE, ESQ.
Pro hac vice admitted
428 J Street, 4th Floor
Sacramento, California 95814
Tel: 916-492-6038
Fax: 713-626-9420
Email: rickjaffeesquire@gmail.com

ROBERT F. KENNEDY JR., ESQ.
Pro hac vice admitted
48 Dewitt Mills. Rd.
Hurley, NY 12433
Tel: 845-481-2622

TODD S. RICHARDSON, ESQ.
Law Offices of Todd S Richardson, PLLC
604 Sixth Street
Clarkston, WA 99403
Tel: 509-758-3397
Fax: 509-758-3399
WSBA 30237
Attorneys for Plaintiffs

HON. THOMAS O. RICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

JOHN STOCKTON, RICHARD EGGLESTON, M.D., THOMAS T. SILER, M.D., DANIEL MOYNIHAN, M.D., CHILDREN'S HEALTH DEFENSE, a not-for-profit corporation, AND JOHN AND JANE DOES, M.Ds 1-50,
Plaintiffs,

v.

ROBERT FERGUSON, in his official capacity as Attorney General of the State of Washington, AND KYLE S. KARINEN, in his official capacity as Executive Director of the Washington Medical Commission
Defendants.

Case No: 2:24-cv-00071 TOR

DECLARATION OF GREGORY J. GLASER ESQ. IN SUPPORT OF PRELIMINARY INJUNCTION MOTION

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

Gregory J. Glaser Esq. states as follows:

1. I am a California licensed attorney. I submit this declaration in support of Plaintiffs' Motion for a preliminary injunction. I have personal knowledge of the facts set forth herein.

2. I am general counsel to a California based organization Physicians for Informed Consent ("PIC"), for physicians, scientists, and others. PIC provides factual scientific information about vaccine safety and engages in public advocacy activities including communicating with the California state legislature about pending bills of interest to the organization and participating in lawsuits to challenge laws that the organization determines are wrong or violate the rights of citizens and physicians.

3. Since the start of the pandemic, PIC and I have been deeply involved in correcting the misinformation put out by the CDC and other public health organizations about the Covid vaccines and other related issues, such as the claimed need for lockdowns, and distance learning in schools.

4. The purpose of this declaration is to provide the Court with information about California's response to the pandemic with specific respect to the Legislature's effort to implement the Federation of State Medical Board's July 2021 press release encouraging its member medical boards to sanction physicians for spreading Covid misinformation, as detailed in pages 10 and 11 of the Complaint. Based on my personal knowledge, paragraph 26 accurately reflects the Federation's press release and what it claims to be per footnote 7.

5. Like what is stated in the complaint (paragraph 27), I am also unaware of the Federation putting out any white paper or legal analysis demonstrating that it is constitutional for a government agency to sanction licensees for speaking out in public on a matter of public interest.

6. The primary topic of this declaration though is California's attempt to implement its version of the Federation's press release, which having reviewed Washington's adaption thereof, is quite similar to what the California Legislature tried

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

to enact, though the Washington policy is somewhat broader.

7. Indeed, in mid-February 2022, California Assembly Bill 2098 was introduced, which was a bill giving the California medical boards the specific power to sanction physicians for propagating "Covid misinformation" or "Covid disinformation."

8. Significantly, in its initial iteration, AB 2098 covered both physician soapbox speech as well as communications to individual patients.

9. The soapbox speech part of the bill was widely criticized publicly and in communications to the appropriate Assembly personnel. I know this because both I and Plaintiffs' counsel Richard Jaffe were two of the attorneys who vigorously argued against that part of the bill in writing to the committee, pointing out, among other things that it would be unconstitutional to include soapbox speech into the law.

10. The criticisms apparently were heard by the legislature because shortly before the first Assembly hearing on the bill, in mid-April, the Legislative Counsel's report published on the official Legislature's website indicated that soapbox speech part would be eliminated. The dissemination term was then limited to the communications between a doctor and patient in the form of treatment or advice. A copy of the marked-up legislation with the first Legislative analysis is attached hereto as Exhibit A, the purpose of which attachment is to provide external support for what I am testifying to under oath.

11. The Legislative Counsel's report discussed at length the constitutionality of the bill, the sum and substance being that while sanctioning physicians for their communications to patients about Covid might be constitutional, reaching the physicians' soapbox would likely not be. See pages 11-12 ("Whether this bill would be considered constitutionally valid would in large part depend on how it is interpreted and enforced. If the MBC or the OMBC were to take action against a physician for statements made to the general public about COVID-19 through social media or at a public protest, a court may find that this speech falls at the end of the spectrum where the First Amendment's protections are strongest.")

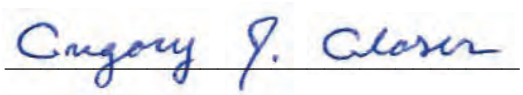
RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

12. I have no information as to whether the Washington Medical Commission or the Attorney General's office engaged in a similar extensive constitutional analysis and came to a different conclusion, prior to what I understand to be the Commission's adoption of its Federation-inspired Covid misinformation position. Perhaps the Defendants will share that work product during this lawsuit to enlighten the Court.

//

I declare under threat of penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that this declaration was executed on the date set forth below in Copperopolis, California.

Dated March 15, 2024



Gregory J. Glaser, Esq.

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

Exhibit A

AB-2098 Physicians and surgeons: unprofessional conduct. (2021-2022)

Current Version: 09/30/22 - Chaptered **Compared to Version:** 02/14/22 - Introduced Compare Versions

SECTION 1. The Legislature finds and declares all of the following:

(a) The global spread of the SARS-CoV-2 coronavirus, or COVID-19, has claimed the lives of over ~~5,000,000~~ *6,000,000* people worldwide, including nearly ~~75,000~~ *90,000* Californians.

(b) Data from the federal Centers for Disease Control and Prevention (CDC) shows that unvaccinated individuals are at a risk of dying from COVID-19 that is 11 times greater than those who are fully vaccinated.

(c) The safety and efficacy of COVID-19 vaccines have been confirmed through evaluation by the federal Food and Drug Administration (FDA) and the vaccines continue to undergo intensive safety monitoring by the CDC.

(d) The spread of misinformation and disinformation about COVID-19 vaccines has weakened public confidence and placed lives at serious risk.

(e) Major news outlets have reported that some of the most dangerous propagators of inaccurate information regarding the COVID-19 vaccines are licensed health care professionals.

(f) The Federation of State Medical Boards has released a statement warning that physicians who engage in the dissemination of COVID-19 vaccine misinformation or disinformation risk losing their medical license, and that physicians have a duty to provide their patients with accurate, science-based information.

(g) In House Resolution No. 74 of the 2021–22 Regular Session, the California State Assembly declared health misinformation to be a public health crisis, and urged the State of California to commit to appropriately combating health misinformation and curbing the spread of falsehoods that threaten the health and safety of Californians.

SEC. 2. Section 2270 is added to the Business and Professions Code, to read:

2270. (a) It shall constitute unprofessional conduct for a physician and surgeon to disseminate ~~or promote~~ misinformation or disinformation related to COVID-19, including 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.

(b) ~~The board shall consider the following factors prior to bringing a disciplinary action against a licensee under this section:~~ *For purposes of this section, the following definitions shall apply:*

(1) ~~Whether the licensee deviated from the applicable standard of care.~~ *"Board" means the Medical Board of California or the Osteopathic Medical Board of California, as applicable.*

(2) ~~Whether the licensee intended to mislead or acted with malicious intent.~~ *"Disinformation" means misinformation that the licensee deliberately disseminated with malicious intent or an intent to mislead.*

(3) ~~Whether the misinformation or disinformation was demonstrated to have resulted in an individual declining opportunities for COVID-19 prevention or treatment that was not justified by the individual's medical history or condition.~~ *"Disseminate" means the conveyance of information from the licensee to a patient under the licensee's care in the form of treatment or advice.*

(4) ~~Whether the misinformation or disinformation was~~ *"Misinformation" means false information that is* contradicted by contemporary scientific consensus ~~to an extent where its dissemination constitutes gross negligence by the licensee.~~ *contrary to the standard of care.*

~~(c) For purposes of this section, the following definitions shall apply:~~

~~(1)~~ *(5)* "Physician and surgeon" means *a* person licensed by the Medical Board of California or the Osteopathic Medical Board of California under Chapter 5 (commencing with Section 2000).

~~(2) "Board" means the Medical Board of California or the Osteopathic Medical Board of California, as applicable.~~

~~(d)~~ *(c)* Section 2314 shall not apply to this section.

SEC. 3. *The provisions of this act are severable. If any provision of this act or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.*

Date of Hearing: April 19, 2022

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
AB 2098 (Low) – As Introduced February 14, 2022

SUBJECT: Physicians and surgeons: unprofessional conduct.

SUMMARY: Expressly provides that the dissemination of misinformation or disinformation related to COVID-19 by physicians and surgeons constitutes unprofessional conduct.

EXISTING LAW:

1) Enacts the Medical Practice Act, which provides for the licensure and regulation of physicians and surgeons. (Business and Professions Code (BPC) §§ 2000 *et seq.*)

2) Establishes the Medical Board of California (MBC), a regulatory board within the Department of Consumer Affairs (DCA) comprised of 15 appointed members. (BPC § 2001)

3) Enacts the Osteopathic Act, which provides for the licensure and regulation of osteopathic physicians and surgeons. (BPC §§ 2450 *et seq.*)

4) Establishes the Osteopathic Medical Board of California (OMBC), which regulates osteopathic physicians and surgeons who possess effectively the same practice privileges and prescription authority as those regulated by MBC but with a training emphasis on diagnosis and treatment of patients through an integrated, whole-person approach. (BPC § 2450)

5) Provides that protection of the public shall be the highest priority for both the MBC and the OMBC in exercising their respective licensing, regulatory, and disciplinary functions, and that whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount. (BPC § 2001.1; § 2450.1)

6) Entrusts the MBC with responsibility for, among other things, the enforcement of the disciplinary and criminal provisions of the Medical Practice Act; the administration and hearing of disciplinary actions; carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge; suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions; and reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board. (BPC § 2004)

7) Authorizes the MBC to appoint panels of at least four of its members for the purpose of fulfilling its disciplinary obligations and provides that the number of public members assigned to a panel shall not exceed the number of licensed physician and surgeon members. (BPC § 2008)

8) With approval from the Director of Consumer Affairs, authorizes the MBC to employ an executive director as well as investigators, legal counsel, medical consultants, and other assistance, but provides that the Attorney General is legal counsel for the MBC in any judicial and administrative proceedings. (BPC § 2020)

9) Allows the MBC to select and contract with necessary medical consultants who are licensed physicians to assist it in its programs. (BPC § 2024)

10) Empowers the MBC to take action against persons guilty of violating the Medical Practice Act. (BPC § 2220)

11) Requires the Director of Consumer Affairs to appoint an independent enforcement monitor no later than March 1, 2022 to monitor the MBC's enforcement efforts, with specific concentration on the handling and processing of complaints and timely application of sanctions or discipline imposed on licensees and persons in order to protect the public. (BPC § 2220.01)

12) Requires the MBC to prioritize its investigative and prosecutorial resources to ensure that physicians representing the greatest threat of harm are identified and disciplined expeditiously, with allegations of gross negligence, incompetence, or repeated negligent acts that involve death or serious bodily injury to one or more patients receiving the highest priority. (BPC § 2220.05)

13) Clarifies that the MBC is the only licensing board that is authorized to investigate or commence disciplinary actions relating to the physicians it licenses. (BPC § 2220.5)

14) Provides that a licensee whose matter has been heard by an administrative law judge, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the MBC, may be subject to various forms of disciplinary action. (BPC § 2227)

15) Provides that all proceedings against a licensee for unprofessional conduct, or against an applicant for licensure for unprofessional conduct or cause, shall be conducted in accordance with the Administrative Procedure Act. (BPC § 2230)

16) Requires the MBC to take action against any licensee who is charged with unprofessional conduct, which includes, but is not limited to, the following:

    a) Violating or aiding in the violation of the Medical Practice Act.

    b) Gross negligence.

    c) Repeated negligent acts.

    d) Incompetence.

    e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician.

    f) Any action or conduct that would have warranted the denial of a certificate.

    g) The failure by a physician, in the absence of good cause, to attend and participate in an investigatory interview by the MBC.

    (BPC § 2234)

17) Provides that a physician shall not be subject to discipline solely on the basis that the treatment or advice they rendered to a patient is alternative or complementary medicine if that treatment or advice was provided after informed consent and a good-faith prior examination; was provided after the physician provided the patient with information concerning conventional treatment; and the alternative complementary medicine did not cause a delay in, or discourage traditional diagnosis of, a condition of the patient, or cause death or serious bodily injury to the patient. (BPC § 2234.1)

18) Provides that the conviction of any offense substantially related to the qualifications, functions, or duties of a physician constitutes unprofessional conduct. (BPC § 2236)

19) Provides that violating a state or federal law regulating dangerous drugs or controlled substances, constitutes unprofessional conduct. (BPC §§ 2237 – 2238)

20) Provides that self-prescribing of a controlled substance, or the use of a dangerous drug or alcoholic beverages to the extent that it is dangerous or injurious to the physician or any other person, or impairs the physician's ability to practice, constitutes unprofessional conduct. (BPC § 2239)

21) Provides that prescribing, dispensing, or furnishing dangerous drugs without an appropriate prior examination and a medical indication constitutes unprofessional conduct. (BPC § 2242)

22) Provides that the willful failure to comply with requirements relating to informed consent for sterilization procedures constitutes unprofessional conduct. (BPC § 2250)

23) Provides that the prescribing, dispensing, administering, or furnishing of liquid silicone for the purpose of injecting such substance into a human breast or mammary constitutes unprofessional conduct. (BPC § 2251)

24) Provides that the violation of an injunction or cease and desist order relating to the treatment of cancer constitutes unprofessional conduct. (BPC § 2252)

25) Provides that failure to comply with the Reproductive Privacy Act governing abortion care constitutes unprofessional conduct. (BPC § 2253)

26) Provides that the violation of laws relating to research on aborted products of human conception constitutes unprofessional conduct. (BPC § 2254)

27) Provides that the violation of laws relating to the unlawful referral of patients to extended care facilities constitutes unprofessional conduct. (BPC § 2255)

28) Provides that any intentional violation of laws relating to the rights of involuntarily confined inpatients constitutes unprofessional conduct. (BPC § 2256)

29) Provides that the violation of laws relating to informed consent for the treatment of breast cancer constitutes unprofessional conduct. (BPC § 2257)

30) Provides that the violation of laws relating to the use of laetrile or amygdalin with respect to cancer therapy constitutes unprofessional conduct. (BPC § 2258)

31) Provides that failing to give a patient a written summary prior to silicone implants being used in cosmetic, plastic, reconstructive, or similar surgery constitutes unprofessional conduct. (BPC § 2259)

32) Provides that failing to give a patient a written summary prior to collagen injections being used in cosmetic, plastic, reconstructive, or similar surgery constitutes unprofessional conduct. (BPC § 2259.5)

33) Provides that any violation of extraction and postoperative care standards constitutes unprofessional conduct. (BPC § 2259.7)

34) Provides that the removal of sperm or ova from a patient without written consent constitutes unprofessional conduct. (BPC § 2260)

35) Provides that the violation of laws relating to human cloning constitutes unprofessional conduct. (BPC § 2260.5)

36) Provides that knowingly making or signing any certificate related to the practice of medicine which falsely represents the existence or nonexistence of a state of facts constitutes unprofessional conduct. (BPC § 2261)

37) Provides that altering or modifying the medical record of any person, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct. (BPC § 2262)

38) Provides that numerous other inappropriate activities or violations of the law constitute unprofessional conduct. (BPC §§ 2263 – 2318)

39) Requires that licensees be given notification of proposed actions to be taken against the licensee by the MBC and be given the opportunity to provide a statement to the deputy attorney general assigned to the case. (BPC § 2330)

THIS BILL:

1) Provides that the dissemination or promotion of misinformation or disinformation related to COVID-19 by a physician and surgeon constitutes unprofessional conduct.

2) Includes false or misleading information regarding the nature and risks of the COVID-19 virus, its prevention and treatment, and the development, safety, and effectiveness of COVID-19 vaccines as types of misinformation or disinformation that could be disseminated.

3) Requires the MBC or OMBC to consider the following factors prior to bringing a disciplinary action against a licensee for disseminating misinformation or disinformation:

   a) Whether the licensee deviated from the applicable standard of care.

   b) Whether the licensee intended to mislead or acted with malicious intent.

   c) Whether the misinformation or disinformation was demonstrated to have resulted in an individual declining opportunities for COVID-19 prevention or treatment that was not justified by the individual's medical history or condition.

d) Whether the misinformation or disinformation was contradicted by contemporary scientific consensus to an extent where its dissemination constitutes gross negligence by the licensee.

4) Defines "physician and surgeon" as a person licensed by either the MBC or the OMBC.

5) Provides that violators of the bill's provisions are not guilty of a misdemeanor.

6) Makes various findings and declarations in support of the bill.

FISCAL EFFECT: Unknown; this bill is keyed fiscal by the Legislative Counsel.

COMMENTS:

Purpose. This bill is sponsored by the **California Medical Association**. According to the author:

> "AB 2098 is crucial to addressing the amplification of misinformation and disinformation related to the COVID-19 pandemic. Licensed physicians, doctors, and surgeons possess a high degree of public trust and therefore must be held accountable for the information they spread. Providing patients with accurate, science-based information on the pandemic and COVID-19 vaccinations is imperative to protecting public health. By passing this legislation, California will show its unwavering support for a scientifically informed populous to protect ourselves from COVID-19."

Background.

COVID-19 Pandemic and Vaccines. To date, over 984,000 people have died of COVID-19 in the United States, including approximately 90,000 Californians.[1] On March 4, 2020, Governor Gavin Newsom proclaimed a State of Emergency as a result of the impacts of the COVID-19 public health crisis, and on March 19, 2020, the Governor formally issued a statewide "stay at home order," directing Californians to only leave the house to provide or obtain specified essential services. Subsequent guidance from the State Public Health Officer expressly exempted from that order various professionals regulated by the Department of Consumer Affairs (DCA), including physicians and surgeons providing essential care.

On March 30, 2020, Governor Newsom announced an initiative to "expand California's health care workforce and recruit health care professionals to address the COVID-19 surge" and signed Executive Order N-39-20. This executive order established a waiver request process under the DCA and included other provisions authorizing the waiver of licensing, certification, and credentialing requirements for health care providers. Through this waiver process, the DCA issued a series of waivers of law to authorize various healing arts professionals to order and administer COVID-19 vaccines. These waivers aligned with similar authority granted federally under the Public Readiness and Emergency Preparedness (PREP) Act for Medical Countermeasures Against COVID-19.

[1] Data current as of April 11, 2022; the number of Californians who have died from causes related to COVID-19 has risen 20 percent since this bill was introduced with its current findings and declarations.

Vaccines are regulated and overseen by multiple federal entities responsible for ensuring their safety and efficacy. The federal Food and Drug Administration (FDA) is initially responsible for approving new drugs, determining both that they are safe to administer and that their recommended use is clinically supported. During states of emergency, the FDA may expedite their review through the Emergency Use Authorization (EUA) process to accelerate the availability of new immunizations or treatments. Currently, three vaccines have been approved through the EUA process for COVID-19. These vaccines have additionally been reviewed and found safe by national experts participating in a Western States Scientific Safety Review Workgroup. Data has continued to show that the risks of infection, hospitalization, and death for vaccinated individuals are dramatically lower than for those who have not been vaccinated.[2]

Misinformation and Disinformation. This bill is intended to target three types of false or misleading information relating to the COVID-19 pandemic. First, the language refers to nonfactual information regarding "the nature and risks of the virus"—for example, misleadingly comparing COVID-19 to less serious conditions or inaccurately characterizing the deadliness of the disease. Second, the bill seeks to address false statements regarding its "prevention and treatment"—this would presumably include the promotion of treatments and therapies that have no proven effectiveness against the virus. The third category is for misinformation or disinformation regarding "the development, safety, and effectiveness of COVID-19 vaccines."

Public skepticism and misunderstanding of diseases, treatments, and immunizations is not unique to COVID-19. The earliest known group formed to oppose vaccination programs, the National Anti-Vaccination League, was established in the United Kingdom in 1866 following a series of violent protests against mandatory smallpox immunizations in the Vaccination Act of 1853.[3] In 1918, conspiracy theories were circulated that the Spanish Flu pandemic was a deliberate act of biological warfare, spread through aspirin manufactured by German company Bayer.[4]

What has been historically unprecedented about the dissemination of misinformation and disinformation throughout the COVID-19 pandemic is the omnipresence of media coverage and the prevalence of social media. False information can easily be spread to millions within days or even hours of it being created. It can become challenging for a population already feeling overloaded with complex information to differentiate between thoroughly researched, accurate reporting and information that is oversimplified, unproven, or patently false.[5]

A substantial factor in the spread of false information is a phenomenon known as "confirmation bias." When individuals hold a preexisting belief or suspicion, they will often unconsciously seek out information to validate that predisposition and filter out contradictory evidence.[6] The persistence of modern media exposure and the internet has exacerbated this effect, as information seeming to support virtually any viewpoint or understanding can now easily be found through the use of search engines and social media. Many websites further exacerbate the issue of confirmation bias by algorithmically delivering consistent information to users who have demonstrated a pattern of belief or ideology.

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[2] Dyer, Owen. "COVID-19: Unvaccinated face 11 times risk of death from delta variant, CDC data show." *BMJ (Clinical research ed.)* vol. 374 (2021).
[3] Wolfe, Robert M. "Anti-vaccinationists past and present." *BMJ (Clinical research ed.)* vol. 325 (2002).
[4] Johnson, Norman A. "The 1918 flu pandemic and its aftermath." *Evo Edu Outreach* 11, 5 (2018).
[5] Nelson, Taylor. "The Danger of Misinformation in the COVID-19 Crisis." *Missouri medicine vol. 117*, 6 (2020).
[6] Nickerson, Raymond S. "Confirmation bias: A ubiquitous phenomenon in many guises." *Review of General Psychology*, 2 (1998).

The role of physicians and other health professionals in legitimizing false information during the COVID-19 pandemic has presented serious implications for public safety. For example, the federal Centers for Disease Control and Prevention (CDC) has for decades been recognized as the United States government's primary agency for protecting Americans through expert research and advice related to the control and prevention of communicable disease. The CDC has consistently warned Americans about the threat of COVID-19 and strongly encouraged vaccination. However, throughout the pandemic, many individuals who are predisposed toward skepticism of the government and incredulity toward vaccines have sought to validate those views, despite unambiguous guidance to the contrary from leading health experts.

As a result, health practitioners whose views on COVID-19 and immunization against it are within the extreme minority for their profession are armed with a disproportionately loud voice in the public discourse. Antigovernment cynics and vaccine skeptics cohere to the opinions of those few physicians who will reinforce their beliefs as they seek to appeal to authority in service of their confirmation bias.[7] The effect of this is that a relatively small group of public health contrarians who are licensed as physicians will be afforded the same, if not more, credibility as long-trusted public institutions like the CDC, the FDA, and the American Medical Association, even if those physicians do not specialize in epidemiology or infectious disease prevention.

The incongruity of this reasoning is frequently rationalized in part through conspiracy theories about the medical establishment. This is not novel. When allopathic medicine first achieved dominance during the Progressive Era, there were many who vilified the medical system as financially motivated, accusing "modern medicine men" of oppressing natural therapies in order to profit from a monopoly on health care practice.[8] Other related conspiracy theories frequently involve the United States government, which has been accused of everything from inventing or exaggerating the pandemic to suppressing natural remedies, or even using COVID-19 vaccines as a clandestine method for implanting microchips into Americans.[9]

Role of State Medical Boards. Physicians and surgeons in California are regulated by one of two entities: the Medical Board of California (MBC) or the Osteopathic Medical Board of California (OMBC). The MBC licenses and regulates about 153,000 physicians while the OMBC licenses and regulates slightly over 12,000. Despite receiving different forms of medical education and being overseen by separate boards, the essential scope of practice for these two categories of licensees are virtually identical.

In July of 2021, the Federation of State Medical Boards (FSMB) issued a statement positioned as being "in response to a dramatic increase in the dissemination of COVID-19 vaccine misinformation and disinformation by physicians and other health care professionals on social media platforms, online and in the media." The FSMB warned that physicians who engage in the spread of false information related to COVID-19 were jeopardizing their licenses to practice medicine. While physicians are subject to discipline only by boards located in states where they hold a license, the FSMB's statement was viewed as a serious warning to doctors that they risked disciplinary action if they engaged in spreading inaccurate information.

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[7] Topf, Joel M., and Williams, Paul N. "COVID-19, social media, and the role of the public physician." *Blood Purification* 50.4-5 (2021).
[8] Burrow, JG. *Organized Medicine in the Progressive Era: The Move Toward Monopoly*. Baltimore, MD: Johns Hopkins University Press (1977).
[9] Rubin, Rita. "When Physicians Spread Unscientific Information About COVID-19." *JAMA* 327 (2002).

Following the FSMB's statement, some state medical boards appeared poised to take action against licensees found to be spreading misinformation or disinformation. Tennessee's Board of Medical Examiners adopted the FSMB's statement as their own. However, in response, the state's Republican legislature threatened to disband the board if it sought to take any such action against a physician. Legislation in at least fourteen states has been introduced to prevent medical boards from holding physicians who spread false information accountable in accordance with the FSMB's guidance.[10]

In contrast to legislative action taken in those states, this bill would seek to confirm that in California, physicians who disseminate COVID-19 misinformation or disinformation are indeed subject to formal discipline. The bill would expressly establish that such dissemination would constitute "unprofessional conduct"—a term used prolifically in the Medical Practice Act as a general description of numerous forms of conduct for which disciplinary action may be taken. The MBC or OMBC would be required to consider multiple factors prior to filing an accusation, but would ultimately be authorized to take enforcement action against physicians who have used their licenses to jeopardize public health and safety through the spread of false information.

It is certainly meaningful that this bill would establish as a matter of California law that physicians are subject to discipline for spreading false information. However, it is more than likely that the MBC and OMBC are both already fully capable of bringing an accusation against a physician for this type of misconduct. For example, the Medical Practice Act includes "gross negligence" and "repeated negligent acts" within the meaning of unprofessional conduct, representing situations where the physician deviated from the standard of care in the opinion of the MBC and its expert medical reviewers.

If, for example, a physician were to advise patients to inject disinfectant as a way of treating COVID-19—as former President Trump once did, resulting in a sharp rise in reported incidents of misusing bleach and other cleaning products[11]—disseminating that "misinformation" would almost certainly be considered negligent care subject to discipline. Whether a case of spreading misinformation is sufficient to bring an action for gross negligence would be evaluated using the MBC's expert reviewer guidelines, which provide that "the determining factor is the *degree* of departure from the applicable standard of care." Similarly, it is arguable that spreading "disinformation" as commonly defined would constitute an "act of dishonesty or corruption"—also statutorily included within the Medical Practice Act's meaning of unprofessional conduct.

Those in opposition to this bill have expressed concern that the MBC would overzealously prosecute doctors for expressing views that are outside the mainstream but not indisputably unreasonable based on the physician's research and training. This apprehension cannot easily be reconciled with persistent criticisms levied against the MBC by the Legislature and patient safety advocates, who have repeatedly reproved the board for its underwhelming enforcement activities. Major news editorials have pointed out that the MBC only takes formal disciplinary action in about three percent of cases, and that more than 80 percent of complaints are dismissed without investigation. As the Legislature persists in its admonishment of the MBC for failing to take aggressive action against physicians who commit unprofessional conduct, it would appear dubious that the board would excessively utilize the authority expressly provided by this bill.

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[10] https://www.audacy.com/wccoradio/news/national/laws-are-stopping-medical-boards-from-punishing-doctors
[11] Gharpure, Radhika. "Knowledge and Practices Regarding Safe Household Cleaning and Disinfection for COVID-19 Prevention." *Morbidity and Mortality Weekly Report*, 69 (2020).

It stands to reason that Californians who have demonstrated suspicion toward both the medical establishment and their government would be slow to trust the MBC, with a majority of its members consisting of physicians appointed by the Governor. However, the degree of enmity recently exhibited by physicians and others opposed to COVID-19 prevention policies could be viewed as disturbing. In December of 2021, it was reported that representatives of an anti-vaccination organization called America's Frontline Doctors had stalked and intimidated Kristina Lawson, President of the MBC.[12] This harassment was escalated in April of 2022 when that same organization "released a 21-minute video that depicts Lawson in Nazi regalia, a whip in her hand and swastika on her shoulder, and shows a clip of the garage confrontation validating Lawson's description."[13]

America's Frontline Doctors was founded by Dr. Simone Gold, who holds an active license in California as a physician. Dr. Gold and her organization have vociferously promoted hydroxychloroquine as a COVID-19 treatment, despite evidence increasingly showing it to be ineffective and potentially unsafe.[14] Dr. Gold has engaged in multiple campaigns to stoke public distrust in COVID-19 vaccines, characterizing them as "experimental" despite numerous safety and efficacy trials successfully confirming their safety and efficacy.[15] Dr. Gold spoke at a rally held in conjunction with the attempted insurrection on the United States Capitol on January 6, 2021; she was arrested and subsequently pleaded guilty to a misdemeanor relating to that event.

Despite what would appear to be repeated conduct perpetrated by Dr. Gold involving the dissemination of false information regarding COVID-19, Dr. Gold's license remains active with the MBC and there appears to be no record of any disciplinary action taken against her.[16] Given the air of legitimacy she sustains from her status as a licensed physician, Dr. Gold likely serves as an illustrative example of the type of behavior that the author of this bill seeks to unequivocally establish as constituting unprofessional conduct for physicians in California. Regardless of whether similar authority is already available to the MBC through other enforceable provisions in the Medical Practice Act, it is understandable that the author desires to make this authority explicit and confirm that doctors licensed in California who disseminate misinformation or disinformation should be held fully accountable.

Current Related Legislation. AB 1636 (Weber) would prohibit the MBC from granting or reinstating physician certificates to individuals who commit sexual misconduct and require the MBC to revoke the licenses of physicians to commit such misconduct. *This bill is pending in this committee.*

AB 1767 (Boerner Horvath) would remove licensed midwives from the jurisdiction of the MBC and establish a new board to license and regulate that profession. *This bill is pending in this committee.*

AB 2060 (Quirk) would change the membership composition of the MBC so that a majority of the board consists of public members. *This bill is pending in this committee.*

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[12] https://www.latimes.com/business/story/2021-12-10/covid-anti-vax-confrontations
[13] https://www.latimes.com/business/story/2022-04-06/covid-anti-vaxxers-campaign-against-public-health-advocates-gets-more-extreme
[14] Singh, Bhagteshwar. "Chloroquine or hydroxychloroquine for prevention and treatment of COVID-19." *The Cochrane database of systematic reviews vol. 2*, 2 (2021).
[15] https://www.medpagetoday.com/infectiousdisease/covid19/90536
[16] https://search.dca.ca.gov/details/8002/G/70224/595d067c562f072a5e7b25c913b285cf

Prior Related Legislation. SB 806 (Roth, Chapter 649, Statutes of 2021) extended the sunset date for the MBC until January 1, 2023 and made numerous reforms to the Medical Practice Act.

AB 1909 (Gonzalez) would have provided that performing an examination on a patient for the purpose of determining whether the patient is a virgin constitutes unprofessional conduct. *This bill was not presented for a vote in this committee.*

AB 1278 (Nazarian) would have provided that failing to post an Open Payments database notice constitutes unprofessional conduct. *This bill was held on the Assembly Appropriations Committee's suspense file.*

SB 1448 (Hill, Chapter 570, Statutes of 2018) requires physicians and surgeons, osteopathic physicians and surgeons, podiatrists, acupuncturists, chiropractors and naturopathic doctors to notify patients of their probationary status beginning July 1, 2019.

ARGUMENTS IN SUPPORT:

The **California Medical Association** (CMA) is sponsoring this bill. According to the CMA: "The COVID-19 pandemic has unfortunately led to increasing amounts of misinformation and disinformation related to the disease including how the virus is transmitted, promoting untested treatments and cures, and calling into question public health efforts such as masking and vaccinations. Many health professionals, including physicians, have been the culprits of this misinformation and disinformation effort." The CMA goes on to argue that "while the MBC may have the ability to discipline licensees for unprofessional conduct under Business and Professions Code section 2234, AB 2098 makes clear that the MBC has the statutory authority to take such actions against physicians that spread COVID-19 misinformation or disinformation."

The **American Academy of Pediatrics, California** is in support of this bill, writing: "Licensed physicians possess a high degree of public trust and therefore have a powerful platform in society. When they choose to spread inaccurate information, physicians contradict their responsibilities and further erode public trust in the medical profession. By passing this bill, California will demonstrate its unwavering support for a scientifically informed populous to protect ourselves from COVID-19."

ARGUMENTS IN OPPOSITION:

A Voice for Choice Advocacy opposes this bill, writing: "While we agree that physicians and surgeons should be disciplined for maliciously sharing misinformation and disinformation, there are already measures in place for the California Medical Board to discipline for such offenses. Furthermore, AB 2098 is overly broad and would be impossible to implement because there is no definition and no established 'standard of care' or 'contemporary scientific consensus' for treating SARS-COV-2/COVID-19."

Californians for Good Governance opposes this bill "based on concerns about its unconstitutional restrictions on free speech." The organization argues that "while the state may be able to claim that providing the public with accurate information regarding Covid-19 is a compelling interest, it cannot possibly argue that the blunt weapon that AB 2098 represents is narrowly tailored to that interest." The organization further states that "in a country such as ours, which was established on the foundation of civil liberties such as free speech, the truth is something hashed out in the marketplace of ideas, rather than dictated by the government."

POLICY ISSUE(S) FOR CONSIDERATION:

Lack of Definitions. The intent of this bill is made clear in the subdivision providing that "it shall constitute unprofessional conduct for a physician and surgeon to disseminate or promote misinformation or disinformation related to COVID-19." However, the terms "misinformation," "disinformation," and "disseminate" are not defined. Provisions outlining what factors the MBC or OMBC must consider prior to bringing a disciplinary action do suggest how false information should be deemed enforceable under the bill, with some of the language taken directly from definitions provided by the CDC on its public guidance regarding misinformation and disinformation.[17] To ensure greater clarity with regards to how this bill should be interpreted and implemented by the MBC and the OMBC within their existing enforcement architecture, the author should consider amendments restructuring the bill to provide for clearer definitions.

Constitutionality. Many of the opposition arguments regarding this bill have revolved around the concept of "free speech" and whether a state law penalizing physicians for conveying information determined to be false is lawful under the United States Constitution. It is certainly true that the First Amendment prohibits laws "abridging the freedom of speech." However, the Supreme Court of the United States has repeatedly confirmed that this constitutional right is not absolute.

A key factor in determining whether a statute like the one proposed in this bill violates the First Amendment is whether the law would in fact regulate professional *speech* as opposed professional *conduct*. The United States Court of Appeals for the Ninth Circuit discussed this distinction extensively in its decision upholding the constitutionality of California's ban on licensed health professionals providing therapies intended to change a patient's sexual orientation or identity.[18] That decision noted that "doctor-patient communications *about* medical treatment receive substantial First Amendment protection, but the government has more leeway to regulate the conduct necessary to administering treatment itself."

To illustrate the critical difference between the regulation of professional speech versus professional conduct, the Ninth Circuit suggested that the issue be viewed "along a continuum." First, the Ninth Circuit stated that "where a professional is engaged in a public dialogue, First Amendment protection is at its greatest. Thus, for example, a doctor who publicly advocates a treatment that the medical establishment considers outside the mainstream, or even dangerous, is entitled to robust protection under the First Amendment—just as any person is—even though the state has the power to regulate medicine."

The Ninth Circuit then suggested that "at the midpoint of the continuum, within the confines of a professional relationship, First Amendment protection of a professional's speech is somewhat diminished." As an example, the decision cited *Planned Parenthood v. Casey*, in which the Supreme Court upheld a requirement that doctors disclose truthful, nonmisleading information to patients about certain risks of abortion. In this case, the Supreme Court ruled that "the physician's First Amendment rights not to speak are implicated, but only as part of the practice of medicine, subject to reasonable licensing and regulation by the State."[19]

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[17] https://www.cdc.gov/vaccines/covid-19/health-departments/addressing-vaccine-misinformation.html
[18] *Pickup v. Brown*, 728 F.3d 1042 (2015).
[19] *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833, 884 (1992).

The Ninth Circuit ultimately ruled that California's ban on gay conversion therapy fell at the far end of the continuum, in that it consisted of "the regulation of professional conduct, where the state's power is great, even though such regulation may have an incidental effect on speech." The ruling explained that while much of the practice of medicine requires speech to effectuate treatment and therapy in the form of prescriptions, recommendations, and counseling, this is incidental to the regulation of professional conduct, which is the core purpose of all state and federal license requirements. The Supreme Court declined to grant review of the Ninth Circuit's decision, and the California law remains in effect.

A recent decision issued by the Supreme Court in *National Institute of Family and Life Advocates v. Becerra*—which declared that a California law requiring crisis pregnancy centers to make disclosures about pregnancy options was unconstitutional—has frequently been cited as a key precedent for determining whether state laws implicating professional speech are impermissible under the First Amendment.[20] In that decision, the Supreme Court declined to recognize the Ninth Circuit's treatment of "professional speech" as a separate category afforded less protection than other forms of speech. However, the Supreme Court did affirm that "states may regulate professional conduct, even though that conduct incidentally involves speech."

Whether this bill would be considered constitutionally valid would in large part depend on how it is interpreted and enforced. If the MBC or the OMBC were to take action against a physician for statements made to the general public about COVID-19 through social media or at a public protest, a court may find that this speech falls at the end of the spectrum where the First Amendment's protections are strongest. However, if a physician were to be subjected to formal discipline for communications made to a patient under their care in the form of treatment or advice, this would quite likely be considered professional conduct that may be more heavily regulated through the state's police power.

AMENDMENTS:

1) To clarify the meaning of terms used in the bill to align with the boards' existing authority to regulate professional conduct, insert the following provisions to the definitions contained in subdivision (c):

   (3) "Misinformation" means false information that is contradicted by contemporary scientific consensus to an extent where its dissemination constitutes gross negligence by the licensee.

   (4) "Disinformation" means misinformation that the licensee deliberately disseminated with malicious intent or an intent to mislead.

   (5) "Disseminate" means the communication of information from the licensee to a patient under the licensee's care in the form of treatment or advice.

2) To reflect that much of the language currently provided as factors for a board to consider has been relocated to the bill's definitions, strike the current subdivision (b) and insert the following:

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[20] *National Institute of Family and Life Advocates v. Becerra*, 585 U.S. ___ (2018).

(b) Prior to bringing a disciplinary action against a licensee under this section, the board shall consider both whether the licensee departed from the applicable standard of care and whether the misinformation or disinformation resulted in harm to patient health.

3) To add a severability clause to protect the enforceability of the bill following any adverse ruling on the validity of a certain provision or application, insert a new Section 3 as follows:

The provisions of this act are severable. If any provision of this act or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

4) To update statistics in the bill's findings and declarations, amend Section 1 to replace "5,000,000" with "6,000,000 and "75,000" with "90,000."

REGISTERED SUPPORT:

California Medical Association *(Sponsor)*
American Academy of Pediatrics, California
American College of Obstetricians and Gynecologists District IX
California Chapter of the American College of Emergency Physicians
California Podiatric Medical Association
California Rheumatology Alliance
California Society of Anesthesiologists
Children's Specialty Care Coalition
Families for Opening Carlsbad Schools
Numerous individuals

REGISTERED OPPOSITION:

A Voice for Choice Advocacy
California Health Coalition Advocacy
Californians for Good Governance
Catholic Families 4 Freedom CA
Central Coast Health Coalition
Children's Health Defense California Chapter
Concerned Women for America
Depression and Bipolar Support Alliance California
Educate. Advocate.
Frederick Douglass Foundation of California
Homewatch Caregivers of Huntington Beach
Nuremberg 2.0 LTD.
Pacific Justice Institute
Physicians for Informed Consent
Protection of the Educational Rights for Kids
Restore Childhood
Siskiyou Conservative Republicans
Stand Up Sacramento County
Numerous individuals

Analysis Prepared by: Robert Sumner / B. & P. / (916) 319-3301

RICHARD JAFFE, ESQ.
Pro hac vice admitted
428 J Street, 4th Floor
Sacramento, California 95814
Tel: 916-492-6038
Fax: 713-626-9420
Email: rickjaffeesquire@gmail.com

ROBERT F. KENNEDY JR., ESQ.
Pro hac vice admitted
48 Dewitt Mills. Rd.
Hurley, NY 12433
Tel: 845-481-2622

TODD S. RICHARDSON, ESQ.
Law Offices of Todd S Richardson, PLLC
604 Sixth Street
Clarkston, WA 99403
Tel: 509-758-3397
Fax: 509-758-3399
WSBA 30237
Attorneys for Plaintiffs

HON. THOMAS O. RICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

JOHN STOCKTON, RICHARD EGGLESTON, M.D., THOMAS T. SILER, M.D., DANIEL MOYNIHAN, M.D., CHILDREN'S HEALTH DEFENSE, a not-for-profit corporation, AND JOHN AND JANE DOES, M.Ds 1-50,
Plaintiffs,

v.

ROBERT FERGUSON, in his official capacity as Attorney General of the State of Washington, AND KYLE S. KARINEN, in his official capacity as Executive Director of the Washington Medical Commission,
Defendants.

Case No: 2:24-cv-00071 TOR

DECLARATION OF SIMON PETER SERRANO

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

Pete Serrano declares under penalties of perjury as follows:

1. I am an adult citizen of Washington State, over the age of eighteen years, am competent to testify, and hereby make this declaration of my personal knowledge.
2. I am a Washington licensed attorney. I have represented or advised eight (8) physicians and one (1) Physician's Assistant who have been charged by the Washington Medical Commission ("Commission") with what is called Covid misinformation, per the Commission's September 22, 2021, Covid misinformation policy statement. I have also been contacted by at least two (2) other physicians who have been investigated under the same circumstances.
3. In my representation of Dr. Richard S. Wilkinson on charges related to Dr. Wilkinson's advocacy and prescription of Ivermectin for covid-19, the Commission conducted a hearing on April 3-7, 2023. During the hearing, the Commission's investigator, Mike Piechota, testified and indicated that he had been involved in approximately 60 cases in which Covid misinformation was or could have been involved.
4. Attached to this declaration is the transcript excerpt containing that testimony which I attest is a true and correct copy of the hearing transcript which has been filed in the appeal that I filed in Division III of the Washington State Court of Appeals appealing the Commission's Findings of Fact, Conclusions of Law, and Final Order issued on August 12, 2023.

Dated: April 5, 2024

S. Peter Serrano

RICHARD JAFFE, ESQ.
428 J Street, 4th Floor
Sacramento, California 95814

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Matter of: RICHARD S. WILKINSON, MD

DIGITALLY RECORDED PROCEEDINGS

April 06, 2023

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

ADJUDICATIVE CLERKS OFFICE

In the Matter of: RICHARD S. WILKINSON, MD, Credential No. MD.MD.00016229, Respondent.	Master Case No. M2022-196

CERTIFIED TRANSCRIPT

VERBATIM REPORT OF DIGITALLY RECORDED PROCEEDINGS
HELD BEFORE PRESIDING OFFICER MATTHEW HERINGTON
April 6, 2023
Day 4
PAGES 639 through 874

Transcribed By:

Kristin D. Manley, RPR, CCR

Certified Stenographic Court Reporter

for

Capitol Pacific Reporting, Inc.

(800) 407-0148

www.capitolpacificreporting.com
scheduling@capitolpacificreporting.com

APPEARANCES

FOR THE RESPONDENT: MS. KAREN OSBORNE
MR. PETER SERRANO
ATTORNEYS AT LAW

FOR THE DEPARTMENT: MS. KRISTIN BREWER
ASSISTANT ATTORNEY GENERAL

PANEL MEMBERS: CLAIRE PRESCOTT, M.D.
MARY CURTIS, M.D.
ROBERT PULLEN

DIRECT EXAMINATION

BY MR. SERRANO:

Q Mr. Piechota, good morning and thank you for being here.

A Good morning.

Q As the Judge said, I will ask you a handful of questions, so I will start right off. Are you currently employed?

A Yes.

Q And who is your employer?

A The Washington Medical Commission.

Q And what is your position?

A Healthcare investigator.

Q And what are your educational requirements to -- that were required to obtain that position?

A It was a college degree and several years of experience investigating cases.

Q And where did you get your college degree and in what subject?

A Western Illinois University in economics.

Q And you mentioned that you have several years of experience investigating. Can you talk about your background and experience prior to coming to the

A -- didn't leave any vagueness in there.
Q Thank you.
I'm going to share one more screen, and this was -- I will scroll up to the top, Exhibit R, for the Respondent, 63 that was admitted. Are you familiar with this COVID-19, this information position statement?
A Yes, I have read it in the past.
Q Okay. And do -- there are some complaints, and I can share with you one more. Let me close this out. One second. I will circle back to this. There is -- oh, my goodness. Sorry about that.
This is Exhibit D-7. I will scroll to the top. And this comes from Dr. Scott Lancaster. His -- he is a complainant. Do you recall Dr. Lancaster?
A Yes.
Q Okay. And if you can read at the very bottom of Page 4 just this last paragraph. Let me know if I need to blow it up.
A "I a full investigation into this matter, and if evidence is found of spreading mis-information about the benefits of the COVID-19 vaccine, I recommend full revocation of medical license for physician. I have discussed this case with Dr. Barg (ID specialist) and Memorial who agrees this, if true, is totally

inappropriate care."
Q So Dr. Lancaster has a couple of elements in this complaint, one of which is spreading misinformation. Is it typical when you receive a complaint about misinformation or disinformation, regardless of whether it's COVID or some other treatment that you would investigate that?
A If it's assigned to me, then yes, I would investigate it.
Q Prior to -- and I'm going to go back to R-63. Prior to the adoption of this COVID misinformation statement, had you been assigned any COVID misinformation complaints to investigate?
A Not that I recall.
Q Okay. And this was adopted, I believe, in September of 2021. Since the adoption of this position statement, how many COVID misinformation or disinformation cases have you been assigned?
A I don't really have a breakdown because I grouped my -- I personally grouped them into misinformation- and ivermectin-type cases. But at one time, I was carrying a caseload of about 60 investigations.
Q Okay. And did you -- excuse my -- if I misinterpret this. Did you fully work up or conduct a full investigation of all 60 cases --

A Yes, I completed --
Q -- related to -- yeah, sorry, go ahead.
A I was going to say yes, I completed all 60 investigations.
Q And those were specific to either ivermectin treatment or COVID-19 mis- or disinformation; correct?
A Correct.
Q Okay. Have you received any further training or directive specific to investigations related to COVID-19 misinformation or disinformation?
A No, other than some conversations at the onset of these cases.
Q And what would those conversations have entailed?
A Just the thoughts by leadership of kind of what I want to try to get, like -- such as secure -- saving blogs or web pages or following up on hyperlinks and making sure I have all those in the report, instead of just referring to the hyperlink, actually downloading the hyperlinks, those types of things.
Q In those conversations, was there ever an emphasis or -- was it ever placed as an emphasis that this was an important -- an issue of importance?
A Well, to me, every case is important.
Q But from leadership, was there any -- any other type of importance placed on pursuing these types of

claims?
A I don't recall them asking me to work it any different than my other investigations.
MR. SERRANO: I think that covers it for me. I will stop sharing screen. So thank you for your time. I'm sure the Judge will give you instructions as well as Ms. Brewer.
JUDGE HERINGTON: Okay. Thank you.
Ms. Brewer, do you have cross?
MS. BREWER: I do, Judge. May I have just one moment? I'm trying to bring up a document.
JUDGE HERINGTON: Sure.
MS. BREWER: And for the Panel who has it, it is Exhibit D-30. Sorry, 31.

CROSS-EXAMINATION

BY MS. BREWER:
Q Mike, you talked about the complaint in 2021-11600, and you -- you referenced a flyer that this gentleman had -- his wife had found at the hospital. And he had provided that to the Commission. I want you to take a look at this "Dr. Wilkinson Protocol." Is that the -- what was included by the complainant Brandon Bray that you kind of referred to as a flyer? Is it this

document here, "Dr. Wilkinson Protocol"?
A Yes.
Q And the complaint was that this had been left, and the complainant felt like it was harmful?
A Yes.
Q So you obtained a copy of it, and there wasn't too much more in -- that you were asked to do in that case investigation; correct?
A Correct.
Q And then have you investigated -- it's true, isn't it, that you have investigated other cases for the Commission that involved physicians making untrue statements, untrue --
A Yes.
Q -- statements about a medication, about billing? What kinds of things have you investigated that were sort of allegations of untruth or misrepresentation? Can you just list some of the topics?
A Outside of the COVID cases?
Q Correct. Exactly.
A Oh, goodness. I can't recall any specific ones.
Q Have you investigated billing fraud?
A No.
Q Are you aware --
A Not that -- not --

Q Are there investigations in your office about billing fraud?
A I have investigated cases where providers had signed off on documents that perhaps were untrue.
Q Outside of a COVID-19 investigation?
A Correct.
Q So investigations about misrepresentation are not limited to COVID-19 cases?
A Correct.

MS. BREWER: I have no other questions for Mr. Piechota. May I have one moment, though, Judge, before I let this witness go?

JUDGE HERINGTON: Sure.

MS. BREWER: And I do have one final question.

BY MS. BREWER:

Q In terms of the -- counsel -- opposing counsel asked you about the COVID-19 misinformation statement and the date of its adoption. It's true that the Commission is a complaint-based agency; correct? Investigations are complaint-based?
A Correct.
Q So it just so happens that the complaints that you are assigned to came in after that COVID misinformation statement?
A I believe that's correct, yes.

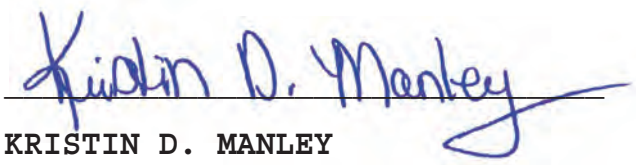
I N D E X

C E R T I F I C A T E

I, KRISTIN D. MANLEY, a certified stenographic court reporter of the State of Washington, do hereby certify that the foregoing proceedings were digitally recorded; that I was not present at the proceedings; that I was requested to transcribe the digitally-recorded proceedings; that the digital recording was transcribed stenographically and reduced to typewriting under my direction.

I further certify that the foregoing transcript of the digitally recorded proceedings is a full, true, and accurate transcript of all discernible and audible remarks.

DATED AND SIGNED this 12th day of February, 2024.



KRISTIN D. MANLEY

CCR NO. 2211

RICHARD JAFFE, ESQ.
Pro hac vice admitted
428 J Street, 4th Floor, Sacramento, California 95814
Tel: 916-492-6038
Fax: 713-626-9420
Email: rickjaffeesquire@gmail.com

ROBERT F. KENNEDY JR., ESQ.
Pro hac vice admitted
48 Dewitt Mills. Rd., Hurley, NY 12433
Tel: 845-481-2622

TODD S. RICHARDSON, ESQ.
Law Offices of Todd S Richardson, PLLC
604 Sixth Street, Clarkston, WA 99403
Tel: 509-758-3397
Fax: 509-758-3399
WSBA 30237
Attorneys for Plaintiffs

HON. THOMAS O. RICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

JOHN STOCKTON, RICHARD EGGLESTON, M.D., THOMAS T. SILER, M.D., DANIEL MOYNIHAN, M.D., CHILDREN'S HEALTH DEFENSE, a not-for-profit corporation, AND JOHN AND JANE DOES, M.Ds 1-50,
Plaintiffs,

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Defendants.

Case No: 2:24-cv-00071 TOR

DECLARATION OF A.L. "BUTCH" ALFORD, JR.

A.L. "Butch" Alford, Jr., declares and states as follows:

1) I am the President of TPC Holdings, Inc., the company that publishes the Lewiston Tribune, and the Lewiston Tribune Online. We are a family-owned newspaper that has been published since 1892. I am over eighteen years of age and am competent in every regard to make this declaration based on my own personal knowledge.

2) One of my responsibilities is to work with some of the people who have been selected to write guest editorials. We have selected these people because they are active in our community and their opinions contribute to the public discussion on topics of interest. In this capacity, I know and have worked with Dr. Richard Eggleston.

3) When I became aware of the Washington State Medical Commission's prosecution of Dr. Eggleston for his opinions that he expressed in his column, I was concerned. In each of Dr. Eggleston's columns, it is our format to note "Commentary: Opinion of Richard Eggleston." At the end of his articles, we (the editorial department) note: "Eggleston, M.D. is a retired ophthalmologist." There are times we have noted that he lives in Clarkston, and other times we add his email address.

4) Dr. Eggleston has never been assigned a topic on which to write, and he has, generally, had freedom to choose his own topics. I say, "generally" because after I became aware of the Commission's action against him, I met with Dr. Eggleston and we agreed that he would not write about covid until this was resolved. There have been a few (I believe 3) exceptions to that. First, our paper published a guest editorial from another paper on the west side of Washington that was about covid. Dr. Eggleston really didn't agree with what was in that editorial, and we agreed to let him respond to that article. The other times, we agreed to let him comment generally on covid but he was not allowed to speak to his opinions, or medical studies or so forth, related to treatment of covid. Other than those few exceptions that I agreed to, one to respond directly to another article, and the others to speak only generally on the topic, Dr. Eggleston has honored our agreement not to write about covid. I am aware that Dr. Eggleston has strong opinions on the topic and would like to have written more about it, but he has

honored our agreement and kept his columns to other topics.

5) I swear under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct to the best of my knowledge and belief.

Signed this 7th day of May, 2024, in Lewiston, Idaho

A.L. "Butch" Alford, Jr.

RICHARD JAFFE, ESQ.
Pro hac vice admitted
428 J Street, 4th Floor, Sacramento, California 95814
Tel: 916-492-6038
Fax: 713-626-9420
Email: rickjaffeesquire@gmail.com

ROBERT F. KENNEDY JR., ESQ.
Pro hac vice admitted
48 Dewitt Mills. Rd., Hurley, NY 12433
Tel: 845-481-2622

TODD S. RICHARDSON, ESQ.
Law Offices of Todd S Richardson, PLLC
604 Sixth Street, Clarkston, WA 99403
Tel: 509-758-3397
Fax: 509-758-3399
WSBA 30237
Attorneys for Plaintiffs

HON. THOMAS O. RICE

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EASTERN DISTRICT OF WASHINGTON

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Defendants.

Case No: 2:24-cv-00071 TOR

DECLARATION OF TODD S. RICHARDSON

Todd S. Richardson, declares and states as follows:

1) I am one of the attorneys of record for Plaintiffs in this matter. I have been practicing law since 1998 (admitted in Idaho), and I was admitted to practice in Washington in 2000. I am also licensed in the Federal District of Idaho, the Eastern District of Washington, the Ninth Circuit Court of Appeals, and the United States Supreme Court. I am also the attorney of record for Dr. Richard Eggleston in the case the Washington Medical Commission is prosecuting against him. I also represent Dr. Eggleston in the case he filed in Asotin Superior Court, which is still pending. It was recently returned to the Superior Court after the Court of Appeals granted and upheld a stay, and then chose to deny interlocutory, or discretionary, review.

2) As the attorney for Dr. Eggleston in the Commission's prosecution case, I am familiar with the file in that matter and know the contents thereof. One of the Commission's proposed exhibits is a copy of the columns penned by Dr. Eggleston and to which they take umbrage. A true and correct copy of the Commission's Exhibit D-8 is attached hereto and is incorporated herein by this reference as though set forth at length.

3) I am also the attorney of record for Dr. Thomas Siler in the Commission's prosecution of him. As the attorney responsible for that case, I am familiar with the file in that matter and the contents thereof. One of the Commission's proposed exhibits is the articles written by Dr. Siler for American Thinker, with which the Commission disagrees. A true and correct copy of a portion of the Commission's investigation file, BATES numbered Inv.000209 – Inv.000228 , is attached here to and is incorporated herein by this reference as though set forth at length.

4) I provide these articles to the Court because the Commission has argued their characterization thereof, a characterization with which I disagree. I understand medical professionals disagreeing with one another's opinions; that

is how thing tend to go, especially when the science is not "settled." There are numerous peer-reviewed studies that support the opinions offered by Drs. Eggleston and Siler; and they are each fully entitled to their opinion. So, instead of me providing the Court with my own characterization of the articles these two fine men wrote, I felt it best to provide to the Court the actual articles. The Court may, then, determine if it will help the Court to understand what was actually written (as compared to partisan sniping or cheering). If the Court feels it can benefit from reading the actual articles, they are now available to the Court.

5) I swear under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct to the best of my knowledge and belief. Signed this 7th day of May, 2024, at Clarkston, Washington.

_____

Todd S. Richardson WSBA 30237

Piercing the bubbles of science and expertise

1/29/2021

COMMENTARY: OPINION OF

Richard Eggleston

I want to thank Butch and Nathan Alford and Marty Trillhaase for the opportunity to express views that a great percentage of the Lewiston Tribune's readership probably believe.

Also, Rick Rogers and Jeff Sayre are owed recognition and appreciation for their insightful opinions and the abuse vs. logical critique some readers of the Tribune submitted as responses. They will be hard to replace, but I will give it a full try.

Future topics will include but not be limited to:

1. The importance of fathers.
2. The planned usurpation of liberties with COVID-19 as the excuse.
3. The mathematical impossibility of macro evolution. The full title of Charles Darwin's book has the subtitle "On the preservation of favored races in the struggle for life." This was the basis for the eugenics movement of the early 20th century to purify the human race (read: dispose of Blacks, handicapped, etc., mostly by abortion).
4. The corruption in the hierarchy of my Catholic church.
5. One explanation of why our country is in such a crisis.

I will criticize the Tribune but be very encouraging when they print accurate articles, such as the two that appeared in the Dec. 6 edition. These were "Neighbors have officers' backs," and "Michigan woman charged with 2003 murders of newborn twin boys."

The first gave the thoughts of those (not the writer) who have lived under, but escaped, tyranny. These are the immigrants, needed and appreciated. They have lived through what the loss, or lack of, freedom means. They won't be like the "useful idiots" who won't appreciate what's lost until it's lost.

The second, the murder of infants, is already allowed in Virginia and New York state, as if the murders of 60 million-plus babies in the U.S. isn't enough.

In that same issue, Celia Rivenbark accurately described herself as a snowflake when exposed to the "basket of deplorables," expressing an "unapproved" opinion of former President Donald Trump. Possibly, she was describing a real event such as, when on video, Rep. Maxine Waters D-Calif., exhorted leftists to "get in the face and disrupt" these "deplorables" no matter where.

Of course, Rivenbark won't chastise Waters. And in encouraging that type of behavior will one day she wonder, where are those willing to defend her free speech right? Most likely she hasn't read the works of Detrich Bonhoeffer. She and others won't comment on the "false flag" antifa-generated events at the U.S. Capitol.

We are continually subject to the phrase "follow the science." One of the dirty little secrets of science and scientists is that there are as many amoral and fraudulent Ph.D.s and medical doctors as in the general population, who are influenced by pride, money and political viewpoint. This is why hundreds of article in prestigious medical and science journals have been retracted.

The most recent editor-in-chief of the New England Journal of Medicine, Harvard professor Arnold S. Relman, M.D., stated at least 50 percent of submitted articles are fraudulent. Besides the fraud, there were the well-intended but wrong conclusions of the American Medical Association, American Heart Association and the U.S. government in the early 1980s regarding the dietary changes Americans should do to reduce the number of heart attacks and strokes. This was the start of the "low fat" diet craze that took the good and necessary fats out of food, and substituted the dangerous high fructose corn syrup, which is in most colas, juices and many foods.

Fructose suppresses the hormone leptin, which tells your brain you are full, but allows the hormone ghrelin to tell your brain that you are still hungry. Therefore, the pounds seem to magically appear. A tragic consequence is the obesity in young children, who as adults will have incredible difficulty reducing and keeping excess weight off. Their mortality and morbidity increases — generated by "science" — as does the cost to society.

Many "science" articles written by M.D.s and Ph.D.s, paid for by sugar companies, concluded that fructose was safe, all for the lure of money. Try as hard as you can to remove fructose from your diet.

For sure, some few readers will opine that I am uneducated, sexist, racist, homophobic, etc. In other words, these leftists will accuse me of what is their core being. Preemptively, I would inform them that I am board certified in two medical specialties — ophthalmology and integrative medicine. I understand the scientific method for different studies (the methodologies for physics is different from social studies) — biology, heredity and mutations — and the very brief whiff of lifetime during which our fate for eternity is determined.

Those celebrities featured in the Dec. 6 Parade magazine article titled "We remember" now know what is theirs. As will we all.

Eggleston, M.D., is a retired ophthalmolgist. He liyes in Clarkston.

The LEWISTON TRIBUNE

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NEWSROOM ADMINISTRATION

EDITOR AND PUBLISHER ..... NATHAN H. ALFORD
(208) 848-2208 / alford@lmtribune.com
MANAGING EDITOR ..... CRAIG CLOHESSY
(208) 848-2251 / cclohessy@lmtribune.com
OPINION PAGE EDITOR ..... MARTY TRILLHAASE
(208) 848-2272 / martyt@lmtribune.com

PREVIOUS PUBLISHERS

Albert H. Alford (1862-1927)
Eugene L. Alford (1865-1946)
A.L. Alford (1907-1968)
A.L. Alford Jr. (1938-)

On Whee[illegible]livered our food e[illegible]y day.
It must have been Meals on Skis, Meals on

to deliver to our home.
I would like to thank the volunteers for their effort and perseverance.

Regional Medical Center are consistently delicious.
VAUGHN JASPER
Lewiston

[illegible]news stories have [illegible]laimed, there is significant opposition to Rep. Mike Simpson's plan to breach the dams.

breaching are supportive of preserving salmon in Idaho, but not through drastic measures such as this. ...
Consider:

HA[illegible]SELSTROM
Cle[illegible]ter/Lewis/Nez Perce counties Farm Bureau Board
Winchester

What you don't know about COVID-19 vaccines can hurt you

LMT Feb-21, 2021

Why is medical information as well as political free speech being stifled? Where do we see the powers that be tell the masses that good is evil and evil is good? Throughout history, stating unapproved ideas has been risky, even as in the case of Sir Isaac Newton, or deadly, as in the case of Jesus Christ.

With the advent of this unknown virus, different ideas of prevention and treatment are expected to continually change. In the attempt to be good citizens, we actually judge each other because of conflicting scientific information. Citizens are turning on, and turning in, each other in ways that are very disturbing. We are in need of scientific honesty:

- Check the very important Great Barrington Declaration, *gbdeclaration.org*. This explains the medical irrationality of lockdowns.
- Hydroxychloroquine has clearly been shown to be effective in the treatment and prevention of COVID-19. The lowest death rates are in the poorest countries with no masking, no social distancing, but with easy access to very safe HCQ. Doctors have been punished for prescribing or even discussing this. Ivermectin is even more effective. The use of these medicines, at the cost of about $5 per day for five days, would remove the fear that many have about being infected, and allow them as well as society to "get their lives back."
- Your risk of dying in a car accident is about the same as dying from COVID-19.

One should understand that these current COVID-19 vaccines are experimental. Previous mRNA Corona vaccines and other SARS mRNAs have a long history of failure, meaning dead animals and, some times, dead people, when they were exposed to the wild virus after receiving the vaccine. If this antibody dependent enhancement (ADE) that killed those animals and people occurs in a delayed manner with the COVID-19 vaccines, what happens to millions of medical workers, first responders, military and other essential workers? And what happens to society?

This ADE did occur when the Dengue vaccine killed more than 600 Filipino children.

Dr. Mike Yeadon, chief scientist at Pfizer for 16 years, has requested in the strongest terms to the European Union to suspend COVID-19 vaccines due to ADE.

As of Jan. 29, there were 10,748 adverse reactions significant enough to be reported to the Centers for Disease Control and Prevention, and 501 deaths, 453 in just the U.S., from current COVID-19 vaccines. Under U.S. law, pharmaceutical companies have total and absolute immunity from any injury due

COMMENTARY: OPINION OF

Richard J. Eggleston

to any emergency use vaccine, unless willful misconduct is proven. However, pursuant to an Emergency Utilization Act, each person has a right to decline a medical/biologic that is not fully licensed. An experimental treatment cannot be forced.

If you are pressured check: *info@icandecide.org*.

Also, the CDC agrees that the overall mortality rate from COVID-19 is 0.14 percent. This means that about one in 1,000 infected persons will die. For this small percentage, including the elderly, the world is shut down.

But we just have to accept spiritual needs being blocked, the dissolving of family solidarity by canceled weddings, unattended funerals and missed birthday parties, skyrocketing number of deaths from missed appointments for cancer, suicides, the isolation of loved ones in hospitals and nursing homes, and the despair from the inability to provide for your family.

Saving people in my age group is the supposed reason that young people's futures are abridged. They are forced to pay cruel and unnecessary prices, the first one being out of school. Young people are 99.98 percent safe from COVID-19. The CDC states "the risk of serious complications for healthy children is higher for flu compared to COVID-19."

Many epidemics in history have killed many more than COVID-19 but were not viewed as "letting a good crisis go to waste." Could the real reason be that those who thirst for power now have a plausible excuse to expand it? So, stay inside, shut up, close your business and do as you are told. We will take care of you, and here's $600.

Meanwhile, the United Nations estimates that 130 million people will starve this year because of economic damage from lockdowns.

The concept of herd immunity is accepted as 60 percent of the population being antibody positive. As of Feb. 9, the U.S. number is already about 40 percent from mostly natural infection.

COVID-19 vaccines are not protecting elderly relatives from you, stopping the need for masks or social distancing nor protecting you from mutated COVID-19 viruses. Many health care providers are refusing these experimental vaccines.

Most important is that in the development/testing of the vaccines, aborted baby parts were used to produce fetal cell lines, such as WI38. Some of the abortions were by C-Section, with the baby being dissected while still alive. The HEK293 (Human Embryonic Kidney293) means 293 experiments using aborted kidneys were used. Therefore, many people will have ethical problems taking the vaccines.

Needed information about COVID-19 and COVID-19 vaccines is being misrepresented, ignored or suppressed, including high numbers of side effects and deaths from vaccines. How can we feel confident about information that we do see?

No matter one's age, race, gender or location, those with high levels of Vitamin D3 have much lower rates of illness and deaths from COVID-19. Zinc, Vitamin C, quercetin, melatonin, curcumin, one low-dose aspirin and others may have efficacy.

In making treatment decisions, physicians and patients weigh risk vs. benefit, and we don't believe that the cure should be worse than the disease.

First do no harm.

Eggleston, M.D., is a retired ophthalmolgist. His email address is rjegglestonmd@gmail.com.

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I want to thank the Alfords and Marty Trillhause for the opportunity to express views that a great percentage of the Tribunes readership probably believe. Also, Rick Rogers and Jeff Sayre are owed recognition and appreciation for their insightful opinions, and the abuse versus logical critique some readers of the LMT submitted as responses. They will be hard to replace, but I will give it a full try. Future topics will include, but not limited to: 1. The importance of fathers. 2.The planned usurpation of liberties with Covid-19 as the excuse. 3. The mathematical impossibility of macro evolution. The full title of Darwin's book has the subtitle "On the preservation of favored races in the struggle for life." This was the basis for the Eugenics movement of the early 20th century to purify the human race(read; dispose of blacks, handicapped, etc, mostly by abortion). The corruption in the hierarchy of my Catholic Churcb. 5. One explanation of why our country is in such a crisis. I will criticize the LMT, but be very encouraging when they print accurate articles, such as two in the Sunday, Dec., 6, 2020 edition. These were "Neighbors have officers backs", and "Michigan woman charged with 2003 murders of newborn twin boys". The first gave the thoughts of those(not the writer) who have lived under, but escaped, tyranny. These are the immigrants, needed and appreciated. They have lived through what the loss, or lack, of freedom means. They won't be like the "useful idiots" who won't appreciate what's been lost, until it is lost. The second, the murder of infants, is already allowed in Virginia,and New York state. As if, the murders of 60+ million babies in the U.S. isn't enough. In that same issue, Celia Rivenbark accurately described herself as a snowflake when exposed to the "basket of deplorables", expressing an "unapproved " opinion of President Trump. Possibly, she was describing a real event, such as on video, Rep. Maxine Waters, D-California, exhorting leftists to "get in the face and disrupt" these "deplorables", no matter where. Of course, Rivenbark won't chastise Waters, and in encouraging that type of behavior will one day wonder, where are those willing to defend her free speech right. Most likely she hasn't read the works of Detrich Bonhoeffer. She and others won't comment on the documented "false flag" Antifa generated events at the U.S. Capital. We are continually subjected to the phrase "follow the science". One of the dirty little secrets of science and scientists is that there are as many amoral and fraudulent PhDs and MDs as in the general population, who are influenced by pride, money, and political viewpoint. This is why hundreds of article in prestigious Medical and Science journals have been retracted. The recent editor-in-chief of the New England Journal of Medicine, Harvard Professor Arnold S Relman, MD stated at least 50% of submitted articles are fraudulent. Besides the fraud, there is the well intended but wrong conclusions of the AMA, American Heart Association, and the U.S. Government in the early 1980s regarding the dietary changes Americans should do to reduce the number of heart attacks and strokes. This was the start of the "low-fat" diet craze that took the good and necessary fats out of food, and substituted the dangerous high fructose corn syrup, which is in most colas, juices and many foods. Fructose suppresses the hormone, leptin, that tells your brain you are full, but allows the hormone, ghrelin, to tell your brain that you are still hungry. Therefore the pounds seem to magically appear. A tragic consequence is the obesity of young children, who as adults will have incredible difficulty reducing and keeping excess weight off. Their Mortality and Morbidity increases, generated by "Science", is obvious as well as the cost to society. Many "science" articles written by MDs and PhDs, paid for by the sugar companies, concluded that fructose was safe. All for the lure of money. Try as hard as you can to remove fructose from your diet. For sure, some few readers will opine that I am uneducated, sexist, racist, homophobic, etc, etc, etc, etc. In other words, these leftists will accuse me of what is their core being. Preemptively, I would inform them that I am Board Certified in two medical specialties, Ophthalmology, and Integrative Medicine. I understand the scientific method, for different studies(the methodologies for physics is different from social studies), biology, heredity, mutations, and the very brief whiff of life -time during which our fate for eternity, is determined. Those celebrities featured in the Dec. 6, 2020 Parade, "We remember", now know what is theirs. As will we all. Richard J. Eggleston, M.D. 3496 Clemans Rd. Clarkston, Wa. 99403 509-243-4568(h) 509-751-7555.(c)

When it comes to COVID-19, dare to be a free thinker

COMMENTARY: OPINION OF

Richard J. Eggleston

Much of the criticism of my Feb. 21 commentary centered on ivermectin, hydroxychloroquin, vaccine deaths and side effects, fetal cell lines and the pope's opinion. I was and still am certain of the accuracy of my thoughts, as I am sure that all who objected, including the local doctors, are of theirs.

I believe that soon, ivermectin, the inhaled steroid budesonide and others will be the standard of care for prevention and treatment of SARSCov2 (COVID-19).

The medical group, Front Line COVID Critical Care Alliance, has presentations by Paul Marik, M.D., and Pierre Kory, M.D. The group has extensive experience treating COVID-19 patients and presents arguments for ivermectin's use as well as Vitamin D, zinc, Vitamin C, aspirin and melatonin.

Some of the information follows:

To date, there have been 44 total trials of ivermectin for COVID-19. Twenty-three were randomized, controlled trials (the medical gold standard). No other medicine has had more gold standard trials than ivermectin.

There were 288 scientists and 15,420 patients. To discount these trials infers that this many scientists, scattered throughout the world, fabricated the results. Medical trials such as these are suppressed or ignored.

There was 89 percent improvement in 11 prophylaxis trials, 82 percent improvement in 15 early treatment trials and 70 percent fewer deaths in the 23 gold standard trials.

Marik on the YouTube site of Dr. Mobeen Syed (drbeen.com) states: "There is no medication that has been proven to be more effective than ivermectin for the treatment of SARSCov2 (COVID-19)."

The British Ivermectin Recommendation and Development panel from Oxford University, made a very strong recommendation for the immediate global use of ivermectin to the World Health Organization to decrease morbidity and mortality from COVID-19. A placebo-controlled gold standard study would not be ethical if the Declaration of Helsinki-Ethical Principles for Medical Research involving Human Subjects is followed when there is strong evidence of a treatment's efficacy. The trial also showed benefits for vitamins D and C and zinc.

The WHO contracted with Dr. Andrew Hill at the University of Liverpool to do a meta-analysis (a review) of 18 worldwide, gold standard trials of ivermectin to treat COVID-19 infection. Patients were randomized to standard of care for ivermectin. The death rate for standard of care for those studied was 10 percent vs 2.5 percent for ivermectin. Important indicators such as time to viral clearance, time to clinical recovery, length of hospitalization and very high effectiveness for prophylaxis were significantly in ivermectin's favor.

Billions (3.8) of doses of ivermectin have been taken since its discovery in 1992. The Nobel Prize was given to its discoverer, Satoshi Omura of Japan. The WHO's VigiAccess database shows ivermectin with 16 deaths during 30 years and COVID-19 vaccines with more than 1,200 deaths during a half-year.

The digital.ahrq.gov, Vaccine Adverse Event Reporting System, states: "Although 25 percent of ambulatory patients experience an adverse drug event, less then 0.3 percent of all adverse drug events, and 1-13 percent of serious events are reported to the Food and Drug Administration. Likewise, fewer than 1 percent of all vaccine adverse events are reported."

In my first commentary, I explained how the stated number of COVID-19 deaths is exaggerated. The Guidance for Certifying Deaths Due to Coronavirus Disease 2020 from www.cdc.gov states: "But it is acceptable to report COVID-19 on a death certificate without this (laboratory) evidence. ..."

The test most used to determine if a person is COVID-19 antibody positive is based on polymerase chain reaction. Kory Mullis, the Nobel Prize winner for inventing the PCR, and Dr. Mike Yeaden, have stated that the PCR is not an appropriate tool for diagnosing COVID-19 infections, especially when done inaccurately, causing the PCR to be "95 percent erroneous for COVID-19."

Even The New York Times stated that the PCR is "79 percent false positive."

Therefore, eight of 10 supposed COVID-19 deaths based on PCR may not be COVID-19 deaths.

Also, Yeaden, who for 16 years was the chief scientist for Pfizer, has requested in the strongest terms to the European Medical Agency, to suspend COVID-19, mRNA vaccine studies. This because of antibody delayed enhancement described in last month's commentary.

Another topic to discuss is fetal cell lines. Suppose it takes someone 20 attempts to build a functioning computer. The final cost is not just the components of the 20th attempt, but all of the components of all 20 attempts. Similarly, all of the aborted babies must be counted in developing the cell line. So stating that only one baby was used is misleading. Many of these cell lines have required more than 40 babies. Older, aged cell lines don't exist forever but have to be "updated."

Another problem using fetal tissue is making "humanized" mice with human fetal cells grafted on. Thankfully, the Novavax vaccine doesn't use fetal cells for development, but I am uncertain if they are used for testing. Also, there is no mRNA, with this vaccine.

Many clergy in my church and other denominations have vigorously opposed the use of fetal cells for research, development or testing of any biologic.

Archbishops Athanasius Schneider, Salvatore Cordileone, Carlo Maria Vigano as well as Bishops Michael Duca and Joseph Strickland and many priests have expressed grave, moral concerns about the use of fetal cells. Unless the pope claims he is speaking infallibly on this issue — he has not claimed that — his opinions are, well, his opinions.

Previously, space did not permit listing of sources. Besides those above, here are some, but many more are available. These will provide alternative information that we are entitled to for health care decisions, forming our own opinions and defending personal freedom:

- America Frontline Doctors, Dr. Simone Gold — She strongly believes in the efficacy of hydroxychloroquine, for prophylaxis and treatment of COVID-19. She was fired from her emergency room job for prescribing hydroxychloroquin.
- The American Association of Physicians and Surgeons, Dr. Lee Merritt.
- A *Valuetainment.com* interview with Dr. Reinor Fuellmich, Robert F. Kennedy Jr. and Alan Dershowitz
- *LifeSiteNews.com* — Dr. Sherri Tenpenny.
- *Greenmedicinenewsletter.com* dated Jan. 16.
- *Trialsitenews.com.*
- Eric Metaxis on YouTube with Dr. Ray Solano.
- *www.bitchute.com/video/LHATZNmsfSX6.*

Be a free thinker. Having grit helps.

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2.) AAPS.com (American Assn. of Physicians and Surgeons), Dr. Lee Merritt

3.) Valuetainment.com; interview with Dr. Reinor Fuellmich; and RFK Jr. and Alan Dershowitz

4.) LifeSiteNews.com Dr. Sherri Tenpenny

5.) greenmedicinenewsletter.com; Jan. 16th,2021

6)Trial Site News.com

7) Eric Metaxis on YouTube with Dr. Ray Solano

8)www.bitchute.com/video/LHATZNmsfSX6/ Be a free thinker, Having "grit" helps.

Richard J. Eggleston. MD 3/17/21

colleges are teal ... social justice, so much so that the ... House nixed the entire 2022 higher education budget for the time being.

Rep. Caroline Troy was the only local Republican who voted for the budget bill. Kudos to her, but then again she represents Moscow, and we all know what Moscow would be without the University of Idaho.

So it was no total act of bravery of her part.

According to news releases, Republicans have expressed student "horror stories" about what students have had to endure in these classes. Well, tell us about these "horror stories" and why the students were in them in the first place. What did they expect to learn from these classes? That there is no

... can Legislative Exchange Coun... and others in their never-ending qu... to throw up smoke screens to delude voters into thinking that we should all vote for scoundrels whose real agenda is the destruction of educated thought and compassion for our fellow citizens.

ROGER HAYES

Moscow

Americans are working their way toward bondage

COMMENTARY: OPINION OF

Richard J. Eggleston

Many have written about the history and the life cycle of nations during the past 300 years.

Authors include: Alexander Tyler, "The Cycle of Democracy" (four volumes, 1770); Edward Gibbon, "The Decline and Fall of the Roman Empire" (six volumes 1778); Arnold, J. Toynbee, "A Study of History" (1934); C.E.M. Joad, "The Story of Civilization" (1936); James N. Black, "When Nations Die" (1994); and Sir John Glubb, "The Fate of Empires and Search for Survival" (1976).

The conclusions of all of these is consistent. The initial problem starts with moral decay manifested by loss of any kind of religious and spiritual belief; that is knowing there is someone greater than you and I. Sometimes preceding this, cultural decay manifests, as in the case of the U.S., by the intentional dumbing down of education standards, starting with the John Dewey system in the early 1900s.

Indoctrination of even first graders occurs such that now the one thing high school graduates know about George Washington is that he was the first U.S. president.

The weakening of cultural foundations follows the removal of God from everything, including the knowledge of the dedication of our country to God by President Washington and Congress.

The U.S. Supreme Court in 1962 ruled that God can't be taught in public schools, followed by the devaluing to zero human life in Roe v. Wade in 1973.

The Ten Commandments for productive living became the Ten Suggestions.

Inevitably, there soon comes social decay, manifested by the mindset of lawlessness — as shown by Antifa — which is different than breaking the law. The loss of economic discipline starts by expecting the welfare state to provide for your needs, meaning bondage to the state for your means of existence.

In his description of the "Life Cycle of Nations," Tyler observed people start in bondage and at some point develop a spiritual faith. They might develop courage and obtain freedom through struggle and even death. Alexander the Great knew how fear grips people, saying "Through every generation of the human race, there has been a constant war, a war with fear. Those who have the courage to conquer it are made free, and those who are conquered by it are made to suffer until they have the courage to defeat it, or death takes them."

President Ronald Reagan stated: "Freedom is not inherited, but must be fought for each generation, to be passed to the next."

Said Charles W. Missler: "Freedom's price is eternal vigilance, for it is within the nature of those who are enslaved to their own desires and fears, to yearn to enslave others."

In America, there followed abundance that is the envy of the world. Why else do so many want to come here legally — or illegally at great risk — and so few actually leave, including America-hating U.S. citizens?

Then in humanity's state of mind, the all-consuming search for wealth and security comes. But some forget the biblical admonition: "Fool, this very night your life will be required of you."

And then apathy. When asked what's the biggest problem in America, many state: "I don't know and I don't care."

The pit of dependency on government or a tyrant comes and before people realize what they have lost, bondage has resurrected itself.

Because of a virus, a rising governmental and medical bureaucracy orders you to become a prisoner in your home. And children become delayed in their psychological and intellectual development. There is no visiting sick and dying friends and relatives, no family gathering for holidays or funerals and, for certain, no attending church. But you are being rewarded for informing ... Wearing the mask becomes the symbol of a good citizen.

Is it just coincidental that the American Revolution originated in restaurants, taverns and churches, and these have been the most restricted by governors?

Throughout history, this cycle takes about 230 years — 10 generations — with America now at about 250 years.

An indication of the possible bondage is the National Defense Authorization Act of 2012. This grants the U.S. military the "legal" right to conduct secret kidnappings of U.S. citizens, followed by indefinite detention, interrogation and possibly torture.

Therefore, the sacred Bill of Rights may become null and void. The citizen is outside the protection of law because there is no jury, trial, legal representation or even a requirement that evidence be presented against the accused.

This concept must have been taken from the novel "1984."

Since Roman times, civil law was designed to protect the state, but common law was to protect the citizen from the state.

All of the media is supposed to expose corruption in the three branches of government. But it has mostly abdicated that duty by daily bias in its reporting or nonreporting.

Those who suppose they are the favored and protected can suddenly discover they are not — and find themselves in a Gulag Archipelago as described by Aleksandr Solzhenitsyn. He was an ardent communist and fought for Mother Russia in World War II.

The offense that landed him in that most brutal and dehumanizing hellhole for eight years was a less-than-flattering comment about Joseph Stalin.

If the oppression is severe enough, using the wrong personal pronoun may become a sufficient crime.

Hopefully, all the media will have increased understanding of their obligation and of their own predicament, and act. We all better stop being complicit in being canceled or we will, as Solzhenitsyn wrote, "Pay the price with our minds and souls."

When did the assault on intellectual freedom begin?

Dissenters criticizing this assault were labeled anti-science, slandered, excluded, fired and their careers usually ended — for expressing opinions that are still widely supported.

The subtitle of the book initiating this and promulgated by acolytes was "On the Preservation of Favored Races in the Struggle for Life."

If free people are intimidated into silence by accepting that free speech is a kind of violence, then the "Cycles of Nations" starts again with bondage. But due to the surveillance capabilities of all human activity, the cycle might not be completed again.

Eggleston, M.D., is a retired ophthalmologist. His e-mail address is rjeggleston...@gmail.com.

What are our chances?

Many have written about the History and the Life Cycle of Nations over the past 300 years. Authors include: Alexander Tyler, The Cycle of Democracy(4 Vols,1770); Edward Gibbon, Decline and Fall of the Roman Empire(6 vols.1778); Arnold, J. Toynbee, A Study of History(1934); C.E.M Joad, The Story of Civilization(1936); James N. Black, When Nations Die(1994); Sir John Glubb, The Fate of Empires and Search for Survival(1976). The conclusions of all of these are consistent. The initial problem starts with moral decay manifested by loss of any kind of religious belief, that is, knowing there is Someone greater than you and I. Sometimes preceding this, cultural decay becomes manifested, as in the case of the America. by the intentional "dumbing down" of education standards, starting with the John Dewey system in the early 1900s. Indoctrination of even 1st graders occurs such that now the **one** thing high school graduates know about George Washington, is that he was the first U.S. President.

The weakening of cultural foundations by taking God out of everything possible follows, including the knowledge of the dedication of our country to God, by Pres. Washington and the Congress. The U.S. Supreme Court in 1962, ruled that God can't be taught in public schools, followed by the devaluing of human life, in Roe v. Wade, 1973. The 10 Commandments for productive living become the 10 Suggestions. Inevitably, there soon comes social decay, manifested by the mindset of lawlessness, as shown by Antifa, which is different than breaking the law. The loss of economic discipline starts, by expecting the welfare state to provide for your needs, meaning bondage to the state for your means of existence.

In his description of the Life Cycle of Nations, Tyler observed people start in bondage, and at some point develop a spiritual faith. They might develop courage, and with enough struggle, sometimes including dying, can obtain freedom. Alexander the Great knew how fear grips people. "Through every generation of the human race there has been a constant war, a war with fear. Those who have the courage to conquer it are made free, and those who are conquered by it are made to suffer until they have the courage to defeat it, or death takes them." Pres. Reagan stated "freedom is not inherited, but must be fought for each generation, to be passed to the next". "Freedom's price is eternal vigilance, for it is within the nature of those who are enslaved to their own desires and fears, to yearn to enslave others."(Dr. Chuck Missler). In America, there followed abundance that became the envy of the world; or else why do so many want to come here legally, or illegally at great risk, and so few actually leave, including America hating U.S. citizens?

As also in America's case, the all consuming search for wealth and security comes, but some forget the Biblical admonition "fool, this very night your life will be required of you". And then apathy. When asked what's the biggest problem in America, many state "I don't know and I don't care". The pit of dependency on government, or a tyrant, comes, and before people realize what they have lost, bondage has resurrected itself. Because of a virus, rising governmental and medical bureaucracy soon orders you to become a prisoner in your home, and children become delayed in their psychological and intellectual development. You don't visit sick and dying friends and relatives, no family gathering for holidays or funerals; and for certain, no attending church, but being rewarded for informing on others. Wearing the mask becomes the symbol of a "good" citizen. Is it just co-incidental that the American Revolution originated in restaurants, taverns, and churches, and these have been the most restricted by governors?

Throughout history, this cycle takes about 230 years, or ten generations, with America now at about 250 years. An indication of the possible bondage, is the National Defense Authorization Act(NDAA) of 2012. This grants the U.S. military the "legal" right to conduct secret kidnappings of U.S. citizens, followed by indefinite detention, interrogation, and possibly torture. Therefore, the sacred Bill of Rights may become null and void. The citizen is outside the protection of law, because

there is no jury, trial, legal representation, or even a requirement that evidence be presented against the accused. This concept must have been taken from the novel "1984". Since Roman times, Civil Law was designed to protect the state, but Common Law was to protect the citizen from the state.

All of the media is supposed to expose corruption in the three branches of government, but has mostly abdicated that duty, by daily bias in its reporting or non-reporting. Those who suppose they are the favored and protected, can suddenly discover they are not, and find themselves in a Gulag Archipelago as described by Aleksandr Solzhenitsyn. He was an ardent Communist, and fought for "Mother Russia" in WW11. His offense that landed him in that most brutal and dehumanizing hell hole for 8 years, was a less than flattering comment about Stalin. If the oppression is severe enough, using the wrong personal pronoun may now be a sufficient "crime". Hopefully, all the media, will have increased understanding of their obligation, and of their own predicament, and act. We all better stop being complicit in being canceled, or "pay the price with our minds and souls"(Solzhenitsyn)

When did the assault on intellectual freedom begin? Dissenters criticizing this assault were labeled anti-science, slandered, excluded, fired, and were usually career ended. This for expressing opinions that are still widely supported. The subtitle of the book initiating this, and promulgated by acolytes, was "On the preservation of favored races in the struggle for life" If free people are intimidated into silence by believing free speech is a kind of "violence, then the Cycles of Nations starts again with bondage, but due to the surveillance capabilities of all human activity, the cycle might not be completed again. 4/3/2021 Richard J. Eggleston, MD. rjegglestonmd@gmail.com

What is possible to believe and what is not

LMT Sat. MAY 16, 2021

Richard J. Eggleston

Science is an ever-refining process using long-standing procedures to find truth.

Scientism is a philosophical belief used by macro evolutionists, materialists and atheists (interchangeable terms) to impose the concept that science and belief in an intelligent designer are separated by a chasm impossible to bridge.

Since the later 1300s and the 20th century, the new atheist scientists of all disciplines have tried to replace the belief of most of the earlier scientific revolution geniuses in the Judeo-Christian God hypothesis with a system despising a designing intelligence. They demand that all questions must and can only be answered by natural means (American Association for the Advancement of Science, Feb. 16, 2006).

Science is now becoming a set of politicized, dogmatic principles that cannot be questioned or evaluated, i.e. human-caused climate change, macro evolution and COVID-19. They claim ownership of science. But is it so?

Examples of first publication: Sir Isaac Newton described gravity in his Principia Mathematica (1686) or the photo Earthrise from Apollo 8 on Dec. 24, 1968, and Blue Marble from Apollo 17 on Dec. 7, 1972.

Job 26:7 describes the Earth rotating and orbiting the sun, suspended by nothing (gravity), 2,300 years before Newton and 2,800 years before the Apollos.

The first secular writing of the water cycle of the Earth was by Bernard Palissy in 1580. Job 36:27, 37:11, and Ecclesiastes 1:7 describe water molecules as vapor being uplifted by air currents and then condensing as rain, and returning to the sea. The water cycle is still incompletely understood.

In the 1920s, a Japanese meteorologist, Wasaburo Oishi, using special balloons, detected the jet stream around Mount Fuji.

Ecclesiastes 1:4 "The wind whirleth about continually."

Ecclesiastes 11: 5 "As you do not know the path of the wind, or how the body is formed in a mother's womb, so you cannot understand the work of God, the maker of all things."

Modern atmospheric physics research observed that energy (light) from the sun controls the wind systems of the Earth.

Job 38:24 said that.

Astrophysicists determined that stars of the Constellation Pleiades (the Seven Sisters), are gravitationally bound together, while the stars of Orion are drifting apart.

Job 38:31 knew this.

An engineering discovery is that electrical currents can transmit radio and TV signals at lightning speed.

Job 38:35 knew that concept.

In the 12th century, the philosopher Moses Maimonides deduced from Genesis that 10 dimensions exist. This has been corroborated by modern physicists.

A warfare argument by materialists was developed in the late 19th century period of historical revisionism. "A History of the Warfare of Science with Theology in Christendom" by Andrew D. White (1896) appeared after Charles Darwin's "On the Origin of Species" in 1859.

For years, the subtitle "On the Preservation of Favored Races in the Struggle for Life," has been omitted from Darwin's title.

This concept of favored races was the basis of the eugenics movement to rid humanity of "undesirables" and those deemed "unfit" to live. Margaret Sanger, founder of Planned Parenthood, was an eugenics movement pioneer.

In 1927, the U.S. Supreme Court in an 8-1 decision upheld a Virginia law allowing the forced sterilization of people to promote the "health of the patient and the welfare of society." Worldwide forced sterilizations of the unfit and the planned extermination of races in the 1930s and 1940s occurred.

With the continuing widespread acceptance of no accountability for our free will actions to someone greater than us, that planned result happened. Romans 2:11, Mark 12:31, John 13:34, and others speak of loving others above yourself, with everyone being favored in Jesus' teachings.

Is it realistic to believe that the 3.6 billion letter-long (3.6 giga-basepairs) human DNA code and the variations of that code in plants and animals repeatedly occurred by chance? If Darwinists wish to believe life exists without initial design, they must believe information originally created itself. The most advanced computer codes, which require a human intelligence to design, are as a baby crawling compared to the DNA code.

"An honest man, armed with all the knowledge available to us now, could only state that ... the origin of life appears at the moment to be almost a miracle, so many are the conditions which would have to be satisfied to get it going." Francis Crick, co-discoverer of DNA, 1981.

Is it reasonable that the following occurred by chance: The 574 amino acid building blocks of the hemoglobin molecule designed to carry oxygen, sequenced and folded in precise order? The random occurrence of the 50-plus fine-tuning requirements from the cosmological to the sub-atomic? The thousands of proteins in the plant and animal kingdoms? Digitized information and error-correcting properties of DNA?

These are only partial, synchronous requirements for life. To believe in such repeated, successful randomness is a leap of faith in chance, and is a new faith religion.

The two biggest questions at the intersection of science and faith are the origin of the universe and the origin of life. Macro evolutionists believe in the impossible mathematical odds of all of the above happening by chance. Even given 13.8 billion years of the universe, there is not enough time. Evolutionist Richard Dawkins states: "The universe we observe has precisely the properties we should expect if there is no design, no purpose, no evil, no good, nothing but blind, pitiless indifference."

I observe the same properties and conclude they are exactly what to expect of a transcendent intelligence that has acted periodically and purposefully, with new information. I probably can't convince them, but can leave them with no excuse.

Suggested sources for information are: The Bible, "The Language of God," Francis S. Collins, director, Human Genome Project; "Return of the God Hypothesis" and "Signature in the Cell," Stephen C. Meyer; "The Cost," Russell Miller; "Canceled Science," Eric Hedin: "Purpose and Desire," J. Scott Turner; "Cosmic Codes," Chuck Missler; "Science and the Mind of the Maker," Melissa Cain Travis; "The Miracle of the Cell," Michael Denton; and "Foresight," Marcos Eberlin.

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EDITOR AND PUBLISHER NATHAN H. ALFORD (208) 848-2208 / alford@lmtribune.com
MANAGING EDITOR CRAIG CLOHESSY (208) 848-2251 / cclohessy@lmtribune.com
OPINION PAGE EDITOR MARTY TRILLHAASE (208) 848-2272 / martyt@lmtribune.com

Albert H. Alford (1862-1927)
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What is possible to believe

Science is an ever refining process using long-standing procedures, to find truth. Scientism is a philosophical belief used by macro evolutionists, materialists, and atheists(interchangeable terms) to impose the concept that science and belief in an intelligent designer, are separated by a chasm impossible to bridge. Since the later 1800s and the 20th century, the New Atheist scientists of all disciplines have tried to replace the belief of most of the earlier Scientific Revolution geniuses in the Judeo-Christian God hypothesis, with a system despising a designing intelligence. They demand that all questions must and can only be answered by natural means(American Association for the Advancement of Science, Feb. 16, 2006). Science is now becoming a set of politicized, dogmatic principles which cannot be questioned or evaluated, i.e. human caused climate change, macro evolution and Covid-19. They claim ownership of science; but is it so?

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Richard J. Eggleston, MD 5/12/2021

Powers that be suppress the truth about COVID-19

EDITORIAL OPINION OF

Richard J. Eggleston

Many practicing physicians trying to provide appropriate care for their patients have been intentionally misled by entities that previously could be trusted. We should understand that using self-funded, evidence-based studies and also treating empirically is how individual physicians and medical clinics traditionally treated their patients, even in emergency situations. Randomized controlled trials are very expensive, which usually only government agencies or big pharmaceutical companies can afford. Therefore, no pathway exists for inexpensive treatments to emerge.

RCT is now the approved process for new treatments.

Ivermectin has four decades of safe use, with almost 4 billion doses for several medical conditions. It has been re-purposed for COVID-19 prophylaxis and treatment and is inexpensive. Information about multiple meta-analyses (summaries of data), the highest form of medical studies, is censored and banned on social media. Why?

Many years ago, the Union of Concerned Scientist first described a "disinformation playbook" used for decades by corporations to delay or block government action on matters that would adversely affect their profits.

This included:

1. The fake — Fake science is passed off as legitimate. For years, tobacco companies used fake science on the harms of tobacco.

2. The blitz — Scientists who speak inconvenient facts about the organization, such as the NFL and traumatic brain injuries, are discredited or question the non-beneficial gain or function of COVID-19 viruses, funded by Dr. Anthony Fauci.

3. The diversion — Ignoring evidence of the uselessness of commercial masks for COVID-19 prevention, but when worn over our eyes do prevent reading his emails. The COVID-19 virus origin from China, buried by Fauci, ignores almost 5,000 deaths and 8,822 serious reactions to COVID-19 vaccines reported to the Vaccine Adverse Event Reporting System.

4. The screen — Credibility is bought by alliances with academia and professional societies. Here Perdue Pharmaceutical used these to hide the dangers of opioids, producing an epidemic of addiction and 100,000 deaths. Harvard professors, funded by the Sugar Research Foundation, stated excess sugar is not harmful to health.

5. The fix — Federal agencies didn't investigate COVID-19's origins because it may "open a can of worms," and nonprofits (i.e. Bill and Melinda Gates Foundation) influencing the current "together trial" to state "no benefit with Ivermectin."

The World Health Organization is a specialized agency of the United Nations with a broad mandate to act as a coordinating authority on international health issues. It pioneered major advances in public health, such as polio vaccines and eradication of smallpox.

Its current budget is $2.84 billion yearly, 40 percent from vaccine sales and 40 percent from China. Increasingly, it controls private entities, such as the Gates Foundation. It has contributed almost $5 billion and is the second biggest funder of WHO.

Originally public health officers decided on spending priorities, but now 70 percent is for specific and directed purposes by groups like the Gates Foundation, which directs national clinical research and bio-tech interventions, influences the news media and has control over Ivermectin research, i.e. the "together trial."

Gates funds the Global Alliance for Vaccines and Immunizations, the Coalition for Epidemic Preparedness Innovations and COVID-19 Vaccines Global Access Pillar — the partnership of the above. This is the team dictating the COVID-19 Health Emergencies Program from Geneva.

On April 21, GAVI published "Ivermectin; Why a COVID-19 treatment isn't recommended now." This was to justify a forgone conclusion. Reasons for this statement:

1. One person was chairman of guidance support and a member of the methods committee and systematic review team. No one person should have such influence.

2. Failed to publish a pre-established protocol for data exclusion, thereby keeping only what they wanted.

3. Excluded more than 23 meta-analysis publications of RCTs and observational controlled trials investigating Ivermectin's benefit in prevention and treatment of COVID-19.

4. Excluded 13 OCTs with more than 5,000 patients, showing large overall reductions in mortality.

5. Excluded publications and pre-print epidemiological studies showing population-wide mortality decreases with Ivermectin.

6. Graded the April 13 Journal of the American Medical Society study as "low risk of bias," when in an open letter, more than 100 MDs stated the article was fatally flawed. This JAMA article was retracted.

7. The Independent WHO.com was formed by disillusioned former WHO scientists to combat false WHO positions on Ivermectin.

Besides WHO, where is this disinformation coming from?

1. Big Pharma sells billions of vaccine doses for multiple billions of dollars — Moderna projects it will take in $18.5 billion — not to mention a continual supply of "booster" jabs. The NIH has partial ownership of vaccine intellectual property rights.

2. Merck and Pfizer are developing oral anti-virals against shingles, HIV and Dengue fever based on the Ivermectim platform. These can be patented and therefore are very lucrative.

3. Astra-Zeneca is developing antibody products. Ivermectin is a direct competitor.

4. The sales of Gilead's antibody product, Remdesivir, will crash.

5. Mexico, India and many other countries' empty hospital beds are due to expanded Ivermectin use. Obviously, many entities want Ivermectin to disappear.

Other Ivermectin disinformation sources should be the most trusted. Medical journals, such as JAMA, Lancet, Nature and Chest are supported by pharmaceutical ads. They all rejected the largest, 600-patient prospective RCT from Egypt showing hospital rates with Ivermectin of 1 percent vs. 22 percent standard of care and mortality rates of 2 percent vs. 20 percent, respectively. These types of rejections are common.

Most of the world governments and institutions are acting like they have earned our trust. They have likely lost it. Patients want free flow of information with accountability.

Eggleston, M.D., is a retired ophthalmologist. His email address is rjeggleston md@gmail.com.

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EDITOR AND PUBLISHER — NATHAN H. ALFORD (208) 848-2208 / alford@lmtribune.com

MANAGING EDITOR — CRAIG CLOHESSY (208) 848-2251 / cclohessy@lmtribune.com

MARTY TRILLHAASE

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Free scientific discussion of Covid-19

Sources that explain the "Why" of this international Covid-19 crisis are Archbishop Carlo Vigano on LifeSiteNews.com, and Dr. Scott Atlas of Stanford University, on Hillsdale College lecture series. This Opinion will explain the "How" in which free scientific discussion of Covid-19 treatments, particularly Ivermectin, is suppressed. Most of this Opinion's information is from the documentary "Trust WHO", and information by Dr. Pierre Kory of FLCCC(FrontLineCovidCriticalCare) Alliance.

Many practicing physicians trying to provide appropriate care for their patients, have been intentionally mislead by entities that previously could be trusted. We should understand that using self funded, evidence based studies and also treating empirically, is how individual physicians and medical clinics traditionally treated their patients, even in emergency situations. Randomized Controlled Trials (RCTs) are very expensive which usually only government agencies, or big Pharmaceutical companies can afford, and therefore no pathway exists for inexpensive treatments to emerge. The FDA wanted (RCT)s before cataract surgery implants could be used, which would have delayed use several decades. RCT is now the approved process for new treatments.

Ivermectin has four decades of safe use, with almost four billion doses for several medical conditions. It has been re-purposed for Covid prophylaxis and treatment, and is inexpensive. Information about multiple meta-analyses(summaries of data), the highest form of medical studies, is censored and banned on social media, e.g.YouTwitFace. Why?

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Its current budget is $2.84 billion yearly, 40% from vaccine sales, and 40% from China, and increasingly controlling private entities, such the BMGF. It has contributed almost $5 billion dollars, and is the 2nd biggest funder of WHO. Originally Public Health Officers decided on spending priorities, but now 70% is for specific and directed purposes by groups like BMGF; it(BMGF) directs national clinical research, tech-bio interventions, influences the **news and media** , and has control over Ivermectin research, i.e. the "Together Trial".

BMGF funds: GAVI, the Global Alliance for Vaccines and Immunizations; CEPI, Coalition for Epidemic Preparedness Innovations; COVAX Pillar, the partnership of the above. **This is the team dictating the Covid-19 Health Emergencies Program from Geneva.**

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COVID-19 is a deception for taking control

LMT 11 July, 2022

COMMENTARY: OPINION OF

Richard J. Eggleston

The May 19 *LifeSiteNews.com* interview with Archbishop Carlo Vigano discusses the relationship of the Great Reset and COVID-19.

Vigano explained that 25 years ago, a worldwide pandemic for political purposes of control was predicted. The steps are:

- Control the media to produce worldwide panic using a coalition of media and government, now called the "Trusted News Initiative."
- Muzzle dissenters and hide "negative" news.
- Lock downs.
- Isolation of citizens.
- Mass inoculation with a vaccine.

Said Vigano: "Everything that is done in the name of globalist (Great Reset) ideology has this ... purpose: We must no longer remember our past and our history. We must no longer know how to recognize good and evil. We must no longer desire virtue and reject vice. Indeed, we are driven to condemn the good as intolerant and to approve evil as a liberation and redemption from Christian order."

Speaking to the 2012 World Economic Forum (the annual meeting of the world's elite to determine the world's future) in Davos, Switzerland, the executive chairman of that forum, Klaus Schwab, stated: "In conclusion, a worldwide pandemic (COVID-19) is a pretext with which to give the semblance of legitimacy to restrictions on natural freedoms and fundamental individual rights in such a way as to create an economic and social crisis with which to make the Great Reset irreversible. They will own nothing and be happy" and "nothing will be as it was before."

Covered with a nobility of purpose, such as respect for the environment and inclusivity, it is a deceptive "biosecurity" method of linking everyone by an electronic social ID for exploitation of our personal information, to control us. Observe China's oppression of its citizens.

At the 2017 Davos World Economic Forum, Bill Gates started the Coalition for Epidemic Preparedness Innovations to accelerate the development of vaccines using the DNA and RNA of pathogens for future pandemics. We know Dr. Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases, authorized the enhancement of virulence of the COVID-19 virus in Wuhan, China.

In October 2019, Gates sponsored the Vaccine Safety Net Workshop, a precursor to Immunization Agenda 2030, which will direct further mass injections with mRNA vaccines (biologics) altering our DNA by changing genes called P53 and BRCA1 (source: Dr. Peter McCullough *www.bitchute.com/video/rkp61/htu/Gxlt*).

That same month, Gates teamed up with the the World Economic Forum, Johns Hopkins University School of Medicine and the world's public health figures for a fictional crisis in public health called "Event 21." The complete history is in *LewRockwell.com* "Coronavirus and the Gates Foundation (April 26) as well as Dr. Mercola.com interview with Dr. Stephanie Seneff on May 23 (read the summary first) and "Fear is contagious" (June 19).

In "A State of Fear," Laura Dodsworth referenced the London Telegraph quoting members of the British Scientific Advisory Group for Emergencies as follows: "The government should drastically increase the perceived level of personal threat because a substantial number of people still do not feel sufficiently personally threatened by the virus."

She quotes a subcommittee scientist as saying: "We were stunned by the unethical weaponization of behavior psychology."

Dodsworth states that at least 10 British government agencies worked with "behavioral insight teams" to manipulate the public's anxieties.

These tactics have been used for years, including in the United States.

"Fear porn" is always the tool of tyrants as it spreads like a virus and is termed "emotional contagion."

As with the evil of the Stockholm syndrome, signs of submission to COVID-19 fear include:

- Forcing children to wear masks that become contaminated with numerous types of deadly bacteria and decreased oxygen blood levels.
- Taking vaccines that only provide short-term immunity and don't stop transmission of COVID-19, but at least 6,000 vaccine deaths have occurred.

The Centers for Disease Control and Prevention state that 94 percent of 591,265 supposed COVID-19 deaths had underlying causes. Therefore, 6 percent — or 35,475 — were actual COVID-19 deaths.

It is the inadequate treatment of the extreme immune response to the virus that is causing death, not the virus itself. Whose responsibility is this?

German attorney Reiner Fuellmuch has filed a class action lawsuit there against the World Health Organization for crimes against humanity.

"More and more scientists, but also lawyers, recognizing that as a result of the deliberate panic-mongering and the COVID-19 measures enacted by this panic, democracy is in danger of being replaced by fascists and totalitarians," Fuellmuch said.

More than 20 legal actions are already in process throughout the world, with more being prepared, based on the Nuremberg Code of Ethics after World War II. The main concept from the Nuremberg Code was that people have the right to informed consent. That means no coercion or experimental agents. Implicit is that information must be accurate.

What happened to my body, my choice?

For additional information, see:

- ICAN (*www.Icandecide.org*) for help for those facing various mandates. Is the legal system the solution to those illegally forcing vaccinations?
- *www.nojabforme.info* for a very accurate summary of COVID-19 facts. Dr. Robert Malone, inventor of the mRNA technology, states government agencies are concealing risk/benefit information of COVID-19 vaccines for all age groups, and warns specifically against COVID-19 vaccination of children and the young.
- *AAPSonline.org* for a worldwide list of practitioners treating COVID-19.

Eggleston, M.D., is a retired ophthalmologist. His email address is rjegglestonmd@gmail.com.

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NEWSROOM ADMINISTRATION

EDITOR AND PUBLISHER ..... NATHAN H. ALFORD
(208) 848-2208 / alford@lmtribune.com

MANAGING EDITOR ..... CRAIG CLOHESSY
(208) 848-2251 / cclohessy@lmtribune.com

OPINION PAGE EDITOR ..... MARTY TRILLHAASE
(208) 848-2272 / martyt@lmtribune.com

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Covid-19 and the Great Reset

The LifeSiteNew.com interview of 5-19-21 of Archbishio Carlo Vigano, discusses the relationship of the Great Reset and Covid-19.

Vigano explained that 25 years ago, a worldwide pandemic for political purposes of control was predicted. The steps are: control of the media to produce worldwide panic using a coalition of media and government, now called the "Trusted News Initiative", to muzzle dissenters and hide "negative" news; lock downs; isolation of citizens; and mass inoculation with a "vaccine".

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AAPSonline.org provides a worldwide list of practitioners treating Covid-19.

Richard J Eggleston MD. 7-4-2021

Critical race theory has no place in public schools

July 15, 2021

The distress of the critical race theory demagogues is evident by using the $300 million budget of the National Education Association, vowing to use all resources at its disposal —including friendly media — to discredit mothers protecting their children.

Quisha King, a Black mother and co-founder of Moms for Liberty, along with Tina Descovich, states: "If I'm going to fight for anything and I'm going to put myself on the line, it's for Christ first and ... for my family next. I'm not willing to stand by the wayside and let this type of poison be introduced to my children any further or to anyone else's child. ... Because what they don't realize is that, my father in heaven is who I get my strength from. ..." Descovich states: "We are coming out of the worst year on record for modern education and you would think the NEA would focus on reading and writing and math and instead of trying to divide us by our color." These mothers support teaching real history, including the history of racism.

Another embarrassment for the American Marxists is Ty Smith. He spoke strongly at his local Illinois school board against CRT stating; "How do I have two medical degrees if I'm oppressed? ... How did I get where I am right now if some white man kept me down?"

You've probably figured out he is Black.

Xi Van Fleet, a woman who survived the Cultural Revolution in Mao's Communist China, said the CRT lessons, with their emphasis on personal guilt, follows Mao's techniques.

A main tenant of CRT is that whites are the only villains of history. Before the Spanish controlled Central and South America, there were the Mayan, Inca and Aztec empires with slaves and human sacrifices. South Africa's Zulu Empire had slaves and now has decades of CRT experience and riots. Africans themselves captured other Blacks for sale throughout the world. A Black-on-Black massacre occurred in Rwanda in 1994. Native American tribes often warred to death and took slaves. The Turks massacred Armenians.

Donald Harris, father of Kamala Harris, says his roots go back to Hamilton Brown (2018 essays for *jamaica-globalonline.com*, updated Jan. 14, 2019), a slave-owning planter in Jamaica.

Holding descendants responsible for these ancestor acts would apply, according to CRT. Although CRT has been around for decades, it has blossomed in the Biden administration

The NEA and Marxist founders of CRT want to fracture beyond repair the human soul and society's conscience, and to break the unity of the races of this greatest of nations. This is a toxic curricula, teaching children to hate their classmates because of skin color, and putting ideology ahead of the child's need for reading, writing, science, math, history and music. But they do have "Drag Queen Story Hour" and face masks.

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Oregon's education department states that focusing on the correct answer in math is an example of white supremacy culture, i.e. accuracy in math is viewed through a race lens, meaning no advancement through individual effort.

In California, math must have "equity."

The NEA's ideology is itself racist, as indicated by teachers participating in the Antifa and Black Lives Matter-sponsored Portland riots, teaching children to be rioters.

About 75 percent of Americans oppose CRT. As of June 30, at least 51 local recall efforts, twice the usual number, targeted at least 2,150 elected members of K-12 school boards.

Why are school boards becoming battlegrounds? During the shutdowns, parents saw on Zoom what their children were actually being taught. They saw children forced to engage in CRT exercises that say race determines everything about them, that even as children you are either an oppressor or oppressed.

While being home-schooled, children learned: America is great even with flaws and Communism sucks; the doublespeak of totalitarianism was destroyed by boys saying: "I'm a boy. Girls: I'm a girl, and learning true history.

Many dissatisfied parents are traditional liberals who aren't political but don't trust the education system. Advocates for CRT initially denied CRT even existed in K-12 schools, but an esoteric topic only taught in law schools.

Salinas Valley, a Black teacher, exposed CRT in ethnic studies in California.

Haylee Yasgar, a Minnesota Sartell-St. Stephen School District grade-school student, was told by her teacher not to "repeat any of the questions to our parents" about an equity survey. If CRT and the 1619 project aren't been taught in public schools, why the psychotic push back? This screen of evasion has been ripped open by concerned parents.

As K-12 education is mandated, elected legislative oversight of substance being taught is required. Many parents, if certain that their child has been mistreated, discriminated against or in a hostile environment will enter the legal system to protect the country's greatest assets. The children belong to parents, not the NEA or the government.

Just as body cameras are required for police, it's time for the classroom also, especially since the NEA doesn't want parents to watch the classroom on Zoom.

Since revolutions devour their own, the tide is turning against CRT. Formerly indoctrinated white proponents of CRT, protesting other white people for being white, are losing their teaching jobs just because of their skin color and are fighting back.

Check New York's Grace Church former headmaster George Davison's resignation. And white teachers in New York High School of Public Service are being fired by Principal Paula Lev, who is now under investigation by the city Department of Education (New York Post July 10).

If you can get someone fired for his skin color, you're not the oppressed, you are the oppressor.

As with the Salem witch trials, CRT must go, before destroying our military and the rest of the country.

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Richard J. Eggleston MD, 8-27-2021

Ivermectin is becoming the standard of care

Sunday Sept 5, 2021

Editor's note: The U.S. Food and Drug Administration has issued a warning against taking ivermectin for COVID-19. If you ignore this warning and experience symptoms of ivermectin overdose, contact the poison control hotline at (800) 222-1222.

The Food and Drug Administration has approved a biologics license application for Pfizer's COVID-19 vaccine, Comirnaty, which is not even in production yet, without the required advisory committee, public comment or reporting any of the safety data.

Does this make the mandates for forced vaccination with the current emergency use authorizatoin "vaccine" illegal and expose those forcing it to the Nuremberg Code for Human Rights violations and 21 U.S. Code Sec.360bbb-3(e)(1)(A)(ii)(III) punishments? Former Pfizer biotech analyst and whistleblower Karen Kingston explains what approval really means. See the very important interview with Steve Peters (Aug. 29 *rumble.com/vlod4c*).

Everyone knows that antibody resistant bacteria, such as MRSA, have developed due to the overuse of antibiotics. This has reached the point that the antibody of last resort, Vancomycin, is losing effectiveness. Mutations occur that produce increasingly deadly and difficult sicknesses to treat.

On Aug. 24, Pfizer CEO Albert Bourla predicted vaccine resistant to COVID-19 variants are likely to emerge, i.e. the delta variant being the first. Dr. Geert Vanden Bosche, a vaccinologist, published an open letter to the World Health Organization on March 6 warning: "There can be no doubt that continued mass vaccination campaigns will enable new, more infectious viral variants to become increasingly dominant and ultimately result in a dramatic incline in new cases, despite enhanced vaccine coverage rates. There can be no doubt, either, that this situation will soon lead to complete resistance of circulating variants to the current vaccines."

In other words, this is the same as bacterial resistance to antibiotics. On Feb. 9, National Public Radio stated "Vaccines could drive the evolution of more COVID-19 mutants."

With the current COVID-19 "vaccines," infection and transmission still occurs. A British warship and a Carnival Cruise ship, both with 100 percent vaccinated crews and passengers, had severe delta COVID-19 outbreaks. It must have mutated much smaller to get through required masks.

Oxford University Clinical Research Group published in the Aug. 10 Lancet a paper that found vaccinated hospital medical personnel carry 251 times the load of SARS-CoV-2 viruses in their nostrils, becoming presymptomatic superspreaders, infecting co-workers and patients, and are more susceptible to the delta variant, compared to the nonvaccinated.

The SARS-CoV-1 and SARS-CoV-2 genomes are 80 percent similar, and 17 years after exposure to SARS-CoV-1, immunity still exists. This is because of long-lasting and specific cellular immunity by T-2 immune cells and bone marrow plasma cells, both not strengthened

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by booster jabs. And therefore, the booster can't help long-term immunity. Natural immunity is against the entire virus, not just the spike protein, with no boosters needed.

It should be very frightening to patients that the Federation of State Medical Boards has stated: "In spreading misinformation (not defined) about COVID-19 vaccine on social media, online and in the media" that the licenses of medical and osteopathic physicians can be revoked. Apparently personal communication with the patient is still allowed to inform and discuss with their patients all alternatives for the prevention and treatment of COVID-19. Physicians take our Hippocratic Oath to be champions for our individual patients, not as agents of the state.

My previous opinions stated ivermectin and hydroxychloroquine are very effective and safe, and should be used along with vitamins C and D, melatonin, zinc, and quercetin.

On Aug. 28, the chairman of the Japanese Medical Association recommended ivermectin as the standard of care for COVID-19.

Twenty-five "gold-standard" studies show at least 60 to 80 percent of COVID-19 deaths could have been prevented with early, proper treatment. Physicians who use years of experience and scientific studies are today considered violators, and face possible licensure problems. If this can occur now, when will the eventual order to an employed physician come, commanding that a sick patient of any age, whose care will use resources, must be euthanized for the common good?

What is the real difference between that and the Aztecs of central Mexico, who for the common good to appease gods, sacrificed slaves?

The same thought process of every fascist/Nazi/communist tyranny of no God-given individual rights, but only the common good, is behind the tyranny of forcing jabs on the entire world population.

Power, by those who posses it, to use force to subdue is evident in the brutalization of especially women and children in Afghanistan by the resurgent Taliban and here, the stick of forced vaccinations replacing the carrot of enticements.

Ph.D.s, because they understand, the lower level educated because they know they don't know enough, and Blacks because of incidents like the Tuskegee experiments, are the most vaccine hesitant. Basically they don't trust science and government.

As of Aug. 25, Israel, with 80 percent of the population fully vaccinated, has had more than 7,500 daily new confirmed COVID-19 cases in a vertical rise, mirroring the vaccination percentage a few months earlier. Eighty-five percent of those hospitalized for delta variant were fully vaccinated. This shows the most vaccinated countries have the most COVID-19.

It is with a straight face that we are told that COVID-19 spreads at churches, schools and motorcycle rallies: but it doesn't spread at unmasked antifa and Black Lives Matter riots, the southern border invasion, the 2021 Lollapalooza event with tens of thousands, Nancy Pelosi's fundraisers, and former President Barack Obama's birthday party. How absurd to expect continual belief in such blatant disinformation.

The tech giants deplatform, delete or suspend those who voice an opinion different than their group-think position. They are afraid of free speech.

Sen. Rand Paul, R-Ky., speaking for the people of Kentucky, and Rep. Nicole Malliotakis, R-N.Y., were banned for speaking unapproved truths regarding COVID-19, and the entire scientific history of Dr. Robert Malone, the inventor of the mRNA technology, was deleted on Linkedin.

Those who wish to control our individual lives and make us part of a Marxist/fascist collective, think of us as, and want us to remain, docile, like beagles who are friendly and don't bite. The sign at a church that still has free speech said: "Delta's here, but we have the alpha and omega."

We must remember who is really in charge.

Eggleston, M.D., is a retired ophthalmologist. His email address is rjeggestonmd@gmail.com.

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It should be very frightening to patients that The Federation of State Medical Boards(FSMB) has stated "in spreading misinformation(not defined) about Covid-19 vaccine on social media, online, and in the media" that the licenses of medical and osteopathic physicians can be revoked. Apparently personal communication with the patient is still allowed to inform and discuss with their patients all alternatives for the prevention and treatment of Covid-19. Physicians take our Hippocratic Oath to be champions for our individual patients, not as agents of the state.

My previous opinions stated, Ivermectin and Hydroxychloroquine are very effective and safe, and should be used along with Vitamins C and D, melatonin, zinc, and quercetin. On Aug. 28th, the chairman of the Japanese Medical Association recommended Ivermectin as the Standard of Care for Covid-19.

Twenty-five "gold-standard" studies show at least 60-80% of Covid-19 deaths could have been prevented with early, proper treatment. Physicians who use years of experience and scientific studies are today considered "violators", and face possible licensure problems. If this can occur now, when will the eventual order to a employed physician come, commanding that a sick patient of any age, whose care will use resources, must be euthanized for the "common good"? What is the real difference between that and the Aztecs of central Mexico, who for the "common good" to appease gods, sacrificed slaves? The same thought process of every Fascist/ Nazi/Communist tyranny of no God

given individual rights, but only the "common good", is behind the tyranny of forcing jabs on the entire world population. Power, by those who posses it, to use force to subdue is evident in the brutalization of especially women and children in Afghanistan by the resurgent Taliban, and here, the stick of forced vaccinations replacing the carrot of enticements.

PhDs, because they understand, the lower level educated because they know they don't know enough, and Blacks because of incidents like the Tuskegee experiments, are the most vaccine hesitant. Basically they don't trust science and government.

As of August 25, 2021 Israel, with 80% of the population fully vaccinated, has had more than 7,500 daily new confirmed Covid-19 cases in a vertical rise, mirroring the vaccination percent a few months earlier. 85% of those hospitalized for Delta variant were fully vaccinated. This shows the most vaccinated countries have the most Covid-19.

It is with a straight face that we are told that Covid-19 spreads at churches, schools, and motorcycle rallies: but it doesn't spread at unmasked Antifa and BLM riots, the Southern border invasion, the 2021 Lollapalooza event with tens of thousands, Nancy Pelosi's fundraisers, and former President Obama's birthday party. How absurd to expect continual belief in such blatant disinformation.

The Tech giants deplatform, delete, or suspend those who voice an opinion different than their group think position. They are afraid of free speech. Sen. Rand Paul of Kentucky, speaking for the people of Kentucky, and Rep. Nicole Malliotakis(NY) were banned for speaking unapproved truths regarding Covid-19, and the entire scientific history of Dr. Robert Malone, the inventor of the mRNA technology, was deleted on Linkedin.

Those who wish to control our individual lives and make us part of a Marxist/Fascist collective, think of us, and want us to remain docile, like Beagles, who are friendly and don't bite. The sign at a church that still has free speech said: "Delta's here, but we have the Alpha and Omega." We must remember who is really in charge.

Richard J. Eggleston, MD 8-30-21

Who among us lives an unworthy life?

COMMENTARY: OPINION OF

Richard J. Eggleston

There is a statement by a Saltzman Institute of War and Peace Studies at Columbia University research fellow Richard Hanania, acting as an eugenics provocateur regarding Texas Bill 8 — the fetal heartbeat law — which outlaws abortions at six weeks gestation. He stated there would be very few Down syndrome children if the bill had not passed, as in the Netherlands, where all Down syndrome children are aborted. But it takes 10 weeks of gestation to test for Down syndrome.

A slippery slope to a repeat of the eugenics of the 1930s and 1940s in Germany, applying to the disabled and minorities, was at least temporarily averted.

A German-made movie, "The Last Days of Sophie Scholl," recounts Scholl's last week of life.

She is interrogated by a Nazi ideologue exercising control of information (now called fact-checking or thought control) about her and her group, the White Rose. He states she was not raised properly because she resisted the Nazi regime.

She skillfully directs the conversation to mentally handicapped children being told they are going to heaven while being shipped to be poisoned and gassed.

She asked: "Do you think I wasn't raised properly because I feel pity for them"?

Only momentarily confused, he says, with a dismissive hand wave: "They are unworthy lives," and asks why she feels pity for them.

"Because I have a conscience."

Sophie, 21, and her brother, Hans, 24, were beheaded.

Would she have lived a peaceful life knowing she had gravely violated her conscience by cooperating?

She took her stand for freedom, and didn't have the emptiness of having nothing worth giving her life for.

Beliefs, such as Sophie's, may require sacrifice.

The 1966 Academy Award winning "A Man for All Seasons" is the last one showing the ultimate sacrifice for conscience and answering to God by Sir Thomas More.

Unlike Scholl and Thomas, lack-of-conscience events have occurred in America.

In an 8-1 ruling in the 1927 Buck v. Bell case, the U.S. Supreme Court upheld a Virginia law allowing the forced sterilization of "unfit" people. This was to promote "the health of the patient and the welfare of society." It sounds like the current required sacrifice of the individual for the "common good."

That, along with the Dred Scott decision of 1857 and Roe v. Wade of 1973, are the most shameful in the Supreme Court's history.

In all three, it was ruled that a living person created in God's image has no intrinsic rights. There will be a Supreme Court case soon about the integrity of a person's body concerning forced medications.

As further evidence of a loss of conscience: Why did the media ignore the abuse by Larry Nassar of our Olympic women gymnasts?

Why is the media ignoring the toxic effects of tech giant Instagram, which is causing suicides of preteen and teenage girls?

Why is there no "follow the money" in the $100 billion bonanza to the Big Pharma vaccine industry and the conflict of interest of regulatory agencies?

What about the insanity of forcing women to register for the draft, who along with men become cannon fodder for unjust and therefore unnecessary wars?

Why isn't the media reporting and condemning the treasonous activity of Gen. Mark Milley, the chairman of the Joint Chiefs of Staff, in ordering the jailing and isolation of Lt. Col. Stuart Scheller Jr., colluding with Chinese generals in 2020; and usurping authority by telling the other chiefs of staff they were to obey orders only if coming through him?

Never in our history have military officers attempted a coup without being immediately fired from their position.

And then in a further loss of conscience, the commander-in-chief, states he has great confidence in Milley even when the general wants to share intelligence with the Taliban.

When a U.S. drone kills seven children and three adults in Afghanistan and our officials lie about it for days; when our State Department tells countries near Afghanistan not to help Afghan refugees; when our president gives the Taliban a list of Americans left behind to be likely killed; when 13 American soldiers are killed and private help is blocked, why aren't impeachment proceedings initiated?

After all, a legitimate phone call is now the established threshold for impeachment.

Despite its insufficient coverage of these events, the media suffers no crisis of conscience because it has no conscience.

And along with the media, our generals have lost credibility.

In an April commentary about courage and conscience, I wrote: "In his description of the life cycle of nations, (Alexander) Tyler observed people start in bondage and at some point develop spiritual faith and conscience. They might develop courage through conscience, and with enough struggle, sometimes including dying, can obtain freedom. Alexander the Great knew how fear grips people, saying: 'Through every generation of the human race there has been a constant war, a war with fear. Those who have the courage to conquer it are made free, and those who are conquered by it are made to suffer until they have the courage to defeat it, or death takes them.' President Ronald Reagan stated 'freedom is not inherited, but must be fought for each generation, to be passed to the next.' "

We have a government that does not respect or fear us. What chance, by our actions alone, is there of returning to a constitutional republic as dedicated to God by our founders?

Essentially zero, unless our human actions are first those in II Chronicles 7:14: "If my people called by my name, . shall humble themselves, pray, seek my face, and turn from their wicked ways, then I will hear from heaven, forgive their sin, and heal their land."

With this and increasing our local involvement first, maybe our descendants will know the freedoms we didn't fritter away.

"If not now, then when; if not us, then who?" — The Talmud

Eggleston, M.D., is a retired ophthalmolgist. His email address is rjeggestonmd@gmail.com.

10-3-21

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NEWSROOM ADMINISTRATION

EDITOR AND PUBLISHER . . . . . NATHAN H. ALFORD
(208) 848-2208 / alford@lmtribune.com

MANAGING EDITOR CRAIG CLOHESSY
(208) 848-2251 / cclohessy@lmtribune.com

OPINION PAGE EDITOR MARTY TRILLHAASE
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Who of us is an Unworthy Life?

There is a statement by a Columbia University Professor, Richard Hanania, acting as an Eugenics provocateur regarding Texas Bill 8, the Heartbeat Law, which outlaws abortions at six weeks gestation. (This would unlikely be a problem for an Afghan woman refugee being relocated to Texas, as she is escaping the real dehumanization of women). He stated there would be very few Downs children if the Bill had not passed, as in the Netherlands, where all Downs children are aborted. But it takes 10 weeks of gestation to test for Downs.. A slippery slope to a repeat of the Eugenics of the 1930s and 1940s in Germany, applying to the disabled, and minorities, was at least temporarily averted.

A German made movie, "The Last Days of Sophie Scholl" who was 21, recounts her last week of life. She is interrogated by a Nazi ideologue exercising control of information(now called fact checking or thought control), about her and her group, The White Rose. He states she was not raised properly because she resisted the Nazi regime. She skillfully directs the conversation to mentally handicapped children being told they are going to Heaven, while being shipped to be poisoned and gassed. She asked:"Do you think I wasn't raised properly because I feel pity for them"? Only momentarily confused he says : "They are unworthy lives", with a dismissive hand wave and asks why she feels pity for them. "Because I have a conscience". She and her brother, Hans(24) were beheaded. Would she have lived a peaceful life knowing she had gravely violated her conscience by cooperating? She took her stand for freedom, and didn't have the emptiness in her soul of having nothing worth giving her life for. Beliefs, such as Sophie's may require sacrifice. The 1966 Best Picture, Hollywood movie, A Man for All Seasons, is the last one showing the ultimate sacrifice for conscience and answering to God by St. Thomas More.

Unlike Sophie and Thomas, lack of conscience events occurred in America. In 1927 the U.S. Supreme Court upheld Buck v. Bell in an 8-1 decision, a Virginia law allowing the forced sterilization of "unfit" people. This was to promote "the health of the patient and the welfare of society." Sounds like the current required sacrifice of the individual for the "common good". That along with the Dread Scott decision of 1857, and Roe v. Wade of 1973, are the most shameful in the Supreme Court's history. It was ruled in all three that a living person created in God's image, has no intrinsic rights. There will be a Supreme Court case soon about the integrity of a person's body concerning forced medications, and subsequent Nuremberg Code trials.

Further signs of loss of conscience; why is the media ignoring the toxic effect of tech giant Instagram causing self-mutilations and suicides of preteen and teenage girls? Why is there no "follow the money" in the $100 billion bonanza to the Big Pharma vaccine industry, and conflict of interest of regulatory agencies? What about the insanity of forcing women to register for the draft, which along with men become cannon fodder for unjust, and therefore unnecessary wars? There is no crisis of conscience for the majority of the media's insufficient coverage of these and the following, because there is no conscience.

Why isn't the media reporting and condemning the treasonous activity of Gen. Mark Milley, the Chairman of the Joint Chiefs of Staff, in ordering the jailing and isolation of Lt.Col Stuart Scheller Jr., or in colluding with Chinese Generals in 2020, and usurping authority by telling the other Chiefs of Staff they were to obey orders only if coming through him? Never in our history have military officers attempted a coup without being immediately fired from their position. And then in a further loss of conscience, the Commander-in-Chief, states he has great confidence in Gen. Milley, even when Milley wants to share intelligence with the Taliban. How come a U.S. drone killing 7 children and 3 adults in Afghanistan and subsequent days of officials lying, and our State Dept. telling countries near Afghanistan not to help Afghan refugees; or the President giving the Taliban a list of Americans left behind to be likely killed, thirteen American soldiers killed, and blocking private help, doesn't initiate impeachment? After all, a legitimate phone call is now the established threshold for it. Generals and the media have lost credibility.

An excerpt of my April, 2021 Opinion about courage and conscience follows: "In his description of the Life Cycle of Nations, Tyler observed people start in bondage, and at some point develop spiritual faith and conscience. They might develop courage through conscience, and with enough struggle, sometimes including dying, can obtain freedom. Alexander the Great knew how fear grips people. 'Through every generation of the human race there has been a constant war, a war with fear. Those who have the courage to conquer it are made free, and those who are conquered by it are made to suffer until they have the courage to defeat it, or death takes them'. Pres. Ronald Reagan stated 'freedom is not inherited, but must be fought for each generation, to be passed to the next.' "

We have a government that does not respect or fear us. What chance, by our actions alone, is there of returning to a constitutional republic as dedicated to God by our founders? Essentially zero, unless our human actions are first those in II Chronicles 7:14: "If My people called by My name, shall humble themselves, pray, seek My face, and turn from their wicked ways, then I will hear from heaven, forgive their sin, and heal their land". With this and increasing our local involvement first, maybe our descendants will know the freedoms we didn't fritter away. "If not now, then when; if not us, then who?"The Talmud

Richard J. Eggleston, MD 9/29/2021 for Oct. 3, 2021 LMT Opinion

Moments of conscience and great personal sacrifice

MT. 31 OCT. 2021

COMMENTARY: OPINION OF

Richard J. Eggleston

My Oct. 3 column described what conscience and grit look like in having something or someone worth dying for.

These are additional examples.

A 28-year-old woman in England with two children was diagnosed with osteosarcoma, a very malignant cancer, in her left leg. She was told her treatment would require the abortion of her child in her then-seventh-month pregnancy.

With the realization of the high probability of this aggressive cancer recurring and taking her life, she would not let it also take the life of her child. She has lost her leg at the hip and probably soon her life. Only God knows how many subsequent generations of life will follow.

Sixty-five years ago, my wife's mother, Ruth, when needing treatment for metastatic breast cancer, made a similar choice for saving her last child's life. This child, Ann, now has three children and five grandchildren.

These two life-giving women knew instinctively what a sign in the Catacombs in Rome means about the layers of stacked bones: "You are alive as we once were, but we are what you shall become."

There are many today following their conscience with great sacrifice by:

- Resigning military commissions and justifiably demanding explanations of the failed Afghanistan withdrawal strategy.
- Leaving undergraduate and graduate school positions, teaching positions in diverse school districts, jobs as commercial and military pilots, police and firefighters, coaches (Washington State University's Nick Rolovich and four assistants) and nurses and physicians exercising their rights under the Nuremberg Code and Helsinki Accord Protocols on patient rights, especially concerning experimental medications.

Remember the Food and Drug Administration- approved Pfizer jab, Comirnaty, is not even available. So any required jabs are with an unapproved, experimental biologic and carry legal liability when injury occurs.

Washington state Judge David A. Larson, co-chairman of the Council on Independent Courts, provided an analysis of whether the governor has the authority to impose his mandate. He states the governor, judges or any other state or local officials cannot mandate a vaccine as a condition of employment or education because no law passed by the Legislature has given them the authority to do so.

Elsewhere, those with power are causing incalculable suffering by controlling the health and beliefs of multiple millions of people.

In Nigeria, citizens must be vaccinated or no church or banking is permitted.

In Australia, 14 supposed COVID-19 deaths during the first half of 2021 were the excuse for this policy: Even if vaccinated, citizens are permitted outside their home for limited times and distances, and must use quick response codes on smartphones to check in when directed to. Australia has frequently been the testing site for how much citizens will put up with, starting with closure of churches. We should anticipate similar attempts in the U.S.

In the Catholic Church, to which I belong, some of the clergy are now requiring pre-registration quick response codes, and photo ID before the people can worship.

They are encouraging the concept that if you are not vaccinated, you should not receive medical care for COVID-19 infections. That would mean that when someone who is fully vaccinated, such as Gen. Colin Powell, develops COVID-19, he also should not receive medical care, because according to them, the disease is what should not be treated.

Who are the unvaccinated?

The Centers for Disease Control and Prevention state you are not considered "vaccinated" until 14 days after the second Pfizer and Moderna jab or the first Johnson and Johnson jab. This means all the deaths and adverse events in that time frame are counted as unvaccinated.

The Occupational Safety and Health Administration recently ruled these are now not reportable. Being unvaccinated should imply that someone was vaccinated, but by some magical treatment, they became not vaccinated with removal of graphene oxide that responds to 5G emissions.

Using the CDC's own commissioned study on vaccine reporting accuracy and the 2009 Lazarus report from Harvard Pilgrim Care, the known 45,000 deaths and 700,000 injuries are greatly understated. Nurses and doctors, last year's heroes but this year's goats, have testified of knowing of numerous unreported deaths and side effects, having no instructions on the proper reporting protocols, and many times were blocked by hospital administrations when trying to report.

From 2015 to 2020, the world's population went from 7.37 billion people to 7.79 billion, and deaths from 55.82 million to 58.23 million. What had not changed is the constant 0.76 percent of population to deaths.

But from early 2021, the number of deaths is now increasing, especially fatal heart attacks in 50-years-old people. It is currently "inexplicable."

When morality is removed, following the loss of the Judeo-Christian influence, the lust for the flesh, power, and money becomes what life is all about.

Total dependence ultimately follows because people can't control their lives and want to be told what to do and think. This produces demoralization and willing acceptance of the "new normal" concept.

This is the Communist Party's technique of continually staging events, producing new fears that need increasingly more government "solutions" and therefore control, with loss of freedoms. Many young people have died from suicide due to fear, isolation and lock downs.

"Choose you this day whom you will serve; but as for me and my house, we will serve the Lord." Joshua 24:15

Eggleston, M.D., is a retired ophthalmolgist. His email address is rjegglestonmd@gmail.com.

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Consequences of Acts of Conscience

My Oct. 3rd Opinion, described what conscience and grit looks like in having something or someone worth dying for. These are additional examples. A 28 year old woman in England with two children was diagnosed with osteosarcoma, a very malignant cancer, in her left leg. She was told her treatment would require the abortion of her child of her then seventh month pregnancy. With the realization of the high probability of this aggressive cancer recurring and taking her life, she would not let it also take the life of her child.. She has lost her leg at the hip, and probably soon her life. Only God knows how many subsequent generations of life will follow. Sixty-five years ago, my wife's mother, Ruth, when needing treatment for metastatic breast cancer, made a similar choice for saving her last child's life. This child, Ann, now has three children and five grandchildren. These two life giving women, knew instinctively what a sign in the Catacombs in Rome means about the layers of stacked bones, "You are alive as we once were, but we are what you shall become". Those using a classic Psychologic Operation(PsyOp) of fear of the current Covid situation, affecting especially children's lives, emotional and mental development, have no ability to see their own lives ending, and all the money and power they have accumulated will soon enough belong to other lost souls.

There are many today following their conscience with great sacrifice, by resigning military commissions, justifiably demanding explanations of the failed Afghan withdrawal strategy; leaving undergraduate and graduate school positions; teachers in diverse school districts; commercial and military pilots; police and fire fighters; coaches(Nick Rolovich and four assistants);and nurses and physicians, exercising their rights under The Nuremberg Code and Helsinki Accord Protocols on patient rights, especially concerning experimental medications. Remember the FDA approved Pfizer jab, Comirnaty, is not even available, so any required jabs are with an unapproved, experimental biologic, and carry legal liability when injury occurs. Washington State Judge David A. Larson, co-chair of the Council on Independent Courts, provided an analysis if the Governor has the authority to impose his mandate. He states the Governor, judges or any other state or local officials cannot mandate a vaccine as a condition of employment or education because no law passed by the legislature has given them the authority to do so.

Elsewhere, those with power are causing incalculable suffering by controlling the health and beliefs of multiple millions of people. In Nigeria, citizens must be vaccinated or no church or banking is permitted. In Australia, 14 supposed Covid deaths in the first half of 2021, was the excuse for "In The New World Order our army comes marching in, partnering with police..." Kerry Gai Chant, chief health officer of New South Wales. Even if vaccinated, citizens are permitted outside their home for limited times and distances, and must use QR codes on smart phones to check in when directed to. Australia has frequently been the testing site for how much citizens will put up with, starting with closure of churches. We should anticipate similar attempts in the U.S.

In America, as elsewhere in the world, small businesses are intentionally bankrupted to enable monopolistic Big Businesses to flourish. And church leaders are neglecting their leadership role to their flocks by not leading **peaceful** civil disobedience events against illegal government activities, events that gave legitimacy to the Civil Rights movement led by Rev. Martin Luther King. In the Catholic Church, to which I belong, some of the clergy is now requiring pre-registration, QR codes, and photo ID before the people can worship. They are encouraging the concept that if you are not vaccinated, you should not receive medical care for Covid infections. That would mean that when someone who is fully vaccinated(Gen. Colin Powell) develops Covid, they also should not receive medical care, because according to them, the disease is what should not be treated.

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When morality is removed, following the loss of the Judeo-Christian influence, the lust for the flesh, power, and money becomes what life is all about. Total dependence ultimately follows because people can't control their lives, and what to be told what to do and think. This produces demoralization and willing acceptance of the "New Normal" concept. This is the Communist Party's technique of continually staging events producing new fears that need increasingly more government "solutions" and therefore control, with loss of freedoms. Many young people have died from suicide due to fear, isolation, and lock downs.

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Richard J. Eggleston MD 10/27/2021 for Oct. 31, 2021. rjegglestonmd@gmail.com

These economic elitists are behind vaccine mandates

LMT SUN. NOV. 28, 2021

COMMENTARY: OPINION OF

Richard J. Eggleston

Who owns the world and why is that important?

In Russian nesting (babushka) dolls, sequentially smaller dolls are inside larger dolls. This is the same concept when trying to understand who are the real owners of the world.

The packaged fond companies are all owned by 12 parent companies, such as Pepsi, Coca-Cola, and Kellogg, and their largest shareholders are monopolies. These are Vanguard Group Inc. and Blackrock Inc., who own a third of the shares of Pepsi Co. With Coca-Cola, the top shareholder is Berkshire Hathaway Inc. with Vanguard, Blackrock and State Street Corp., the next three largest institutional shareholders.

What about tech companies? Four parent companies — Facebook (Whatsapp and Instagram), Alphabet (Google, YouTube, Gmail and Android), Apple and Microsoft (Windows and Xbox) produce the software used in essentially all computers and smart phones. Once again Vanguard, Blackrock and State Street are among the top shareholders.

Want to take a trip? The same groups are top shareholders in Expedia, which is used to book a flight on the major airlines such as Delta, American and Air France. The major shareholders of the airlines as well as the airplane manufacturers —Boeing and Airbus — are again Vanguard, Blackrock and State Street.

For rooms, Bookings.com or AirBnB.com offer the same. Don't forget the fuel for the planes or the aluminum and other components that come from their refineries, factories and raw material producers.

So for a single trip, we are mostly dealing with subsidiaries of Blackrock, Vanguard, State Street and Berkshire Hathaway.

Want to purchase food? The major seed producer and the agriculture system (equipment, fertilizer) have the same investor owners.

Textile and clothing, oil refineries, automobile, tobacco, Big Pharma, most media (Trusted News Initiative), banks, insurance companies, hospital chains — well, you get the idea. The institutional investors are the ones calling the shots.

These four institutional investors dominate and they all own each others' stock.

The first two are the biggest. According to the video by Tim Gielen, "Monopoly: Who Owns the World": "The powers of these two companies is something we can barely imagine. Not only are they the largest institutional investors of every major company on Earth, they also have substantial positions in the other institutional investors of these companies, giving them a complete monopoly." Together they manage over $20 trillion of global investment. Some of the information for this opinion is from the video.

Blackrock is so powerful that it is a main adviser to the Federal Reserve and actually lends money to it. Some label it as the fourth branch of government because of the amount of its influence.

Dozens of its employees have held positions in the George W. Bush, Barack Obama, and Joe Biden administrations.

The logical question is who owns Blackrock? Right — it's Vanguard. Its ownership is hard to dig out because the elites don't want that information public. But there are good clues.

As of April, there were 2,755 billionaires in the world. Its logical to assume that they — the 0.000003 percent richest people on Earth — are the owners of Vanguard. This would include George Soros and Bill Gates.

Why is this important to us? Because these billionaires are essentially the World Economic Forum that meets annually in Davos, Switzerland, to set world policies, including vaccine passports. The Fourth Industrial Revolution, manifested in the Great Reset (i.e. global takeover), is their work.

Klaus Schwab, the founder and executive chairman of the World Economic Forum, states publicly that the masses of the world will "own nothing and be happy" in the New World Order because you will be convinced that serving the government's interest is noble. He also said, it changes you by human genome editing — or transhumanism — making your modified DNA patentable.

Their initial goal is the complete integration of our financial, medical, job authorization and food rationing using 5G. This integration has and is happening in India, with glitches in the Aadhaar system (the world's largest digital database) producing death by starvation. Some U.S. states already use the SMART health cards developed by the Vaccine Credential Initiative, which is to be nationwide as the Good ID Initiative.

Many believe they are the ones exerting pressure on private companies to force vaccinations on employees and on hospital chains mandating the withholding of life-saving COVID-19 treatments and firing medical personnel who try. For example, Sentara Healthcare Sytsems' Norfolk General Hospital of Virginia suspended Dr. Paul Marik's treatment protocol earlier this month. They also prevent accurate reporting of COVID-19 events and COVID-19 vaccine adverse side effects and deaths, again firing many who try.

Moderna will soon be releasing an oral, early treatment medication, Malopiravic, for COVID-19. The prices for this new patentable medication will be hundreds of dollars, while generic medications are pennies. Examples are Colchicine and Probenecid, which are combined for gout. They show promise for COVID-19 along with the antacid Zantac, Tri-Cor and Periactin, Pepcid and Celebrex.

Of course, generics that already work include the maligned hydroxychloroquine and ivermectin.

Several sentences omitted from my last column are applicable here.

There I compared two life-giving women of conscience to those without it and noted this statement about stacked bones in the Catacombs of Rome: "You are alive as we once were, but we are what you shall become."

Those using a classic psychological operation producing grossly exaggerated fear of COVID-19, affecting especially children's lives, emotional and mental development, have no ability to see their own lives ending. And all the power and money they have accumulated will soon enough belong to other lost souls.

"Fool, this very night your life will be required of you; and now who will own all the things you have prepared?" Luke12:20

Independent thinking adults with an embedded knowledge of freedom who take a moral stance will not long tolerate being treated as abused children, let their children wear a microchip necklace for lifelong vaccination status reporting or be governed by despots without normal human compassion. They recognize the decline of previously inalienable rights is accomplished by weeding out dissent.

Eggleston, M.D., is a retired ophthalmolgist. His email address is rjegglestonmd@gmail.com.

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[illegible] (1938-)

Who owns the world and why is that important?

In Russian nesting(babushka) dolls, sequentially smaller dolls are inside larger dolls. This is the same concept when trying to understand who are the real owners of the world. The packaged food companies are all owned by twelve parent companies, such as Pepsi, Coca-Cola, and Kellogg, and their largest shareholders are monopolies. These are Vanguard Group Inc. and Blackrock Inc., who own a third of the shares of Pepsi Co. With Coca-Cola, the top shareholder is Berkshire Hathaway Inc. with Vanguard, Blackrock, and State Street Corp. the next three largest institutional shareholders.

What about tech companies? Four parent companies: Facebook(Whatsapp and Instagram); Alphabet(Google, You Tube, Gmail and Android); Apple; and Microsoft(Windows and Xbox) produce the software used in essentially all computers, and smart phones. Once again Vanguard, Blackrock and State Street are among the top shareholders.

Want to take a trip? The same groups are top shareholders in Expedia used to book a flight on the major airlines such as Delta, American, Air France. The major share holders of the airlines, as well as the airplane makers, Boeing and Airbus, are again Vanguard, Blackrock, and State Street,. For rooms, Bookings.com or AirBnB.com the same. Don't forget the fuel for the planes, and the aluminum and other components comes from their refineries or factories and raw material producers. So, for a single trip, we are mostly dealing with subsidiaries of Blackrock, Vanguard, State Street, and Berkshire Hathaway.

Want to purchase food? The major seed producer, and the agriculture system(equipment, fertilizer) have the same investor owners. Textile and clothing, oil refineries, automobile, tobacco, Big Pharma, most media(Trusted News Initiative), banks, insurance companies, **hospital chains**, well, you get the idea. The institutional investors are the ones calling the shots.

These four Institutional Investors dominate, and they all own each others stock. The first two are the biggest. According to the video by Tim Gielen, "MONOPOLY: Who Owns the World":"The powers of these two companies is something we can barely imagine. Not only are they the largest institutional investors of every major company on earth, they also have substantial positions in the other institutional investors of these companies, giving them a complete monopoly." Together they manage over 20 Trillion Dollars of global investment. Some of the information for this Opinion is from the video.

Blackrock is so powerful that it is a main adviser to the Federal Reserve and actually lends money to it. Some label it as the Forth Branch of Government because of the amount of its influence. Dozens of its employees have held positions in the Bush, Obama, and Biden administrations.

The logical question is who owns Blackrock? Right, its Vanguard. Its ownership is hard to dig out, because the elite don't want that information public, but there are good clues. As of April 2021 there were 2,755 billionaires in the world. Its logical to assume that they, the 0.000003% richest people on earth are the owners of Vanguard. This would include George Soros, and Bill Gates.

Why is this important to us? Because these billionaires are essentially the World Economic Forum, that meets annually in Davos, Switzerland to set world policies, including vaccine passports. The Forth Industrial Revolution, manifested in the Great Reset, (i.e. global take over) is their work. Klaus Schwab, the CEO, states publicly that the masses of the world will "own nothing and be happy" in the New World Order because you will be convinced that serving the government's interest is noble. He also said, it changes you by human genome editing, or transhumanism, making your modified DNA patentable. Their initial goal is the complete integration of our, financial, medical, job authorization, and food rationing using 5G. This integration, has and is happening in India with glitches in the Aadhaar(world's largest digital database) system producing death by starvation. Some U.S. states already use the SMART Health Cards developed by the Vaccine Credential Initiative(VCI), which is to be nationwide as the Good ID Initiative..

Many believe they are the ones exerting pressure on private companies to force vaccinations on

employees, and on **hospital chains** mandating the withholding of life saving Covid-19 treatments(Sentara Healthcare Sytems's Norfolk General Hospital of Virginia, suspended Dr. Paul Marik's treatment protocol early Nov. 2021), and firing medical personnel who try. They also prevent accurate reporting of Covid-19 events and Covid-19 vaccine adverse side effects and deaths, again firing many who try.

Moderna will soon be releasing an oral, early treatment medication(Malopiravic) for Covid-19. The prices for this new patentable medication will be hundreds of dollars, while generic medications are pennies. Examples are colchicine and probenecid combined for gout, that show promise for Covid-19, the antacid Zantac, Tri-Cor and Periactin, Pepcid and Celebrex. Of course, generics that already work include the maligned Hydroxychloroquine and Ivermectin.

Several sentences omitted from my last Opinion are applicable here. There I compared two life-giving women of conscience to those without it, about stacked bones in the Catacombs of Rome: "You are alive as we once were, but we are what you shall become." Those using a classic Psychological Operation(PsyOp) producing grossly exaggerated fear of Covid-19, affecting especially childrens lives, emotional and mental development, have no ability to see their own lives ending, and all the power and money they have accumulated will soon enough belong to other lost souls.

"Fool, this very night your life will be required of you; and now who will own all the things you have prepared?" Luke12:20

Independent thinking adults with an embedded knowledge of freedom, and taking a moral stance will not long tolerate being treated as abused children, let their children wear a microchip necklace(Khushi Baby) for life-long vaccination status reporting, or be governed by despots without normal human compassion. They recognize the decline of previously inalienable rights is to weed out dissent.

Richard J. Eggleston MD, Nov.21th for Nov. 28 publication rjegglestonmd@gmail.com

Lewis prophesy of 'man-moulding' approaches reality

The term graphene, with its main variants graphene oxide and hydroxide, is increasingly being used.

What is it, and what can it do?

It is formed from naturally occurring carbon in highest concentrations in shale and that "awful" substance, coal.

Graphene was first isolated and produced from graphite in 2004 by two professors at the University of Manchester, Andre Geim and Kostya Novoselov, winners of the 2010 Nobel Prize in physics. A one-atom thick, two-dimensional crystal, graphene is stronger than steel (more than 300 times that of the A36 structural steel standard set by the American Society for Testing and Materials) and 40 times stronger than diamond.

A square yard of graphene weighing only as much as a cat's whisker could support much more than the cat. It is the lightest and thinnest crystal responsive to electromagnetic impulses currently known to science.

It conducts heat better than all other materials and is optically transparent.

It has the shape of a honeycomb composed of mostly carbon, oxygen, hydrogen and nitrogen, which modifies it. Sheets of these honeycombs can be stacked.

It has many uses commercially and medically.

It is in continual development for batteries, electronics and superconductors to store energy and charge faster. It is used in the food and beverage packing industry for maintaining hygiene by delaying oxidation and controlling the growth of bacteria. It is also used to extract toxic chemicals from fluids and solids, such as pesticides (12 of the 26 broadly used pesticides were listed by the Environmental Protection Agency as carcinogens), antibiotics and cocaine. And it is superior to other methods.

In medicine, one of the important uses is the combination of silver with graphene in bandages to prevent growth of antibiotic-resistant bacteria. Also, it is used in air filters and face masks for the inactivation of viruses and bacteria with heat or light stimulation (*www.sciencedirect.com; pubs.rsc.org; www.graphene-info.com; www.science direct.com).*

These are just a few of the applications.

Does so wonderful a fairly simple chemical compound have "it's too good to be true" times in its story? Is it like fire, sometimes a friend and other times a destroyer? That is so.

It has very high thermal conductivity. The U.S. Army has had demonstrations of focused graphene energy by 5G being used for nonlethal crowd control. When directed at living tissue, even through layers of clothing, the superficial skin temperature is raised 150 degrees instantaneously, producing significant pain. The higher the energy applied, the more the pain and the greater the desire to disperse.

COMMENTARY: OPINION OF

Richard J. Eggleston

Graphene transporters are used to create electric currents that receive and transmit signals. Using teslaphoresis, these transporters can self-assemble under the influence of an electric field even at a long distance. Think 5G. These networks can form all over the body, especially in the brain to interact with neurons.

As part of its mission statement the company In Brain Neuro promotes "restoring lives by decoding brain and nerve signals into medical solutions" by using high density and high resolution graphene neuro-electric systems.

"We are scientists, doctors, techies and humanity lovers, with the mission of building neuro-electric interfaces to cure brain disorders. We use graphene ... to build the new generation of neural interfaces for brain restoration to help patients around the world. ... Graphene is the next big thing in bio-engineering materials, which are pillar components to the next generation of electro-therapies in the steadily growing field of neuro-modulation. ... Bio-electrical implants could be faster, safer and side-effect-free alternatives to conventional medications ... or for implantation of electrodes in the brain."

These are anticipated to be able to change mental states, moods, block ideas and require certain actions. DNA can also be changed, thereby making a new individual, and the choice to remain human is lost.

What are the brain disorders to be cured, and who needs to be neuro-modulated? Unapproved ideas and decisions by individuals? When does this go from theory to actuality?

In 1945, C.S. Lewis wrote in "The Abolition of Man:" "For the power of man to make of himself what he pleases will be the power of some men to make other men what they please. These man-moulders of the new age will be armed with the powers of an omnicompetent state and an irrepressible scientific technique; we shall get a race of conditioners who really can cut out all posterity in any shape they please."

Does it take much imagination to see the would-be dictators of the world employing these technologies to exert control of the "new and improved" human, using the techniques of companies like In Brain Neuro?

It's logical to assume this is how the World Economic Forum (aka the "Great Reset" initiative) will make the serfs of the world accept "owning nothing and being happy."

China, among others, already uses the concept of controlling humans.

Especially at this time of the year, I reflect on what I am thankful for.

One of these is the independent and locally owned newspaper, the Lewiston Tribune. The owners, Butch and Nathan Alford, have had the grit to follow the paper's mission statement to publish controversial topics, such as some of my columns.

Through the centuries, turning to God and being thankful to him, leads to victory over evil.

"Lucky for us, God has an open-door policy," Pastor Nick Hasselstrom wrote in the Oct. 3, 2020, Tribune.

For many of us, yesterday's Christmas brought great peace and joy being with our families celebrating the birth of Jesus Christ, who became our savior at the cross.

While believers are in this world, we are not of it (Hebrews 13:14; Titus 3:7; John 18:36).

God is the explanation for what science cannot explain, such as why are we here, values, conscience and ethical beliefs.

"To one who has faith, no explanation is necessary. To one without faith, no explanation is possible." — St. Thomas Aquinas

Eggleston, M.D., is a retired ophthalmolgist. His email address is rjegglestonmd@gmail.com.

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NEWSROOM ADMINISTRATION

EDITOR AND PUBLISHER . . . . . NATHAN H. ALFORD
(208) 848-2208 / alford@lmtribune.com
MANAGING EDITOR . . . . . CRAIG CLOHESSY
(208) 848-2251 / cclohessy@lmtribune.com
OPINION PAGE EDITOR . . . . . MARTY TRILLHAASE
(208) 848-2272 / martyt@lmtribune.com

PREVIOUS PUBLISHERS
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A.J. Alford Jr. (1938-)

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scientific technique; we shall get a race of conditioners who really can cut out all posterity in any shape they please."

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Richard J. Eggleston, MD, 12-16-2021 for 12-26-2021

What has happened to Medical Freedom?

Dr. Benjamin Rush was one of the American Founding Fathers and a champion of medical freedom, and founder of Rush Medical School in Chicago. Medical freedom is the concept that any individual has the right to determine what kind of medical intervention will he or she permit to be done to their body. It is their God given right.

Some political and medical autocrats state that in this modern time of "advanced medical science', that the choice is too important to be entrusted to the individual. People such as Dr. Peter Hotez of Baylor College of Medicine believe the medical freedom movement is fueled by what he labels "misinformation" and is dangerous. Dangerous to whom? From their viewpoint it is blocking the imposition of control of individuals. For the individual, it is using information to make informed and consensual medical decisions, as enforced by the Nuremberg Codes, and Helsinke Accords. These have governed medical practice since the atrocities of WWII, and have now been discarded. However, a 46 page legal filing to the International Criminal Court on Dec.6 2021 accused Anthony Fauci, Peter Daszak, Bill and Melinda Gates and twelve others of numerous violations of the Nuremberg Code. These included various crimes against humanity and war crimes as defined by the Rome Statues, Articles 6, 7, 8, 15, 21, and 53.

There are two main aspects to medical freedom: patient autonomy and freedom for discussion of ideas and differing opinions. The Hippocratic oath that physicians take is to always have the best interests of the patient first, to the best of their ability, and free from outside influences The erosion of the physician-patient relationship took a huge leap with the passage of President Lyndon Johnson's Medicare/Medicaid Act. To get enough votes, he promised that the government would not dictate treatment, set prices, and would not interfere with the physician-patient relationship. As is the usual case with broken or ignored government promises, it now: sets the prices it's going to pay; decides what it is going to cover which means dictating treatment for Medicare and Medicaid beneficiaries; and dictates what doctors can do. (The longest trail of broken government agreements and promises is the tragedy of the native Americans from before the Trial of Tears, to the current defects as shown in the book: "The New Trial of Tears; How Washington is Destroying American Indians" by Naomi S. Riley.)

It isn't only the government that does this. In the 1980s the managed care model took off. In this forum, administrative bean counters with no medical training, intruded into all aspects of medical care by deciding what would be covered, what treatment doctors could do, and how many treatments a patient could receive. We all can identify with these third party payers, whether government, managed care companies, or private insurance.

The intrusion became worse with the Affordable Care Act of 2010. as all the above was increased, and previous anti-kickback statues that Congress had enacted were exempted. This allowed pharmacy benefits managers to be paid to deny doctor-prescribed medicines for patients. These pharmaceutical middlemen received a kickback for switching the prescribed medicine to something cheaper, to enhance the middleman profits and still be cheaper for the company. That may sound good for the short run, but it results in physicians having allotted time per patient, and directed to practice cookbook medicine with minimal variation for a individual patients needs. This is so evident in the hospital protocols for Covid patients. Many individuals tell me they usually feel shortchanged by the amount of time and information they receive at an office visit. This is the inevitable result of managed non caring.

The other part of medical care freedom is that of free discussion and exchange of ideas. Those who don't want patients to have choice in some aspects of their care, have tried to block non approved ideas, by labeling everything as "misinformation". An Oct. 2020 email from NIH director Frances Collins to Anthony Fauci: "There needs to be a quick and devastating published takedown" to discredit the Great Barrington Declaration and disparage its authors, such as Nobel laureate Dr. Michael Levitt. Within a day of Collins's email, Social Media started censoring searches for the Great Barrington

Declaration and other information. Fauci and Collins's repeated attempts to control the narrative and punish dissenters traces back to the gain of function research at the Wuhan Institute of Virology.

As I mentioned previously, it should be very worrisome for patients that many MDs and PAs are being harassed by some state Medical Licensure Boards for discussing alternative treatments with their patients, or publishing different ideas. Without free discussion of ideas, the scientific method for determining truth will be blocked. It is sad to see this happening in the United States. There are many self-employed pbysicians, at great risk, who are speaking up. God bless them.

As has happened previously many times and continuing in medicine, logical but innovate concepts were/are ignored or ridiculed. In the mid 1800s, in Europe, Dr. Ignaz Sammelweis, and in America, Dr. Elizabeth Blackwell(the first American woman physician), both were labeled as the problem and ostracized for implementing hand washing between delivering babies, and other surgical procedures. It took nearly a century before medicine and science endorsed that Vit. C prevented and cured the awful disease, scurvy.

Previously, medicine has never treated any illness, such as diabetes, cancer, or blood pressure at the end of the illness. Initially patients with Covid were sent home without treatment, and told to return if they got worse, such as becoming cyanotic. This process disobeyed basic medical principles of early treatment. Would that be done for a woman with a newly discovered breast mass?

Some of the information for this Opinion is from the Epoch Times Sept. 22-28, 2021, The Erosion of Medical Freedom, and Dec. 29-Jan.4, 2022

Jan. 5, 2021 for pub. Jan.23, 2021 Richard J. Eggleston. MD

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Articles & Blog Posts by Thomas T. Siler, M.D.

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American Thinker

October 16, 2021

The Unvaccinated Are Looking Smarter Every Week

By Thomas T. Siler, M.D.

There is a massive propaganda push against those choosing not to vaccinate against COVID-19 with the experimental mRNA vaccines. Mainstream media, the big tech corporations, and our government have combined efforts to reward compliance and to shame and marginalize non-compliance. Their mantra says that this is a pandemic of the unvaccinated. Persons who choose not to vaccinate are characterized as unintelligent, selfish, paranoid people who don't read much and live in a trailer park in Florida (or Alabama, or Texas, or name your state). Never has there been such an effort to cajole, manipulate through fear, and penalize people to take an experimental medical treatment.

However, as time has passed with this pandemic and more data accumulates about the virus and the vaccine, the unvaccinated are looking smarter and smarter with each passing week. It has been shown now that the vaccinated equally catch and spread the virus. Vaccine side effect data continues to accumulate that make the risk of taking the vaccine prohibitive as the pandemic wanes. Oral and IV medications (flccc.net) that work early in the treatment of COVID-19 are much more attractive to take now as the vaccine risks are becoming known, especially because the vaccinated will need endless boosters every six months.

First, let's address the intelligence of the unvaccinated. Vaccine hesitancy is multi-factorial and has little to do with level of education or intelligence. Carnegie Mellon University did a study assessing vaccine hesitancy across educational levels. According to the study, what's the educational level with the most vaccine hesitancy? Ph.D. level! Those can't all have been awarded to liberal arts majors. Clearly, scientists who can read the data and assess risk are among the least likely to take the mRNA vaccines.

The claim that there's a pandemic of the unvaccinated is, therefore, patently untrue. As a retired nurse from California recently asked, "Why do the protected need to be protected from the unprotected by forcing the unprotected to use the protection that did not protect the protected in the first place?" If the vaccine works to prevent infection, then the vaccinated have nothing to worry about. If the vaccine does not prevent infection, then the vaccinated remain at some risk, and the unvaccinated would be less likely to choose a vaccine that does not work well.

The mRNA vaccine efficacy is very narrow and focused on the original alpha strain of COVID-19. By targeting one antigen group on the spike protein, it does help for the original alpha strain, but it is clear now it does not protect against Delta strain and is likely not protective against any future strains that might circulate. It also appears that the efficacy wanes in 4-6 months, leading to discussions about boosters.

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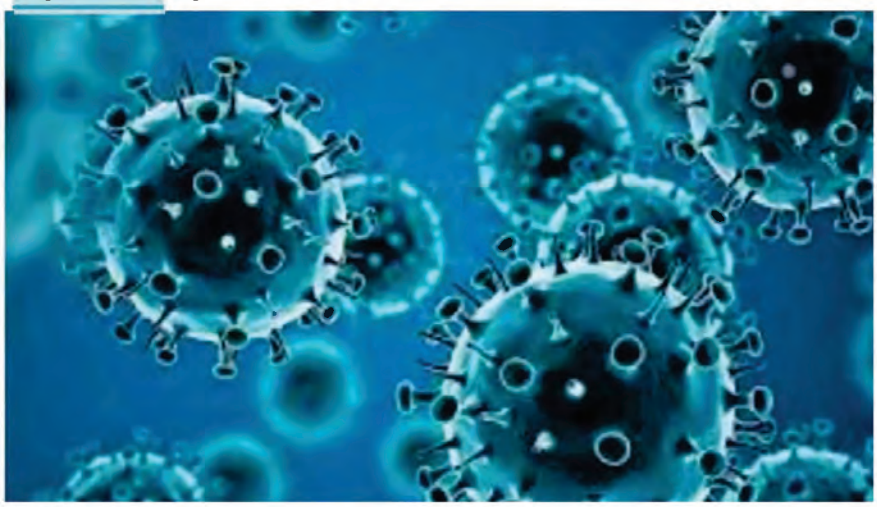

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SILER, MD
2021-12638 Inv.000210

Several authors have pointed out that vaccinating with a "leaky" vaccine during a pandemic is driving the virus to escape by creating variants. If the booster is just another iteration of the same vaccine, it likely won't help against the new strain but will, instead, produce evolutionary pressure on the virus to produce even more variants and expose us to more side effects. Why, then, is this booster strategy for everyone being pursued?

This vast Phase 3 clinical trial of mRNA vaccines in which Americans are participating mostly out of fear is not going well. It is abundantly clear for anyone advocating for public health that the vaccination program should be stopped. Iceland has just stopped giving the Moderna vaccine to anyone which is a good step in the right direction. Sweden, Denmark, and Finland have banned the Moderna vaccine for anyone under the age of 30.

VAERS, our vaccine adverse effect reporting system, showed at the beginning of this week 16,000 deaths, 23,000 disabilities, 10,000 MI/myocarditis, 87,000 urgent care visits, 75,000 hospital stays, and 775,000 total adverse events. The VAERS system is widely known to under-report events, with an estimated 90 to 99% of events going unreported there.

Eudravigilance, the European reporting system now associates 26,000 deaths in close proximity to administration of the vaccine. Whistleblower data from the CMS system (Medicare charts) showed close to 50,000 deaths in the Medicare group shortly after the vaccine.

An AI-powered tracking program called Project Salus also follows the Medicare population and shows vaccinated Medicare recipients are having worse outcomes week by week of the type consistent with Antibody Dependent Enhancement. This occurs when the vaccine antibodies actually accelerate the infection leading to worsening COVID-19 infection outcomes. Antibody Dependent Enhancement has occurred previously with trials of other coronavirus vaccines in animals. The CDC and the FDA are suppressing this data and no one who receives the vaccine has true informed consent.

The Rome declaration has 6,700 medical signatories attesting that the handling of the pandemic amounts to crimes against humanity for denying the best medical treatment and continuing to advocate for harmful vaccines. The evidence is right in front of Americans to end the propaganda and mass mask psychosis.

The media narrative of perpetual fear is falling apart. Norway, Sweden, and Denmark have ended all COVID restrictions and are doing much better than the US, UK, and Israel, three countries that continue to vaccinate into the pandemic. Mexico, Guatemala, Indonesia, almost all of Africa, and parts of India have low vaccination rates and are doing much better than the US, something attributed to their managing the pandemic by using Ivermectin.

Over 500,000 people attended the Sturgis motorcycle rally in August and there was no super spread of COVID-19. Football season started in August and stadiums around the country are packed with 80,000 fans yelling and screaming with no masks. There have been no superspreader events, yet the students are forced to go back to masking in class. This makes no sense.

If the vaccine is so important why do our government leaders and illegal aliens not have to take it? Currently, 13 states that are Democratic with high vaccination rates have the highest "case" rates (using a faulty PCR test), while Republican states are all doing better. How does this happen?

It should be clear that the government has manipulated COVID to create perpetual fear, so we'll hand it our liberty. In this giant battle between our government and the unvaccinated, I hope enough people will refuse to comply so that we can unite to stop this

I know this decision is very difficult for many people when it comes to losing their job. To the vaccinated, please don't take any boosters for you'll just be perpetuating the risk of side effects and new variants.

If we allow the government to decide this medical decision for us, it is a short step for the government to say it can decide other medical decisions for you, e.g., all persons over 75 never be resuscitated; people may have only three children (or two or one) with mandatory sterilization for women; or refusing the government's demands will see you denied health care.

Is this the totalitarian state you want to live in? If you are proudly vaccinated now and on the government side, what about the next government mandate, when you're on the other side, coerced into a decision you don't want, how will you feel then?

It is obvious that the government (with the Fauci subset), the media, and big tech, are trying to divide us and take away the freedoms we have enjoyed as Americans. I am praying that all who call themselves Americans can unite to end this medical tyranny and regain a free America before it is too late. Peacefully resist and do not comply.

Image: Vaccine by Daniel Schludi. Unsplash license.

To comment, you can find the MeWe post for this article here.

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SILER, MD
2021-12638 Inv.000212

American Thinker

August 26, 2021

The Bad And The Ugly About COVID In America

By Thomas T. Siler, M.D.

In an earlier article, I summarized the good news about the COVID-19 pandemic. Now, I will attempt to review the Bad and Ugly news about the pandemic.

The mainstream media, some public health authorities, and the pharmaceutical industry have engaged in a massive disinformation campaign. This campaign has focused on using fear to get everyone to take an experimental vaccine as the only way to get out of the pandemic. On Sunday, Biden urged America's employers to make vaccination a condition of employment and expressed a hope that all Americans would be vaccinated.

Why? What is the agenda if vaccinating everyone is not medically necessary? (It is not!)

The Bad

1) The COVID-19 death count has been artificially elevated to maximize fear. California's fifth-most populous county revised its COVID-19 death count down by 22% after reviewing the cases for the last 18 months. Washington and Minnesota previously also lowered their counts. It is likely that overcounting happened across our country.

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2) The PCR test for COVID-19 is flawed in many ways and led to overcounting cases. Two weeks ago, the CDC and FDA quietly said they would abandon the PCR test for COVID-19 in December 2021, acknowledging it did not work.

They also alluded to the fact that the PCR test could not distinguish between COVID and the flu. Did the flu go away last year? No, many cases were counted as COVID-19.

The CDC and FDA also now admit that they did not have any physical samples of the COVID-19 virus so they used common cold Coronaviruses and human cells to make a less accurate test. Covid-19 testing has been inaccurate and ramped up cases for fear.

3) The new mRNA vaccines are far from safe. While the VAERS reporting system now has over 10,000 deaths (EU 20,000 deaths) after the vaccine, a whistleblower with the CDC says the actual count is closer to 50,000 and not being reported. Adverse reactions, including anaphylaxis, blood clots, neurologic injury, and spontaneous abortion have approached 650,000 patients in the USA. After only eight months of vaccination, longer-term side effects remain unknown. Instead of a push to vaccinate everyone, the vaccination program should be stopped.

4) The mRNA vaccine is not safe in pregnant women. An article in the New England Medical Journal showed a rate of spontaneous abortion of 12% which is close to what is normally expected and the conclusion was the vaccine was safe to give. However, the study was skewed to include mostly women in the third trimester (84%). The remaining women in the 1st and 2nd trimesters had a 75% spontaneous abortion rate (96 out of 127). (See the footnotes to Table 4 in the article). The CDC also tried to hide this. Pregnant women should not take the experimental vaccine.

5) The most prestigious medical journals have been part of the disinformation. The Lancet, the top medical journal in Europe, had to retract a study saying Hydroxychloroquine was not working on COVID-19 when it was proved that there was no data for the study. This did not happen by accident.

The Lancet also published a statement signed by several scientists saying the COVID-19 virus could not have possibly come from the Wuhan lab. With evidence mounting now that this is exactly what happened the Lancet cannot admit it was wrong. Faith in our medical leaders is waning.

6) Antibody Dependent Enhancement ("ADE") may be happening. One initial concern about making a Coronavirus vaccine was ADE. Now reports are beginning to come in from countries that are heavily vaccinated, such as Israel, that vaccinated people are getting sick and may have more serious illnesses than those not vaccinated. If the death rate of the vaccinated is higher than the unvaccinated this would be very scary.

7) The mRNA vaccines are not 95% effective as touted. Efficacy is likely closer to 40-70% but more data is needed. Reports coming in from Israel and states like Massachusetts show high numbers of vaccinated people (over 50%) in the hospital with COVID-19. Those that chose vaccination now looking at endless booster injections (the same vaccine that did not work very well the first time?) every six months (see #3 and #6).

The Ugly

All evidence seems to be pointing to the COVID-19 virus being engineered in the Wuhan virology lab and released there. Despite his denials, Dr. Fauci and our government have been involved in gain of function research for Coronaviruses for a long time.

The response of our government, some health authorities, and the media seems aimed more at social change and control than it is aimed at public health and ending the COVID-19 pandemic. It is not about public health and ending the pandemic when:

- faulty PCR testing has been used to inflate cases and maximize fear;
- some protests/riots (Antifa/BLM) are deemed OK and others are not;
- death counts from COVID-19 were inflated to maximize fear;
- safe, cheap, and effective medicines to treat COVID-19 are ignored;
- our Southern border is open and illegal immigrants are not being tested (20% +) or allowed to enter regardless of their COVID status;
- experimental vaccines are pushed 24/7 as the only solution;
- prestigious medical journals fabricate data to maximize fear;
- Sweden's success without masks and lockdowns is ignored;
- Privileged people get funerals and the rest don't;
- scientific data on the futility of masking and lockdowns are ignored;
- there is a push to vaccinate people with extremely low risk of illness (e.g., children);
- media and government censor alternate views of pandemic/vaccine information;
- serious vaccine side effects are ignored and there is no informed consent to the vaccine;
- every 2 months there is a new Greek letter variant with no outcome data to scare us.

The why of the above behavior remains mysterious, at least in part. Money is always a motivator for vaccine production, but this effort goes beyond monetary gain.

Many postulate that the goal is either the Great Reset or Socialism or remaking our society. Vaccine passports could be a gateway to monitoring everyone all the time.

Another postulate due to concerns about climate change is that COVID-19 and the vaccine are meant as a means for depopulation. Does the vaccine affect fertility? That still hasn't been evaluated.

More deaths have been associated with the vaccine than any other vaccine in our history. Why hasn't there been any inquiry into vaccine-related deaths? Will ADE come into play in the future winter seasons?

Americans need to resist further attempts at medical tyranny related to the pandemic. We do not need to be afraid of COVID-19. We need to be more afraid of our pandemic managers/government/media response to COVID-19.

I am with Rand Paul (another M.D.) in his call to resist peacefully. No more lockdowns or masking. We need to preserve the freedom to choose our medical treatments and not be persecuted for that choice. The vaccinated and the unvaccinated need to come together to stop the hysteria, fear, and efforts to control us.

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SILER, MD
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Another excellent article to read on medical tyranny is by Brandon Smith. France, England, and Italy have begun to protest against more medical tyranny. Will America see what is happening, wake up, and fight for its freedom?

Image: Nancy Pelosi and pals without their masks.

To comment, you can find the MeWe post for this article here.

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American Thinker

August 25, 2021

The Good News—A COVID-19 Update

By Thomas T. Siler, M.D.

Now that we have had 18 months to "slow the spread" it is time to take stock of the pandemic. We have learned many good things that the media and our pandemic managers rarely report. Most fundamentally, we do not need to be afraid of COVID-19 anymore. The media and some govemment health authorities are still pushing hysteria and fear, but that should not prevail. Let's look at the good news that can calm our fears about COVID-19. There'll be time at a later date to look at the bad and the ugly of the resolving pandemic.

1) Globally, the survival rate for COVID-19 is 99.8%. Under the age of 70, the survival rate for COVID-19 is 99.97%. This is on par with many influenza seasons. Americans younger than 70 do not have to fear COVID-19 any more than influenza and we know how to protect the elderly.

2) Herd immunity for the alpha strain is here. Sixty-seven percent of the American population have had at least one COVID-19 vaccination. The official number of cases is about 10% of the population, but several antibody studies show that the percentage of those with natural immunity is 4-6 times higher. Dr. Marty Makary, a Johns Hopkins professor, estimates that 80-85% of the population is immune from natural immunity and vaccination. Those who deny this must explain how cases and deaths started to decline in January way before there was a significant vaccine effort. COVID-19 will not go away. Instead, we are transitioning now from a pandemic to endemic status and, indeed, some eminent virologists say vaccinating in the middle of a pandemic is making herd immunity more difficult to obtain through the creation of variants.

3) The average age of death from COVID is 78. The average life expectancy in America is 78. This is not to say, "Don't worry, only old people are dying of COVID-19." However, this fact should direct and inform our policies to protect the elderly especially. Children and those under age 70 are at much lower risk.

4) Early outpatient treatment should be adopted immediately for COVID-19. Hydroxychloroquine works. Ivermectin works. It has been estimated 85% of COVID-19 deaths could have been prevented were these medicines used early. America's Frontline Doctors have an excellent compilation of research. The cost of these treatments is $1/day. A new IV treatment, REGEN-COV, has been approved for early use in COVID-19. Don't wait to see if you will get sick. Treat early.

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5) Children are safe from COVID-19 and don't spread the virus either. A study in the UK showed that the survival rate in children is 99.995%. In the U.S. 335 children have died since the start of the pandemic. A study done by Johns Hopkins and FAIR Health showed that all of the children that died from April 2020 to August 2020 had immune problems or were chronically ill. In that period not one healthy child died. Children have more chance of dying in a car wreck, unintentional drug overdose, or influenza than from COVID-19. Vaccination for healthy children is not needed.

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6) Sweden did not have a lockdown or mask mandate and did better with cases and deaths than many countries. Lockdown did not work and had serious cultural and economic side effects. There is ample literature now to show that masks, as we are using them, do not work.

7) Persons who have had COVID-19 infection have a robust and long-lasting immunity. This immunity also is likely to protect against variants. As evidence continues to accumulate that the new mRNA vaccines are neither as effective nor safe as advertised, I would advise not getting the vaccine on top of your natural immunity if you had the COVID-19 infection.

8) There is very little, if any, spread of COVID-19 from asymptomatic persons. This lie was spread early to maximize fear of this new virus. COVID-19 is like other respiratory viral infections—you catch it from being around someone who has symptoms. Like other viral infections, if you are sick stay home, quarantine yourself, and treat yourself. We do not need to quarantine the asymptomatic healthy.

9) The death rate nationally for COVID-19 has been going down since January. Breathless "news" reporters talk about cases, hospital occupation, and contagiousness but never mention the death decline. There has been a small uptick in deaths in some areas over the last week, but not anywhere close to last winter. (There will be some variations in the death rate as we transition to endemic status)

10) The Delta variant is acting like a typical historical virus variant. Typically, variants happen all the time and are more contagious but less deadly. Initial reports show that this is likely true with Delta. A UK report states the Delta variant is likely 20 times less deadly than the alpha strain, but that more data needs to be collected. The media constantly mentions that delta is more contagious which is also true. Other Greek variants are likely to behave in the same fashion.

We do not need to be afraid of COVID-19 anymore. Let's begin to end the hysteria and fear. The worst is over and we are transitioning to endemic status which means a low level of cases and deaths.

We will have many fewer deaths if we start to treat the infection early now with the available outpatient treatments. We should resist further attempts at lockdowns and mask mandates as neither worked. We know exactly whom to protect—the elderly and those with chronic health problems. That's where we should concentrate our energies.

Thankfully, children have very little risk and do not need masks at school or vaccinations. Variants will come but will not send us back into a situation like last year.

Can our pandemic managers take some of this useful information and transform it into helpful public health policies from this point forward? Or is there another agenda behind unending hysteria, fear, and the constant push for 100% vaccination? That remains to be seen. For now, let's celebrate the good news.

Image: Celebrating children. Public domain.

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American Thinker

July 3, 2021

COVID-19 Pandemic And Vaccine Update

By Thomas T. Siler, M.D.

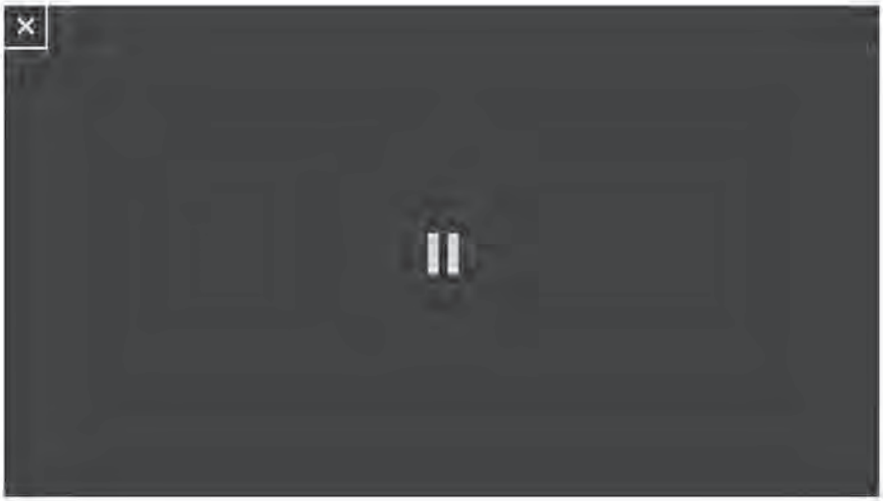
In February, I wrote an article for *American Thinker* discussing the new mRNA vaccines. Then, there was scant data about the vaccines except for the trials done to get emergency approval for their use for COVID-19. Now, since the first vaccine was given in the middle of December, there have been six months of use to analyze the vaccines again. It's time to revisit the subject.

In the first article, I outlined the new vaccines and struck a cautious tone on calling them safe and effective, since there was not enough evidence to do so. Moreover, during the pandemic, it was clear there was a higher-risk group of older Americans who had co-existing conditions that raised their mortality. It seemed reasonable then that the high-risk group would surely benefit from a vaccine, but it was not clear if everyone else would also benefit from the vaccine. Six months later, the pandemic has already peaked and we've learned much more about the vaccine safety and side effects.

The pandemic is going away across America because we have reached herd immunity (and why does this not get mentioned anymore?). This is due to three things: (1) people already immune (due to cross-reactive immunity to other common Coronaviruses); (2) people who have had COVID-19 and are now immune, (3) people now vaccinated.

Note that cases already started decreasing in January, way before a significant number of people were vaccinated. Dr. Marty Makary made this call in April in a Wall Street Journal article saying we would be at herd immunity near the end of April... and he was correct. Former Pfizer executive, Michael Yeadon, also made this call and said there was no need to vaccinate people with a low risk of disease as we would reach herd immunity. He was also correct.

So, even without discussing the vaccine effectiveness or side effects, there is no need to vaccinate "everyone." But still, there is a massive PR effort, media push, and CDC/Dr. Fauci disinformation campaign to get all vaccinated. One must ask why they're pushing fear to force vaccines.



Initial vaccine side effects seemed to be limited to reactions at the time of injection and a handful of anaphylaxis reactions (life-threatening allergic reactions). Now, though, when one analyzes the VAERS data, which reports adverse vaccine reactions, we see many more side effects from the vaccines. Most understand that the CDC's VAERS system is not the greatest system. Its underreporting of side effects is estimated to run from being 10 to 100 times off.

Obviously, a vaccine designed to protect a patient should not result in his/her death. To date, the VAERS system has recorded 6,000 deaths in close proximity (1-2 weeks) to getting vaccinated. This has never happened before in vaccine history.

Establishing the vaccine as the cause of death is difficult and it's certain that not all the deaths were from the vaccine. Many of the older people who were vaccinated could have died of other causes. However, if death is a side effect and the VAERS system is underestimating the magnitude, shouldn't this be a reason to pause our vaccination program until these deaths get investigated? Shouldn't we know how many people may be dying from the vaccine? But instead, we get only a relentless push to vaccinate everyone while refusing to mention death as a possible complication. One must ask why this is.

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VAERS data also includes 1,300 cases of anaphylaxis and 2,000 cases of Bell's palsy (paralysis of muscles on one side of the face). The Astra Zeneca vaccine had to be temporarily halted due to a rare thrombosis in cerebral veins. The Pfizer and Moderna vaccines have listed clotting side effects as well: Deep venous thrombosis (1,370), pulmonary embolism (2,000), thrombosis (1,919), cerebrovascular accident (1,732). There have been 566 reported spontaneous abortions and over 3,000 women report heavy or irregular periods. Myocarditis, or cardiac inflammation, has also recently been documented as a side effect in teenagers.

Again, no one has yet proven causality but, if these serious side effects are under-reported, as is usually the case, shouldn't this give us pause to investigate certain side effects further before giving to people of low disease risk? Why is the medical profession not drawing attention to these side effects? Remember that Hippocrates said, "first, do no harm." And why are the media ignoring reporting on vaccine side effects that are more frequent than previously used vaccines? Currently, no one receiving the vaccines can give true informed consent,

I am a recently retired physician and not against vaccines. I have taken and advised my patients to take other adult vaccines when indicated after they have been approved and tested in the usual fashion. However, mRNA technology is a brand new way to make a vaccine that has never been used in humans in any large scale until last December. I was cautious in calling mRNA vaccines "safe and effective" in February and now I would be even more cautious about giving these vaccines to certain patient groups.

Even in the short follow-up period (six months now), these vaccines have many serious side effects and long-term side effects are still not known. We are nearing or at herd immunity and can take a more cautious approach now. It is now proven that there are oral, outpatient regimens of drugs such as Hydroxychloroquine and/or Ivermectin, that can treat COVID-19 successfully. There will still be sporadic cases as the pandemic wanes but those too can be treated instead of taking a vaccine.

Recommendations moving forward:

1) Older patients with comorbidities that raise the risk of dying from COVID-19 can still take the vaccine, although I would prefer a moratorium on further vaccination for COVID-19 until more studies are done.

2) Younger patients without comorbidities and at low risk of dying from COVID-19 would be better served, in my opinion, by avoiding the now-known side effects and the still unknown long-term side effects of the vaccine. Instead, they should treat any infection with Hydroxychloroquine or Ivermectin.

3) Healthy children do not need to be vaccinated. The side effects of the vaccine are likely to be higher than any morbidity or mortality COVID-19 causes in children. (WHO agreed with me!) Mortality from COVID-19 in kids is extremely low (.003%), lower even than the flu. Also, kids do not spread the infection to adults.

4) Pregnant women (or women planning to be pregnant) should not take these vaccines. (They should never take an experimental vaccine.) There are too many reports of spontaneous abortion and menstrual irregularities that have not yet been investigated.

5) We have reached herd immunity. There will be sporadic cases going forward. Management from here should shift to safe treatments for outpatients. There is certainly no need "to vaccinate everyone" to get out of the pandemic.

6) Persons who have been infected with COVID-19 have a strong immune response and could choose to wait on the vaccine for at least a year.

7) Do not be afraid of the variants. Viruses mutate all the time in minor ways (97% homologous). Usually, the virus becomes more transmissible but less deadly and this is likely what will be proven with the new variants. The recommendations above are not likely to change due to new variants, so ignore the establishment's perpetual fear machine.

8) At this juncture, the new technology of injecting mRNA to create a vaccine does not seem safer than our older ways of producing vaccines.

IMAGE: *COVID-19 vaccine and syringe. Rawpixel.*

To comment, you can find the MeWe post for this article here.

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American Thinker

February 15, 2021

A Doctor's View About the New mRNA Vaccines

By Thomas T. Siler, M.D.

It's important to know both what we know about the new vaccines and what we don't know.

I've practiced for 35 years. I am always honest with my patients, even if conversations are difficult or confrontational. I will also be honest about saying "I don't know." This happens when a diagnosis is not readily apparent or when there are limits to the help I can give. With the passage of time, I've learned that what we don't know about medicine outweighs what we do know.

I've always been a proponent of older, more established vaccines. However, they are imperfect and, like all medical treatments, can have side effects. Unfortunately, in the conversation about the new COVID-19 vaccines, the tenets of honesty and a willingness to admit ignorance are being compromised.

Operation Warp Speed was remarkable, but it leaves an uncomfortable question: Is it a good thing to rush a vaccine (or medicine) to the public without the usual safeguards? Operation Warp Speed might be a great business objective or military goal, but is it great for a medical treatment?

The pharmaceutical industry, government health authorities, and the media insist the new vaccines are safe and effective. While the initial results are promising, this is not the whole truth. Both honesty and acknowledging ignorance require answering a few questions.

What do we know about the new TYPE of vaccine being given?

Pfizer and Moderna were the first COVID-19 vaccines to be approved. Both use a new technology called mRNA vaccine, which has never been broadly given to a human population to prevent any disease.

Let that sink in for a moment.

All previous vaccines take a weakened virus or a piece of the virus and inject it into humans to induce an immune response sufficient to prevent a disease. Pfizer's and Moderna's vaccines inject mRNA, which is a protein code that instructs the body to make a part of COVID-19's spike protein that will then induce an immune response.

Our bodies daily use our own mRNA to carry instructions from DNA to make various proteins the body uses. While this new vaccine science sounds intriguing, it has never been tried in humans in this scope. It may be a breathtaking scientific advancement heralding a new path for all vaccines. It may also be less effective or have currently unknown side effects.

Is the mRNA vaccine for COVID-19 safe?

So far, the limited study of the vaccines approved for emergency use (one major study for each vaccine approved) has shown some short-term side effects. The vaccine is a two-shot series and side effects were prominent after the second shot. Side effects were more common if the recipient was younger than 65 years old.

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Side effects

Pain at the injection site has usually gone away in 4-5 days. The other side effects resolve, on average, in 2-3 days.

Early reports after giving the vaccine have also included allergic reactions ranging from mild to a few cases of anaphylaxis (serious allergic reaction). Allergy may be to mRNA itself or the lipid nanoparticles/PEG vehicle it is housed in. The long-term side effects are not currently known, as the main study length and follow up have only been four months.

Is the mRNA vaccine effective?

In the main study from Pfizer's vaccine, 8/17,000 patients got symptomatic COVID-19 in the treatment group during the short follow up. In the placebo group, 162/17,000 patients got symptomatic COVID-19 during the study time. There was also a trend towards those getting the vaccine having a less severe disease and needing less hospitalization.

The Moderna study had 30,000 patients split into treatment and placebo arms. In the vaccine group, 11/15,000 patients came down with COVID-19. In the placebo group, 185/15,000 patients came down with COVID-19.

It was hard to ascertain death avoidance in these small studies. However, the two initial studies are favorable and show a 95% efficacy. Now that more information about the studies is known, Peter Doshi, associate editor of the *British Medical Journal*, wrote an editorial that the true efficacy may be much lower because the study excluded people with COVID-19 symptoms but a negative test and other factors.

How long does immunity last?

This is unknown. Injected mRNA goes away in days, but it is thought that the immune response will be long lasting. Whether patients will need boosters at some point is not known.

What about mutations in the COVID-19 virus? Will the vaccine still work?

Viruses always mutate and scientists following COVID-19 estimate it mutates, on average, twice a month. Most of these mutations are minor and will likely not change the vaccine effectiveness. These mutations also usually do not make the virus more deadly.

What is antibody dependent enhancement?

COVID-19 is in the family of Coronavirus that causes the common cold. The pharmaceutical industry has been trying without success for the last two decades to make a vaccine against the common cold. A safe vaccine against the common cold would make some company a lot of money!

One problem in the animal studies on coronavirus family vaccines was "antibody dependent enhancement." When animals were inoculated, they developed a robust immune response, which is a good result.

However, when the animals were later exposed to the coronavirus against which they were vaccinated, their immune system went into overdrive, and they developed an overwhelming, fatal immune response called a "cytokine storm." Fatal cytokine storms also happened to some COVID-19 patients when their infection was severe.

Human responses do not always correlate to animal responses. So far, there have been no signs that humans have a cytokine storm when exposed to COVID-19 after receiving the vaccine. Obviously, this would be catastrophic for any vaccine.

Should we be concerned about other long term side effects from mRNA vaccines?

A concern that deserves mention is the possibility that a cross-reaction and immunity to other parts of the spike protein could cause auto-immune disease or other problems.

A former Pfizer VP, Dr. Michael Yeadon, who has over 30 years of experience in immunology and drug research, filed a Stay of Action petition with the European Medicine Agency (like our FDA) to halt the trials of mRNA vaccines over concerns it might affect sterility in women.

Yeadon is worried that the mRNA vaccine was coded for a region of the spike protein that was similar to Syncytin-1, which is a protein that is essential for the development of the placenta. If a woman's body makes antibodies to this protein, she could become sterile when vaccinated for COVID-19. This is a theory, not a proven fact, and no one has studied it. Yeadon's insistence on more studies to make sure this will not happen seems reasonable.

What to make of all these concerns?

Medicine is always about a risk/benefit analysis, subject to the first maxim of "do no harm." Usually, new medicines or new vaccines are used only after multiple studies show over long periods of time (for vaccines, at least five years) prove they're safe and better than the older treatments.

While the new mRNA vaccines have good initial results and may be a breakthrough, they should be viewed as experimental and would best be used in high-risk patients (older patients or those with health conditions raising COVID-19 mortality) until we know more. Patients should receive extensive informed consent to understand the risks and benefits. Patients also need to know that if they have a serious complication, Congress already protected the pharmaceutical companies from litigation around emergency vaccines.

The mantra of "safe and effective" is not only incomplete, but it also ignores other pathways out of the pandemic. For healthy people, early outpatient treatments are being developed to treat COVID-19. These would be a safer option than taking an experimental vaccine. Young people (<60 years old) who have very low mortality from COVID-19 should approach getting the new vaccine as if they were consenting to be in an experimental trial of a new vaccine.

Our history shows there are good reasons why new medicines and vaccines are not rushed into widespread use until we have multiple studies and time to assess the safety and efficacy of the new treatments. If the death rate from COVID-19 were much higher, it might make the risks acceptable to try an experimental vaccine. Given that the COVID-19 death rate is a little higher than a bad flu, my opinion is that younger and healthier people need a more rigorous risk/benefit analysis before taking the mRNA vaccines.

The Thomas Siler who wrote this article is not Thomas M. Siler, the pulmonologist in St. Charles, Missouri.

IMAGE: *Biden gets the vaccine. YouTube screengrab.*

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American Thinker

February 25, 2021

COVID-19 case counts are incorrect

By Thomas T. Siler, M.D.

It is spoken across our land in constant refrain, "We are just following the science." Unfortunately, there has been only selective reporting of the science related to COVID-19 that has led to unnecessary fear and hysteria.

Major media outlets seem to pick the science that supports a narrative and ignores completely other important scientific findings. Some government health authorities seem to pick the science that supports their policies for masks, lockdowns, treatments, and testing and ignore other science that would lead to less onerous and destructive policies restricting our personal freedoms. Having a rational discussion of ALL the science would lead to much less fear and more helpful policies aimed at balancing the need to protect the vulnerable and preserving our rights, freedoms, and means to make a living. This essay comments on COVID-19 case counts being artificially high due to errors in testing.

PCR testing that has been done for COVID-19 can be a faulty way, used by itself, to diagnose a case. PCR testing was mainly meant to be a research tool used to detect small amounts of a protein or chemical by amplifying the sample many times. PCR testing was not meant to be a stand alone test to define a case of COVID-19 infection. Doctors know the main diagnostic tool is to have a patient with typical symptoms and signs of the disease. Additional lab testing can confirm and support the diagnosis.

The answer to a PCR test is not yes or no -- the result can depend on how many amplification cycles are used. On any given set of samples, an amplification rate of 15(small) could be negative for all samples. If the amplification rate is 40 (high) then all the samples from the same set might be positive. For our COVID test in use, it is recommended that the cycle rate be set at less than 35 and closer to 25-30 is better.

The tests we are using are being run at cycle rates of 37-40. Some PCR tests using these high cycle rates are not picking up live virus, but only minute virus particles. This creates false positives and more "cases" that are not real cases. Dr. Fauci admitted this in an interview on "This Week in Virology" in July, stating that any test over cycle rate 35 is not finding live infectious virus, just virus particles. The New York Times reported in August that in their study of testing in Nevada, Massachusetts, and New York up to 90% of the tests may have been false positives detecting barely any virus.

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The WHO put out a bulletin 3 weeks ago warning that the PCR test for COVID-19 should be run at the proper cycle rate to get a true positive. Why warn the world in January 2021 after almost a year of pandemic? In an independent review of European testing problems, it was stated by the scientists "If someone is tested by PCR as positive above 35 cycles(as is the case in most laboratories in Europe and the United States) the probability that said person is actually infected is less than 3%, the probability that said result is false positive is 97%".

Florida is the first state as of December 3, 2020 to mandate that the lab performing the PCR test report how many amplification cycles were used as a way curb false positives. Perhaps one reason Florida is now perceived to be doing well is because they are

getting more accurate test results. Other RNA viruses(Mumps, Rabies, Hepatitis A) have both PCR testing and antibody/antigen testing available to confirm the clinical diagnosis. Antibody/antigen testing is in its infancy for COVID-19. New antibody tests for COVID-19 have come out recently that are more precise and can tell a patient not only if they have had the infection, but if the antibodies they are making protect them from disease.

Having a falsely high COVID-19 case count due to false positives can affect people's perception of the dangers of infection and policy decisions. Politicians and bureaucrats are either ignorant of these nuances of testing or are intentionally trying to inflate the cases to support their policies.

It is very hard to tell how many tests so far have been false positives. I doubt it is the 90% that the New York Times found, but certainly not an insignificant number. In the New York Times article, the state lab of New York, the Wadsworth Center, analysed its COVID-19 testing. This found that of all people who tested positive at 40 amplification cycles, 45% would not test positive if the test was run at 35 cycles! A study in Clinical Infectious Diseases, found that virus could not be cultured in PCR cycles over 24. Many investigators believe the "second wave" that occurred in the fall around election time at a time of massive testing was due more to false positives than actual infectious cases.

Please be part of the solution to this problem. If you become ill and have the occasion to have a PCR test for COVID-19, ask your health care provider or the lab to report how many amplification cycles were used. If you are asymptomatic and get a positive test with a high amplification cycle, it is more likely to be a false positive than an asymptomatic infection. Better antibody/antigen tests will be available, so ask your health care provider if there is a better test to confirm a diagnosis. If you work in health care, lobby for accurate testing. In the political arena, ask our representatives to pass a law like Florida for more transparent and accurate testing.

If we continue to use the definition of a COVID-19 infection as a positive PCR test run at 37-40 cycles, we will continue down the wrong path. Apart from a rising COVID-19 case count adding to fear, anxiety, and media hysteria, persons with false positive tests do not need to quarantine, do not need contract tracing, and do not have to worry about being in the hospital. In my opinion, inaccurate testing has been one factor during the COVID-19 era that has led to more fear and anxiety for the public and over-reaction in our governmental response to this pandemic. Obtaining accurate testing and accurate reporting of true infectious cases would be a step toward being less afraid of the pandemic and less restrictive management that more accurately reflects the true risks of infection and preserves more of our freedoms.

Thomas T. Siler M.D. Disclaimer: I have no financial connection to the companies mentioned in the article.

If you would like to comment on this or any other *American Thinker* article or post, we invite you to visit the *American Thinker* Forum at MeWe. There, you can converse with other *American Thinker* readers and comment freely (subject to MeWe's terms of use). The Forum will be fully populated and ready for comments by midday (Eastern time) each day.

American Thinker

March 16, 2021

Is The Pandemic Over?

By Thomas T. Siler, M.D.

After a year now of dealing with the SARS-COV-2 virus, we have learned a great deal about the pandemic. The elusive goal has been to acquire herd immunity and have life go back to normal. However, our mainstream media and some governmental health authorities have ignored parts of the scientific picture that could help us understand herd immunity. They have placed excessive importance on vaccination as the only way to herd immunity. This is not entirely true. There is scientific data showing that we may be closer to herd immunity and the end of the pandemic than the media and goverument let on.

At the start of the pandemic, we were told that the SARS-COV-2 was a "novel" virus, meaning a brand-new virus that has not been seen before. If this were true, then it would be much harder to treat or make a workable vaccine.

Fortunately, this was not true. SARS-COV-2 is in the family of coronaviruses and shares common characteristics with other members of the same family. Four coronaviruses commonly circulate in our population and cause symptoms of the common cold. Did persons have some cross-immunity to the "new" SARS-COV-2 virus from previous infections with other viruses in the Coronavirus family? The answer was yes.

T cells (a type of white blood cell) and antibodies can both be measured to study immunity. Studies of T cell function in 2020 showed that patients who had not been exposed to SARS-COV-2 in several countries had evidence of cross-reactivity from known coronaviruses and SARS-COV-2. The range of cross-reactivity ranged from 18% in Sweden to 51% in Singapore.

Interestingly, the countries with a higher level of T cell cross-reactivity to SARS-COV-2 had a lower death rate during the pandemic. A study of blood bank samples from 2015 to 2018 in the U.S. showed 50% of the samples had cross-reactive T cells to SARS-COV-2 from prior coronavirus infections.

The dramatic initial models guess how the pandemic might progress assumed there would not be any pre-existing immunity. It now appears this is incorrect. Some levels of pre-existing immunity may explain why some people don't get infected and why others have a milder case of COVID-19. Because children have a higher chance of catching the "cold" viruses, this may also partly explain why children are not affected very much by SARS-COV-2.

This also happened in the 2009 H1N1 Swine flu pandemic. It was found that 30% of people over 60 years old had prior immunity to Swine flu from earlier immunity to other influenza infections. This fact lessened the severity of that pandemic, but that fact seems to have been forgotten in the current pandemic.

In addition to pre-existing immunity, persons who have had COVID-19 are generally thought to be immune. Factoring in a correct case count can show we are closer to herd immunity than we thought. Many actual cases of COVID-19 infection have not been

counted because patients may have mild infections, may not get tested, or may not have access to testing. In August, the World Health Organization estimated that 10% of the world's population had contracted COVID-19 infection (760 million). At that time the reported case count was 35 million (20 times lower).

In the United States, the CDC estimated in late November that the total cases could approach 100 million. The actual case count in the United States at the end of December was 20 million (as much a 5 times lower).

So, if most populations have 20-50% pre-existing immunity from prior Coronavirus infections and the actual numbers of COVID-19 infections are much higher (3.5 to 20 times higher), then we could be approaching herd immunity (which is guessimated at 70%) now, even with our current low level of vaccination. If you make those calculations for the United States, then 45 to 90% of the American population could be immune now.

Dr. Mike Yeadon, a former Pfizer scientist with 30 years of experience in immunology, says the pandemic effectively ended, even before we began to vaccinate people. Dr. Marty Makary wrote in a recent article in the WSJ that he feels herd immunity could come by April and also be in effect before we have vaccinated "everyone." Both these scientists came to this conclusion by saying that more people have already been infected (up to 150 million for the U.S.) already and there was pre-existing immunity at some level for a portion of the population.

This seems to be what is happening in our experience of COVID-19 tracking. Since January 8th there has been a significant drop in cases in the U.S. Hospitalizations and deaths are also going down in almost every locale.

This cannot be explained by changes in behavior (masking, etc.) and it is too early for the low level of vaccinations to explain this fall in infections. This drop happened despite more travel over Christmas and the holidays.

This is good news and it is hard to understand those in the government health agencies and politicians who say we must vaccinate 100% of people in order to get out of the pandemic. This is clearly not true.

We must still protect the elderly and those with pre-existing conditions that could make patients susceptible to more severe infections. These persons should consider taking the vaccines. In my opinion, persons with a low risk of serious infection (healthy persons under 70) can wait on vaccination. The vaccines were produced very quickly, but they have not been through the usual trials and time to determine if there are any long-term side effects. They should be considered experimental at this point.

Variants of the virus are not likely to change this analysis. Viruses mutate all the time and usually are not more deadly or a new, untreatable form. Sensational headlines in the media about contagiousness are always followed by disclaimers that studies on the variants are preliminary and more study will be needed.

This view should also affect the rationale for lockdowns and closing businesses, allowing states to open up sooner. Florida, South Dakota, and Georgia have lessened restrictions on the public and businesses months ago and are doing well. Texas, Mississippi, Arizona, and Connecticut have just lessened their COVID-19 mandates and opened-up more completely.

If it continues to appear that herd immunity is being reached and cases, hospitalizations, and deaths continue to go down, we should lobby all our states to lessen restrictions by the end of spring. The pandemic can be managed with a more targeted approach and the healthy can go on with their lives with less restriction. The pandemic, indeed, may finally be coming to a close.

IMAGE: *We're open* by *Clay Banks* on *Unsplash*.

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American Thinker

May 12, 2021

Let's demand a recount...of COVID deaths

By Thomas T. Siler, M.D.

How deadly is the SARS-COV-2 virus? Part of the equation depends on accurately determining just who has died from COVID-19 infection. It turns out that, thanks to changes the Centers for Disease Control ("CDC") made to its rules, along with Congressional incentives, America's COVID-19 counts are almost certainly inaccurate.

America counts COVID-19 deaths differently from other countries. According to Dr. Deborah Birx, speaking at the start of the pandemic, "if someone dies with COVID-19, we are counting that as a COVID-19 death."

However, we must acknowledge that there is a difference between dying ***from*** COVID-19 and dying ***with*** COVID-19. This is a familiar uncertainty for doctors during the winter flu season.

In most states, 40-60% of the people dying of SARS-COV-2, the virus that causes COVID-19, are elderly persons with multiple medical problems who live in nursing homes. A portion of this same cohort dies every year from the seasonal influenza virus. When that happens, did the flu kill them or their cancer, heart failure, strokes, or liver problems? Doctors use their best judgment to fill out the death certificate correctly, but they do not categorize all of them as "flu" deaths.

According to the CDC, only 6% of those who died with the COVID-19 infection had no other pre-existing health conditions. The other 94% had an average of four medical conditions already affecting their health.

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This does not mean that only 6% of these deaths resulted from COVID-19. But it also does not mean that 100% of the deaths among people with other medical conditions should be counted as death ***from*** COVID-19 either. If we counted each death that tested positive for flu or had symptoms of flu as an "influenza death," we would also have hundreds of thousands of flu deaths each year.

When it comes to the flu, though, we don't tally either the 6% or the 100%. The real answer is in the middle. Applying that same logic to COVID-19 means that conservatively 25-50% of the deaths labeled ***from*** COVID-19 more likely died ***with*** COVID-19.

According to an October study from the bulletin of *Science, Public Health Policy, and the Law*, on March 24, 2020, the CDC changed the way it tabulated deaths for the previous 17 years, resulting in inflated COVID-19 death numbers. Moreover, the change affected only deaths relating to COVID-19. Even more surprising, the Federal Register does not mention these changes, so it appears the CDC acted without peer review and oversight by either the Office of Management and Budget or Office of Information and Regulatory Affairs, which would violate federal law.

The same article says that, in August, the estimate for COVID-19 deaths under the new system was 161,392. However, if the same data had been tabulated under the old system, the COVID-19 death count would be only 9,684. The fundamental difference was

that, no matter the patient's ultimate cause of death, the new system mandated that COVID-19 must always be the first cause of death, with the other conditions listed as "contributing factors" – the opposite of the old system.

The CDC also made influenza deaths magically vanish for this flu season. The CDC created a new category of death from pneumonia, influenza, and COVID-19 to lump those causes together. This only created confusion about COVID-19 deaths -- and please, don't say that masking and distancing reduced influenza deaths while not reducing COVID-19 deaths. Assuredly, some influenza deaths were lumped into the COVID-19 category this season.

In addition to a different way of counting deaths, Congress passed the CARES Act, authorizing more money for hospitals that had patients with a COVID-19 diagnosis. Perhaps done with good intentions, this incentivized financially pushing the COVID-19 diagnosis to the top of the list so that hospitals can pay for the care they give. This too gives more weight to listing a positive COVID test/diagnosis as the cause of death instead of the patient's other conditions.

In addition to new ways of counting cases and financial incentives for listing cases, some states have been found to have irregularities in their COVID-19 death count. Washington state's Freedom Foundation investigated COVID-19 deaths in May 2020 and found that 13% of the listed COVID-19 deaths did not mention COVID-19.

A FOIA request revealed that the Washington Department of Health ("DOH") agreed in private emails that this was true and promised to change. However, when the Freedom Foundation followed up in December, it again found that 340 deaths out of 2,000 (17%) at the time did not mention SARS-COV-2 or only listed SARS-COV-2 as a contributing cause, not the main cause, of death. Once again, the Freedom Foundation challenged Governor Jay Inslee's DOH, which agreed to remove 200 deaths from the COVID list. The Freedom Foundation concluded that the DOH was not erring; it was attempting to inflate the death count by 10-15%.

In Minnesota in December 2020, lawmakers Mary Farmer and Dr. Scott Jensen conducted a state audit of COVID-19 deaths, eventually sifting through 2,800 death certificates. They found that 800 patients (almost 30%) did not have SARS-COV-2 listed as a cause for death. They have appealed to their state for changes and asked for a national audit of COVID-19 deaths. It is unclear at this point how many states have this problem, but we need a national audit of COVID-19 death reporting.

In sum, due to a very liberal description of a "COVID death," financial incentives, CDC rule changes and, apparently, outright deception or incompetence from some government agencies, America has inflated the death rate due to SARS-CoV-2. Our mainstream media has also been complicit in trying to maximize fear and panic by failing to investigate and reporting only one side to the story.

This strong bias has led to some egregious examples such as gunshot wounds and suicides being called a "COVID-19 death." This dishonesty undermines public confidence in how the pandemic was managed.

Using different rules for COVID-19 deaths versus deaths from other infections makes it hard to compare its mortality rates to those in previous pandemics or deaths from other infectious diseases, such as the flu. It seems clear, though, that the COVID-19 pandemic is not as severe as other pandemics. Dr. Marty Makary, a Johns Hopkins physician, estimated that the COVID-19 infection fatality rate is 0.23% which is close to a bad influenza season.

It's true that the COVID-19 infection is a real threat to the elderly with other medical conditions (e.g., diabetes, obesity, etc.) and this group must be protected. Still, parts of our government and media seem to have made a concerted effort to make the SARS-COV-2 pandemic appear more deadly than it actually is. While America's Frontline Doctors, the Association of American Physicians and Surgeons, and a handful of other groups have been calling attention to these issues, the medical profession has mostly been silent.

If the CDC ceases to be a reliable source for health data, some of our state governments manipulate data, and the major media outlets have no interest in investigating and reporting the truth, how long will the American people go along with this medical tyranny of lockdowns, masking, social distancing, and financial ruin? We know who needs to be protected and we know how to do it. The time is now to let the rest of our population return to normal life.

To comment, you can find the MeWe post for this article here.

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ANDREW R.W. HUGHES, WSBA #49515
SARAH E. SMITH-LEVY, WSBA #55770
JONATHAN J. GUSS, WSBA #57663
Assistant Attorneys General
Washington State Office of the Attorney General
800 Fifth Avenue, Suite 2000
Seattle, WA 98104-3188
(206) 464-7744

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON
AT SPOKANE

JOHN STOCKTON, et al.,

Plaintiffs,

v.

ROBERT W. FERGUSON, Attorney General of the State of Washington, et al.,

Defendants.

NO. 2:24-cv-00071-TOR

DECLARATION OF MICHAEL L. FARRELL IN SUPPORT OF DEFENDANTS' MOTION TO DISMISS AND OPPOSITION TO PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION

May 22, 2024
Without Oral Argument

I, Michael L. Farrell, declare as follows:

1. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge.

2. I have been the Supervising Staff Attorney for the Washington Medical Commission (Commission) since 2023. Before that, I served as the Policy Development Manager for the Commission starting in 2016. I have worked for the Commission, which was formerly called the Medical Quality Assurance Commission, since 1991. I have worked on disciplinary cases for the vast majority of my tenure with the Commission.

3. My current duties with the Commission include, but are not limited to, supervising five staff attorneys in the Commission's legal unit who work on cases from the time the Commission authorizes an investigation of a complaint until the Commission has terminated its disciplinary action.

4. Through my experience and current position with the Commission, I am familiar with the Commission's disciplinary process and I have a general knowledge of the specific investigations and disciplinary proceedings that are currently pending at the Commission, including those against Drs. Eggleston and Siler.

Commission Disciplinary Proceedings

5. One of the Commission's roles is to act as a disciplinary authority for physicians and physician assistants (collectively, respondents) under Washington's Uniform Disciplinary Act (UDA), RCW 18.130 *et seq*. In that role, the Commission receives complaints, conducts investigations, holds hearings, and ultimately determines whether discipline is appropriate.

6. Pursuant to the UDA, the process begins when the Commission receives a complaint. The Commission receives approximately 1,600 complaints each year. Any individual may submit a complaint, but common sources including patients, their families and friends, pharmacies, other healthcare providers, and state and federal agencies.

7. Upon receiving a complaint, the Commission's staff either refers it

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to the Commission or forwards it to the appropriate disciplinary agency if it falls outside the Commission's jurisdiction. The Commission's disciplinary process is complaint-driven. Except in rare cases in which a provider's misconduct is publicized in the news, the Commission does not initiate disciplinary proceedings without receiving a complaint.

8. Each complaint received by the Commission is initially reviewed by a panel of at least three commissioners. This review occurs at a weekly complaint assessment meeting. The panel determines whether to initiate an investigation or close the complaint. Complaints that do not indicate a violation of state law are closed with no action.

9. When the panel authorizes an investigation, the complaint is assigned to a Commission investigator. The investigator gathers facts relevant to the complaint, often including medical records, interviews with the complainant, the respondent, and any other witnesses, and other evidence that is relevant to the potential violations.

10. Once the investigation is complete, the investigator prepares an objective report, which is then forwarded to a reviewing commissioner and presented to a panel of at least three commissioners. The panel can then elect through a vote to close the case, investigate further, offer a stipulation to informal disposition, or issue a Statement of Charges (SOC).

11. When an investigation reveals that a respondent may have violated

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the UDA, the panel of commissioners has prosecutorial discretion in electing whether to issue charges based on the circumstances of each case.

12. If the panel votes to issue an SOC against the respondent, the file is sent to the Attorney General's Office. An Assistant Attorney General reviews the file and signs the SOC. The SOC is then served on the respondent, which begins the adjudicative proceeding.

13. Service of an SOC is similar to service of a complaint in civil litigation, and begins a process culminating in an administrative adjudicative proceeding similar to a trial. This proceeding is governed by the UDA, Washington's Administrative Procedure Act (APA), RCW 34.05 *et seq*., and Washington's Model Procedural Rules for Boards, codified at WAC 246-11 *et seq*., and may include discovery and motions practice, for example.

14. If the respondent timely requests a hearing to contest the charges in the SOC and the matter is not otherwise resolved, a formal hearing is held in front of a panel of three commissioners with a health law judge acting as a presiding officer. By Commission policy, none of the commissioners who initially ordered the SOC in that case may serve on the hearing panel.

15. During the hearing, both the prosecution and the respondent are entitled to make opening statements, present evidence, present and cross-examine witnesses, and make closing statements.

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16. The panel ultimately determines whether to take disciplinary action against the respondent based on its consideration of the evidence, determinations of witness credibility, and its expertise and specialized knowledge. If the panel finds that a respondent committed unprofessional conduct, the panel will impose sanctions that first protect the public and second rehabilitate the respondent.. The panel must explain its decision in each case through a written final order containing findings of fact and conclusions of law (Final Order).

17. A respondent who disagrees with the panel's Final Order is entitled to seek reconsideration from the panel or seek direct judicial review in a Washington state superior court or court of appeals under the APA.

Pending Commission Proceedings Involving COVID-19 Misinformation

18. In evaluating whether to charge practitioners for COVID-19 misinformation, the Commission has only issued an SOC when two conditions were met: (1) the complained-of misinformation was demonstrably, factually untrue; and (2) the practitioner identified themselves as a licensed physician or physician assistant when making the misstatement to give those misstatements the imprimatur of medical authority

19. Although the Commission has received numerous complaints about COVID-19 misinformation, it has only elected to pursue charges against five providers for unprofessional conduct. Four of those proceedings are currently pending, including the actions against Plaintiffs Eggleston and Siler, and one

proceeding has closed. I use the term "pending" proceeding to mean a case in which an SOC has been filed and either there has not been a settlement or a Final Order, or a Final Order has been issued and is under judicial review in a state court.

20. The Commission filed an SOC against Plaintiff Eggleston on August 3, 2022. A true and correct copy of that SOC is attached as **Exhibit A**.

21. As charged in the SOC, Plaintiff Eggleston wrote a periodic newspaper column for a newspaper that serves southeastern Washington and north central Idaho. *Id.* at 1. In each column, he identified himself as a licensed physician by (a) using "M.D." in his tagline at the end of each column and (b) including his email address at the end of each column, which identifies him as a physician. *Id*.

22. The SOC details various demonstrably false statements that Plaintiff Eggleston made about COVID-19 in columns written between January 24, 2021 and November 28, 2021, including that: (a) "actual COVID-19 deaths" were far lower than the number reported by the Centers for Disease Control and Prevention; (b) polymerase chain reaction, or PCR, tests were not accurate for diagnosing COVID-19 infections; (c) mRNA vaccines "alter[] our DNA" and that COVID-19 vaccines are ineffective and harmful; and (d) ivermectin and hydroxychloroquine "are very effective and safe" treatments for COVID-19. *Id.*

at 1–7. The SOC charges only pertain to statements that Plaintiff Eggleston made in which he identified himself as a doctor. *See id.* at 1.

23. The SOC also alleges that Plaintiff Eggleston made various false statements during the Commission's investigation into his conduct. *Id.* at 7–8.

24. The SOC alleges Plaintiff Eggleston engaged in unprofessional conduct under RCW 18.130.180(1), (13), and (21).

25. Plaintiff Eggleston's case before the Commission is currently stayed by a state court and a hearing date has not been set.

26. The Commission filed an SOC against Plaintiff Siler on October 25, 2023. A true and correct copy of that SOC is attached as **Exhibit B**.

27. According to the SOC, Plaintiff Siler wrote eight separate posts on a website. *Id.* at 1. In each post, he identified himself as a licensed physician by using "M.D." on the byline of the post. *Id.*

28. The SOC details various demonstrably false statements contained in those posts between February 15, 2021 and October 16, 2021, including statements that: (a) COVID-19 is no more dangerous than the flu for people younger than 70; (b) children do not spread COVID-19 to adults; and (c) younger patients with COVID-19 should be treated with ivermectin and/or hydroxychloroquine and those treatments generally are effective and "are much more attractive to take now as the vaccine risks are becoming known…." *Id.* at

1–2. The SOC charges only pertain to statements that Plaintiff Siler made in which he identified himself as a doctor. *See id.* at 1.

29. The SOC alleges that Plaintiff Siler engaged in unprofessional conduct under RCW 18.130.180(1) and RCW 18.130.180(13).

30. A hearing is scheduled in Plaintiff Siler's case in August 2024.

31. The other two pending Commission proceedings involving charges of unprofessional conduct relating to disseminating COVID-19 misinformation concern Richard Wilkinson, MD and Ryan Cole, MD, both of whom were plaintiffs in *Wilkinson v. Rodgers*, which this Court dismissed. No. 1:23-cv-3035-TOR (E.D. Washington).

32. The only other Commission proceeding involving a charge of unprofessional conduct relating to disseminating COVID-19 misinformation was a case involving Scott Miller, a physician assistant, in which a Final Order was issued suspending his license in 2022 based on that charge and other unprofessional conduct charges. Mr. Miller's license was later revoked in 2023 in connection with a separate unprofessional conduct charge.

33. There is no pending Commission proceeding involving Plaintiff Moynihan. In August 2021, the Commission received a complaint that Plaintiff Moynihan was disseminating misinformation about COVID-19 vaccines. The Commission investigated the complaint and closed it in April 2022 without taking action.

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34. I understand that the plaintiffs in this case have alluded to Renata Moon, MD in their briefing. In July 2023, the Commission received a complaint that Dr. Moon disseminated misinformation about the COVID-19 vaccine. Dr. Moon was investigated by the Commission, and then her case was closed without further action on January 11, 2024.

I declare under penalty of perjury under the laws of the State of Washington and the United States that the foregoing is true and correct.

DATED this 19 day of April at Spokane, Washington.

MICHAEL L. FARRELL

ATTORNEY GENERAL OF WASHINGTON
Complex Litigation Division
800 Fifth Avenue, Suite 2000
P.O. Box TB-14
Seattle, WA 98104-3188
(206) 464-7744

Exhibit A

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Richard J. Eggleston, MD
Master Case No.: M2022-204
Document: Statement of Charges

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **RICHARD J. EGGLESTON, MD** License No. MD.MD.00014109 Respondent.	**No. M2022-204** **STATEMENT OF CHARGES**

The Executive Director of the Washington Medical Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in Commission file number 2021-10565.

1. ALLEGED FACTS

1.1 On September 16, 1974 the State of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently retired active-in-state volunteering. Respondent is board-certified in ophthalmology.

1.2 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a coronavirus that causes COVID-19, an infectious respiratory disease that spreads mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, or talks. Adults 65 years and older and people of any age with underlying medical conditions are at higher risk for severe illness. On January 22, 2020, The Center for Disease Control and Prevention (CDC) identified the first reported U.S. case of coronavirus in Washington State. Since then, over one million people in the United States have reportedly died because of COVID-19.

1.3 Between approximately January 24, 2021, and November 28, 2021, Respondent wrote a periodic newspaper column for a regional newspaper that serves southeastern Washington and north central Idaho.

1.4 In each column, Respondent identified himself as a licensed physician by using "M.D." in the tagline included at the end of the column. Additionally, each column's tagline also included his email address which also identifies him as a physician.

//

1.5 In multiple instances in those columns, Respondent made false statements regarding medical issues and promulgated misinformation regarding the SARS-CoV-2 virus and treatments for the virus.

Statements minimizing the deaths from SARS-CoV-2

1.6 On or about July 11, 2021, the regional newspaper published Respondent's column titled, "COVID-19 is a deception for taking control". In that column, Respondent wrote the following:

> "The Centers for Disease Control and Prevention state that 94 percent of 591,265 supposed COVID-19 death had underlying causes. Therefore, 6 percent – or 35,475 – were actual COVID-19 deaths."

This statement suggests that deaths from Covid-19 infection are rare, and that the estimates of deaths provided by the CDC are grossly exaggerated. This statement is harmful to the public because it minimizes the mortal danger of Covid-19, and is especially dangerous because it attributes the death caused by SARS-CoV-2 infection to other conditions, suggesting that SARS-CoV-2 was only diagnosed accidentally during the evaluation and was not the cause of death.

1.7 As of May 17, 2021, the CDC reported there were 587,653 deaths from COVID -19 in the United States. Several conditions substantially increase the risk for death in people with SARS-CoV-2. These include diabetes, high blood pressure, chronic obstructive pulmonary disease, kidney disease, obesity, and immunosuppression. Additionally, being over 65 years old is an additional risk factor. Using these criteria, forty percent to fifty percent of the population in the United States has at least one risk factor that puts them at higher risk for a poor outcome.[1] This means that having an underlying condition, including being an older adult, is associated with increased risk for death from COVID-19. It does not mean these individuals died from their underlying disease and SARS-CoV-2 was incidentally found during their illness.

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[1] Ajufo E et al, US population at increased risk of severe illness from COVID-19, Am J Prev Cardiol 2021 Jun; 6:100156; Razzaghi H et al, Estimated county-level prevalence of selected underlying medcal conditions associated with increased risk for severe COVID-19 illness, US, 2018, MMR July 24, 2020 / 69(29); 945-950.

Statement that polymerase chain reaction tests are inaccurate for SARS CoV-2 diagnosis

1.8 On or about March 17, 2021, the regional newspaper published Respondent's column titled, "When it comes to COVID-19, dare to be a free thinker". In that column, Respondent wrote the following:

> "The test most used to determine if a person is COVID-19 antibody positive is based on polymerase chain reaction [PCR]. Kory Mullis, the Nobel Prize winner for inventing the PCR, and Dr. Mike Yeaden, have stated that the PCR is not an appropriate tool for diagnosing COVID-19 infections, especially when done inaccurately, causing the PCR to '95 percent erroneous for COVID-19.'
>
> Even the New York Times stated that the PCR is '79 percent false positive.'"

These statements claim that PCR assay is not an accurate diagnostic modality for Covid-19/SARS-CoV-2 infection. This statement is harmful to the public because it suggests that symptomatic persons should not test by PCR for Covid-19, and persons that test positive by PCR should not assume that they are contagious or need to seek care if unwell.

1.9 The PCR test for SARS-CoV-2 has been extensively been extensively evaluated and it has been shown to be accurate, even in different types of transport media and in a variety of samples.[2]

Statements that COVID-19 vaccines, and mRNA vaccines are harmful or ineffective

1.10 In Respondent's previously cited July 11, 2021 column, Respondent wrote the following:

> "In October 2019, [Bill] Gates sponsored the Vaccine Safety Net Workshop, a precursor to Immunization Agenda 2030, which will direct further mass injections with mRNA vaccines (biologics) altering our DNA by changing genes called P53 and BRAC1. [citation omitted]"

1.11 Genetic information normally flows from DNA to RNA to protein, so it is dubious to claim how a short piece of RNA could have an effect in reverse. If COVID RNA vaccines could make changes in human DNA, then presumably SARS-CoV-2

[2] Perchetti et al, Validation of SARS-CoV-2 detection across multiple specimen types J Clin Viol 2020 Jul 128:104438; Wu X, Diagnostic techniques for COVID-19: a mini review J Virol Methods 2022 Mar; 301:114437.

RNA could also change human DNA and that claim has never been made or established.

There are RNA viruses that integrate into human DNA – although they don't change human DNA sequence – that are called retroviruses. Human immunodeficiency virus (HIV) is an example of a retrovirus. One of the steps in a retrovirus lifecycle is RNA being transcribed into DNA. The enzyme that is needed for that is called reverse transcriptase. HIV has a gene that codes for that enzyme. Coronaviruses do not have a reverse transcriptase so they cannot change their RNA into DNA.

1.12 In the same column, Respondent also wrote the following:

> "As with the evil of Stockholm syndrome, signs of submission to COVID-19 fear include:
>
> ...
>
> Taking vaccines that only provide short-term immunity and don't stop transmission of COVID-19, but at least 6,000 vaccine deaths have occurred."

1.13 On September 5, 2021, the regional newspaper published Respondent's column titled, "Ivermectin is becoming the standard of care". In that column, Respondent wrote the following:

> "The SARS-Cov-1 and SARS-CoV-2 genomes are 80 percent similar, and 17 years after exposure to SARS-CoV-1, immunity still exists. This is because of long-lasting and specific cellular immunity by T-2 [sic] immune cells and bone marrow plasma cells, both not strengthened by booster jabs. And therefore, the booster can't help long-term immunity."

1.14 Long-term immunity can be conferred both by T-cell immunity, in particular T memory cells, as well as long-lived plasma cells that produce antibodies. Boosters increase the memory component of the immune response as they tell the body that this is a foreign protein – whether vaccine- or virus-produced – that the body needs to be prepared to respond to repeatedly. Cells that denote long-term immunity have been identified in vaccinated people, even prior to receipt of booster doses.[3]

[3] Geol RR et al, Distinct antibody and memory B cell responses in SARS-CoV-2 naïve and recovered individuals following mRNA vaccination. Sci Immunol. 2021 Apr 15;6(58):eabi6950. doi: 10.1126/sciimmunol.abi6950. (initially available as Goel RR et al Longitudinal Analysis Reveals Distinct Antibody and Memory B Cell Responses in SARS-CoV2 Naïve and Recovered Individuals Following mRNA Vaccination. medRxiv. 2021 Mar 6:2021.03.03.21252872. doi: 10.1101/2021.03.03.21252872.) ; Goel RR et al, mRNA vaccines induce durable immune memory to SARS-CoV-2 and variants of concern. 2021 Dec 3;374(6572):abm0829. doi: 10.1126/science.abm0829. Epub 2021 Dec 3. (initially available as

1.15 These statements claim that that SARS-CoV-2 vaccines 1) cause large number of injuries and deaths; 2) contain contaminants such as graphene; 3) can change human DNA, in particular in genes that are involved in cancer; 4) have been inadequately reviewed for safety by the FDA and other regulatory agencies; 5) result in increased risk for hospitalizations; 6) do not induce long term immunity. These statements are harmful to the public because they can create distrust and fear regarding vaccines that have been demonstrated to be safe and effective for the prevention of death and severe illness caused by COVID-19, as well as the reduction in the risk of acquiring SARS-CoV-2.

Statements that ivermectin is safe and effective treatment for COVID-19

1.16 In Respondent's previously cited March 17, 2021, column, Respondent wrote the following:

> "I believe that soon, ivermectin, the inhaled steroid budesonide and others will be the standard of care for prevention of and treatment of SARSCov2 [sic] (COVID-19."

1.17 On or about June 9, 2021, the regional newspaper published Respondent's column titled, "Powers that be suppress the truth about COVID-19". In that column, Respondent wrote the following:

> Ivermectin has four decades of safe use, with almost 4 billion doses for several medical conditions. It has been re-purposed for COVID-19 prophylaxis and treatment and is inexpensive.
>
> . . .
>
> Other [i]vermectin disinformation sources should be the most trusted. Medical journals, such as the [Journal of the American Medical Association], Lancet, Nature and Chest are supported by pharmaceutical ads. They all rejected the largest 600-patient prospective RCT from Egypt showing hospital rates with [i]vermectin of 1 percent vs. 22 percent standard of care and mortality rates of 2 percent vs. 22 percent, respectively."

1.18 In Respondent's previously cited September 5, 2021, column, Respondent wrote the following:

Goel RR et al, mRNA Vaccination Induces Durable Immune Memory to SARS-CoV-2 with Continued Evolution to Variants of Concern. bioRxiv. 2021 Aug 23:2021.08.23.457229) ; Turner JS et al, SARS-CoV-2 mRNA vaccines induce persistent human germinal centre responses. Nature. 2021 Aug;596(7870):109-113.

> "My previous opinions stated that ivermectin and hydroxychloroquine are very effective and safe, and should be used along with vitamins C and D, melatonin, zinc, and quercetin."

1.19 The United States Food and Drug Administration (FDA) has approved ivermectin tablets for use in humans for the treatment of some parasitic worms and approved ivermectin topical formulations for the treatment of external parasites such as head lice and scabies, and for skin conditions such as rosacea. The FDA has not approved ivermectin to treat SARS-CoV-2 infections that cause COVID-19.

1.20 Additionally, in the United States, the primary manufacturer of ivermectin, Merck & Co, Inc., issued guidance to clinicians regarding use of ivermectin in treating COVID-19. In Merck's statement to clinicians, it states that it has concluded ivermectin has no scientific basis for a potential therapeutic effect against COVID-19, no meaningful evidence for clinical activity or clinical efficacy in patients with COVID-19, and a lack of safety data in the clinical studies that have been conducted with COVID-19 patients.

1.21 There have been numerous clinical trials conducted with ivermectin in people with SARS-CoV-2 infection. The results have been closely related to the quality of the studies, with the best conducted studies showing no effect on any of the outcomes of interest. This has been confirmed by a recent meta-analysis which showed no benefit to ivermectin. Some speculated that ivermectin may provide benefit in tropical countries where a substantial number of people are infected with strongyloides, a parasite that is treated with ivermectin. However, a recent Brazilian study (where ~5% of people have stongyloidiasis) showed no benefit for COVID-19. The clinical trial from Egypt cited by Respondent that showed 90% reduction in mortality was retracted on July 14, 2021.[4]

1.22 These statements claim that ivermectin, an anti-parasitic drug, is effective for prevention and treatment of Covid-19. This is harmful because people may delay or avoid receiving effective therapy for Covid-19 and seek or take ivermectin instead. In

[4] Hill A et al, Ivermectin for COVID-19: Addressing Potential Bias and Medical Fraud. Open Forum Infectious Diseases, Volume 9, Issue 2, February 2022, ofab645; Bitterman A, et al. Comparison of Trials Using Ivermectin for COVID-19 Between Regions With High and Low Prevalence of StrongyloidiasisA Meta-analysis. JAMA Netw Open. 2022;5(3):e223079; Reis G, et al. Effect of Early Treatment with Ivermectin among Patients with Covid-19 N Engl J Med 2022 Mar 30.

addition, it is harmful because people may decline vaccination against Covid-19 assuming that they can take ivermectin instead following exposure or infection and that it will protect them.

Statements to the Commission

1.23 Respondent's commitment to misinformation regarding COVID-19 was further evidenced in multiple statements made to the Commission in response to its investigation. In a statement to the Commission's investigator sent via counsel and dated January 7, 2022, Respondent willfully misrepresented facts with regard to the SARS-CoV-2 virus and denied that it existed:

A. "There is no absolute proof that the SARS-CoV-2 exists."

B. "Why would it be important to differentiate Covid [sic] from influenza? Because influenza cases nearly disappeared in 2020 as influenza was relabeled 'Covid' [sic] due to faulty testing."

1.24 The SARS-CoV-2 virus was identified as a separate species of the genus betacoronavirus, family of coronaviruses, in early 2020. At that time, it was both genetically sequenced as well as grown in the laboratory, and used to infect experimental animals.[5]

1.25 Additionally, in his January 7, 2022, statement, Respondent willfully misrepresented facts with regard to vaccines that were developed to prevent COVID-19:

A. "Life insurance companies are paying out death benefits in the 18-45 year old range, 40% higher than last year. This high rate is expected as a 1 in 200 year event. Insurance companies cannot sustain this type of actuarial outlier payouts. What has changed this actuarial nightmare? The injection of millions of young people with an experimental biologic agent. Very dangerous toxins, graphene with its variant oxide and hydroxide is in a [sic] unknown percent of vials, and the spike protein."

B. "The CDC has stopped taking additional reports of deaths and complications whether life-threatening or elsewhere, to update the VAERS (Vaccine

[5] Zhu N, et al, A Novel coronavirus from patients with pneumonia in China, 2019, NEJM 2020 Feb 20; 382(8):727-733; Lu R et al Genomic characterization and epidemiology of 2019 novel coronavirus…Lancet 2020 Feb 22;395(10224):565-574; Harcourt J, et al, Severe acute respiratory syndrome coronavirus 2 from patient with coronavirus disease, United States, Emerg Infect Dis 2020 Jun;26(6):1266-1273.

Adverse Event Reporting System). The CDC's own Harvard Lazarus study about the accuracy of deaths and complications showed only one percent of side effects and 10 percent of deaths were accurately reported. Therefore at least 45,000 and likely 200,000 deaths have following Covid [sic] vaccinations and 500,000 adverse events. ... There have been multiple more deaths in less than two years from the Covid [sic] vaccines, than in the previous 30 years from all other vaccines combined. The previous mRNA vaccine attempt was withdrawn after 20 deaths."

1.26 Multiple studies have demonstrated that COVID-19 vaccines are safe and effective for prevention of death and severe illness caused by COVID-19, as well as reduction in the risk of acquiring SARS-CoV-2. The contents of each vaccine is available through the FDA and graphene is not a component of any COVID-19 vaccine. The death and complication statistics do not correlate to any publicly available, peer-reviewed data.

2. ALLEGED VIOLATIONS

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180(1), (13), and (22), which provide:

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:
>
> (1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
>
> ...
>
> (13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;
>
> ...

(22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;

...

2.2 The above violation provides grounds for imposing sanctions under RCW 18.130.160.

3. NOTICE TO RESPONDENT

The charges in this document affect the public health and safety. The Executive Director of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: August 3, 2022

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

Melanie de Leon

MELANIE DE LEON
EXECUTIVE DIRECTOR

Kristin G Brewer

KRISTIN G. BREWER, WSBA #38494
ASSISTANT ATTORNEY GENERAL

Exhibit B

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Thomas T. Siler, MD
Master Case No.: M2022-366
Document: Statement of Charges

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **THOMAS T. SILER, MD** License No. MD.MD.00032591 Respondent.	**No. M2022-366** **STATEMENT OF CHARGES**

The Executive Director of the Washington Medical Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in Commission file number 2021-12606, 2021-12607, 2021-12608, 2021-12609, 2021-12636, and 2021-12638.

1. ALLEGED FACTS

1.1 On April 7, 1995, the State of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently retired active in-state volunteering.

1.2 Due to their specialized knowledge and training, licensed physicians possess a high degree of public trust and therefore have a powerful platform in society. Physicians not only have an ethical and professional responsibility to practice medicine in the best interests of their patients but also in sharing information that is factual, scientifically grounded, and consensus driven for the betterment of public health. When physicians spread inaccurate information and rely on their status as licensed physicians to bolster their message, it is especially harmful as it threatens the health and well-being of our communities and undermines public trust in the profession and established best practices in care.

1.3 Between approximately February 15, 2021, and October 16, 2021, Respondent wrote eight separate posts for a daily internet publication.

1.4 In each post, Respondent identified himself as a licensed physician by using "M.D." on the byline of the post.

1.5 In these posts, Respondent made multiple statements with reckless disregard for the truth that promulgated misinformation regarding the SARS-CoV-2 virus and treatments for the virus. These statements included:

A. "Americans younger than 70 do not have to fear COVID-19 any more than influenza … ."

B. "Children are safe from COVID_19 and don't spread the virus either."

C. "Also, kids do not spread the infection to adults."

D. "Hydroxychloroquine works. Ivermectin works."

E. "Younger patients without comorbidities and at low risk of dying from COVID-19 . . . should treat any infection with Hydroxychloroquine or Ivermectin."

F. "It is now proven that there are oral, outpatient regimens of drugs such as Hydroxychloroquine and/or Ivermectin, that can treat COVID-19 successfully."

G. "Oral and IV medications (flccc.net) that work early in the treatment of COVID-19 are much more attractive to take now as the vaccine risks are becoming known …"

2. ALLEGED VIOLATIONS

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180(1) and (13).

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:
>
> (1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
>
> …

//

//

(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;

. . . .

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

3. NOTICE TO RESPONDENT

The charges in this document affect the public health and safety. The Executive Director of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: October 25, 2023.

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

Kyle Karinen
KYLE S. KARINEN
EXECUTIVE DIRECTOR

DEBRA DEFREYN, WSBA # 28317
ASSISTANT ATTORNEY GENERAL

No. 24-3777

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

Stockton, et al.,

Plaintiffs-Appellants,

v.

Ferguson, et al.,

Defendants-Appellees.

Appeal from the Final Judgment Dismissing the Case and Denial of Preliminary Injunction
United States District Court for the Eastern District of Washington
Case No. 2:24-cv-00071-TOR
Honorable Thomas O. Rice, District Judge

SUPPLEMENTAL DECLARATION OF JOHN STOCKTON

John Stockton, declares as follows:

1. I am one of the Appellants in this appeal. I have personal knowledge of the facts set forth herein. I submit this declaration under penalty of perjury in support of our motion to stop the Appellees from continuing their prosecutions against Doctors Eggleston and Siler, and all other

investigations and prosecutions against Washington licensed physicians based on providing information to the public about Covid-19.

2. I previously submitted a declaration to the district court in support of our motion for a preliminary injunction. I have been informed by counsel that my connection and history with Doctor Eggleston may be relevant information based on the Supreme Court's recent decision in the Murthy case, and that is the purpose of this supplemental declaration.

3. I have known Doc Eggleston for several years. He approached me during a basketball game I attended in Idaho where my son was playing back in 2021 or early 2022. He was familiar with my stance on mandates and vaccines and handed me a few of his opinion pieces in the Lewiston Tribune. I received his comments and articles cordially, knowing that they related to issues I was deeply involved in, but didn't expect to scour them like I did.

4. I loved what I read in his articles. It was obvious that Doc is very smart and very well informed. He had clearly done his research as much of his articles contained information that wasn't available through normal channels at the time, and has proven to be entirely accurate in hindsight. He also showed an unusual ability to connect concepts of morality, history, politics, and current events, etc. making his articles interesting and thought provoking. I kept in touch, sought out his counsel and continually looked forward to his next article. Meanwhile, I was grateful that he was willing to discuss his views

about Covid on the podcast I co-hosted, and he was well received by the audience.

5. At some point I learned that the medical commission was investigating or had charged him with misconduct for things I had read in his opinion pieces. It seemed equal parts unfair, dishonest, and un-American to limit his ability to share his researched opinions. I offered to try to help him and suggested that Robert F. Kennedy Jr.'s organization (Children's Health Defense) might be able to help him.
6. I contacted RFK Jr, and the result of my reaching out to him was this lawsuit and attorney Jaffe's participation in Doc Eggleston's Commission case.
7. I think Doc Eggleston is a brilliant and committed man, and I am disturbed that the publisher of the Lewiston Tribune is restricting his writing until there is clarity on whether the Commission has the right to censor physicians for the articles they write. I think the public is less informed because of this restriction on his free speech.

Dated: July 9, 2024

John Stockton

EXCLUSIVE

Doctors who put lives at risk with covid misinformation rarely punished

By Lena H. Sun, Lauren Weber and Hayden Godfrey

July 26, 2023 at 6:00 a.m. EDT

A Wisconsin doctor in 2021 prescribed ivermectin, typically used to treat parasitic infections, to two covid-19 patients who later died of the disease. He was fined less than $4,000 — and was free to continue practicing.

A Massachusetts doctor has continued practicing without restriction despite being under investigation for more than a year over allegations of "disseminating misinformation" and prescribing unapproved covid treatments, including ivermectin, to a patient who died in 2022, according to medical board records.

And in Idaho, a pathologist who falsely promoted the effectiveness of ivermectin over coronavirus vaccines on social media has not been disciplined despite complaints from fellow physicians that his "dangerous and troubling" statements and actions "significantly threatened the public health."

Across the country, doctors who jeopardized patients' lives by pushing medical misinformation during the pandemic and its aftermath have faced few repercussions, according to a Washington Post analysis of disciplinary records from medical boards in all 50 states.

State medical boards charged with protecting the American public often failed to stop doctors who went against medical consensus and prescribed unapproved treatments for covid or misled patients about vaccines and masks, the Post investigation found.

At least 20 doctors nationally were penalized for complaints related to covid misinformation between January 2020 and June 2023, according to board documents, which The Post obtained by filing requests with state medical boards and reviewing public records. Five of those doctors lost their medical licenses — one had his revoked, while four surrendered theirs. Discipline is typically connected to patient care, not just what doctors say.

It is impossible to know how many doctors were spreading misinformation because most states do not monitor or divulge those complaints. But The Post's requests to the boards yielded at least 480 covid-misinformation-related complaints in the last three years — meaning only a tiny fraction of those led to disciplinary action.

The Post investigation, which included a review of more than 2,500 medical board documents, lawsuits and news stories as well as interviews with more than 130 current and former medical board staffers, physicians, patients, health officials and experts, is the most comprehensive national accounting of the consequences for doctors spreading medical misinformation related to the pandemic.

Many of the complaints relate to doctors promoting ivermectin or hydroxychloroquine, which have been disproved as effective covid treatments and are not recommended by the Centers for Disease Control and Prevention or authorized by the Food and Drug Administration for covid. Health authorities caution that these treatments, which President Donald Trump and his allies frequently touted when he was in office, not only can have dangerous side effects but also may delay patients from seeking proper medical care.

The political polarization fueled by the pandemic spawned a torrent of medical misinformation and exposed the nation's fragmented system of monitoring the more than 1 million physicians licensed in the United States. State medical boards — the professional licensing agencies composed mostly of doctors — are supposed to investigate complaints and discipline physicians who endanger public health.

But they are barely able to keep up with the more mundane task of issuing licenses, doctors say, let alone monitor social media, where many of the false claims proliferate. Critics say the system is not up to the task of overseeing the medical industry, and was particularly unable amid the explosion of misinformation that accompanied the pandemic.

"We allow the profession to police themselves. And when they fail to do that, even in the most egregious cases, what they are abetting is the erosion of trust and respect for doctors," said Wendy Parmet, director of Northeastern University's Center for Health Policy and Law, who has written about the harms of covid misinformation.

No organization monitors how many physicians have been penalized for spreading covid misinformation.

In addition to the doctors who have been disciplined, board documents show that as of June, at least 12 are under investigation for actions linked to the spread of misinformation, a costly and opaque legal process that can drag on for years. State medical boards flagged at least three other doctors on their websites, signaling that they had done something that regulators disagreed with but that didn't warrant discipline.

Some of the doctors cited in the misinformation-related complaints have defended their actions by saying they adhered to covid-treatment guidelines recommended by organizations that promote alternative therapies — guidelines rejected by major medical societies and government agencies. They said patients died of covid — not because of misinformation or the therapies they provided.

Doctors don't normally face discipline for promoting treatments that go against medical consensus because state boards are loath to tread on physicians' medical judgment and First Amendment rights, according to doctors and members of medical boards. Physicians commonly prescribe drugs for conditions other than those they were approved for, a practice known as "off-label" use that boards do not want to curtail.

"State boards can only do limited things," said Humayun Chaudhry, president of the Federation of State Medical Boards, a nonprofit that represents the licensing agencies. "The most common refrain I hear from state licensing boards is they would like to have more resources — meaning more individuals who can investigate complaints, more attorneys, more people who can process these complaints sooner — to do their job better."

Instead, the opposite is happening: The boards face new efforts, largely by Republican state legislators and attorneys general, to rein in their authority in ways that are "potentially dangerous and harmful to patient care," Chaudhry said.

Florida legislators passed a law in May that effectively prevents professional boards from punishing doctors accused of spreading covid misinformation online.

Six other states have limited the power of medical boards to discipline physicians for prescribing ivermectin or hydroxychloroquine.

Ryan Stanton, an emergency room doctor in Lexington, Ky., said he has struggled to treat patients who took as gospel the ineffective treatments some doctors tout on social and right-wing media. One couple in their 60s with covid symptoms wanted only ivermectin in 2021, he recalled. He instead recommended approved treatments, such as steroids, monoclonal antibodies and the antiviral Remdesivir. The couple refused, ending up on respirators and dying of covid days later, he said.

"We can't have physicians out there using their medical degrees to profess their own beliefs that are just wildly outside the accepted practice of medicine," Stanton said. "Millions of people latched on to them tightly."

Death by misinformation

Some doctors who provided patients with ivermectin have said they were following treatment protocols recommended by the Front Line Covid-19 Critical Care Alliance, a group of doctors promoting ivermectin as a covid panacea.

In Wisconsin, Edward Hagen prescribed ivermectin to a covid patient in his 50s during a virtual visit in October 2021, after the FDA and CDC had warned against prescribing the drug for covid. The patient, identified only as "G.N.," died four days later of "probable COVID-19 infection," according to state disciplinary records.

Hagen prescribed ivermectin to another patient, identified as "J.R." in state records, who died of covid complications in 2022.

Hagen told The Post he could not force people to go to the hospital when they became sicker. “They didn’t pass away from ivermectin,” he said. “They passed away from covid.”

The Wisconsin medical board reprimanded Hagen in February 2023 for “failing to conform to the standard of minimally competent medical practice which creates an unacceptable risk of harm to a patient or the public,” according to the records. The board suspended his medical license, but the suspension was immediately set aside because Hagen had agreed to complete nine hours of education and pay $3,943 to cover the costs of the board investigation.

Hagen said he would still prescribe ivermectin today because he believes in its effectiveness, despite multiple scientific studies disputing that claim.

“It’s not uncommon to use things off-label,” he said. “It’s not illegal to use things off-label.”

Hagen stressed that he told patients he followed treatment guidelines promoted by the Front Line Covid-19 Critical Care Alliance. Unlike doctors, the alliance does not answer to state medical boards, which license only individuals.

Massachusetts physician John Diggs is under investigation for prescribing ivermectin and hydroxychloroquine to a patient with covid symptoms who died in 2022 after being intubated, according to state medical board documents and the board’s executive director. The board alleged that Diggs prescribed the medications despite “clear evidence for the lack of any clinical benefit of hydroxychloroquine” and the fact that “ivermectin has been proven ineffective.”

The medical board accused Diggs of providing treatment to two patients that fell “below the standard of care.” It also accused him of “disseminating misinformation” on a Worcester, Mass., radio program in December 2020 when he promoted unproven coronavirus treatments touted by the alliance. At least two physicians lodged complaints in 2021 accusing him of “physician misconduct related to egregious COVID-19 misinformation and medical care well outside of the standard of care” and alleging “significant risk of patient harm,” board records show.

“We fear that other patients may be at risk because of similar actions and ask the Board to investigate and act decisively,” wrote the physicians, whose identities were redacted by the board.

But Diggs’s patients would not know about the complaints, let alone that he has been under investigation since 2022, even if they knew to check the state database for disciplinary action. The Massachusetts medical board, like those in many states, discloses only final outcomes on its website — not complaints against doctors under investigation.

The Post obtained the information after asking the state medical board for records pertaining to all covid misinformation investigations.

Diggs declined to comment after consulting with his lawyer, who did not respond to questions about the case.

In documents detailing his response to board charges, Diggs denied disseminating misinformation on the radio program but admitted to prescribing ivermectin and hydroxychloroquine and advocating for treatment of covid based on "studies from recognized medical professional organizations." His lawyer, in the documents, accused the board of violating Diggs's free-speech rights by "attempting to inhibit the expression of his medical opinions."

Paul Marik, co-founder and chief scientific officer of the Front Line Covid-19 Critical Care Alliance, declined to comment on Hagen's or Diggs's cases.

"We are not familiar with the case in Wisconsin or the investigation in Massachusetts and unable to comment on any specifics of either," Marik said in a statement. He pointed to the "scientific and clinical evidence" cited by the alliance in its treatment protocol. Major scientific studies have disproved the effectiveness of ivermectin in treating covid.

Public trust in science and the expertise and authority of government health officials eroded during the pandemic as basic tools to prevent disease became politicized, allowing falsehoods about the virus to fill the void, said Richard Baron, chief executive of the American Board of Internal Medicine. The decline in trust is especially apparent among Republicans, according to polling by KFF, a nonprofit focused on national health issues, and Pew Research Center.

Much of the mistrust can be traced to confusing guidance about masks released by the CDC throughout the pandemic, according to clinicians and health officials. Politicization of the pandemic further undermined public confidence. Trump frequently promoted the benefits of unproven treatments from the White House podium despite the lack of evidence that they worked for covid. Doctors who espoused such treatments were given platforms on Fox News and invited by Republican legislators to testify in statehouses. A Fox News spokeswoman declined to comment.

U.S. Surgeon General Vivek H. Murthy and FDA Commissioner Robert M. Califf have singled out misinformation as an urgent threat to public health given the lives that could have been saved by coronavirus vaccines and antivirals. Califf frequently refers to misinformation as a leading cause of preventable death.

"In many people we lost the ideological battle, and they died completely unnecessarily," Califf said during an appearance at the Aspen Ideas Festival in June.

A widow and a lawsuit

In Nevada, Jelena Hatfield and her husband, Jeremy Parker, did not believe what federal health officials said about the safety or effectiveness of the coronavirus vaccines and refused to get a shot.

Instead, Hatfield said the couple sought what Trump had touted early in the pandemic as an alternative way to protect themselves: hydroxychloroquine. After Trump's repeated promotion, the FDA issued an emergency-use authorization in March 2020 allowing the antimalarial drug to be used to treat covid. By early June of that year, however, virtually every published study reported that the medication was not effective in reducing death or illness, and the FDA revoked its authorization because of reports of serious side effects, including heart problems.

But a year later, Medina Culver, a family medicine physician in Henderson, Nev., prescribed hydroxychloroquine to Parker as a preventive treatment during a telehealth visit, Hatfield said. She said that Parker had connected with Culver through America's Frontline Doctors, which shot to prominence in 2020 by challenging pandemic health guidance, and that the doctor never performed a physical exam of her husband.

In January 2022, Parker began having cold-like symptoms, assumed he had contracted covid and, unbeknown to his wife or Culver, took the medication that he had stashed away. The 52-year-old construction worker died within days, Hatfield said.

An autopsy uncovered a small abnormality in Parker's heart, but the coroner's office told Hatfield it wasn't serious enough to kill him, she said. Her husband's death certificate reads: "Sudden Death In The Setting Of Therapeutic Use Of Hydroxychloroquine."

Hatfield and the couple's three children — 9, 15 and 17 — filed a wrongful-death lawsuit in February 2023 against America's Frontline Doctors and Culver. Hatfield blames the doctors' group for promoting the disproven covid treatment and Culver for prescribing hydroxychloroquine without examining her husband in person or taking into account his history of high blood pressure, a condition that can lead to heart disease.

On June 12, a state judge denied separate motions by Culver and America's Frontline Doctors to dismiss the lawsuit. Culver has denied causing Parker's death. Judge Barry L. Breslow wrote that the evidence was sufficient for the lawsuit to proceed, including a physician expert who said that, "to a reasonable degree of medical probability, Mr. Parker's ingestion of hydroxychloroquine caused his death."

Culver did not respond to requests for comment. One of her lawyers, in an email, declined to comment because of "on-going litigation."

Jose Jimenez, an attorney for America's Frontline Doctors, in an email to The Post, claimed the safety and efficacy of hydroxychloroquine for covid, citing "389 studies." Jimenez said the questions asked by The Post show an "egregiously incorrect premise and conclusion based on a random lawsuit in Nevada that attempts a random and erroneous connection" to the doctors' group.

Culver has not been disciplined, according to state records. In Nevada, as in most states, the medical board disciplinary process is usually triggered only when someone files a complaint, action that Hatfield said she is still considering against Culver. Hatfield said she chose to first file a lawsuit — one way to hold physician groups such as America's Frontline Doctors accountable for spreading medical misinformation — because she is seeking financial compensation after losing the family's sole breadwinner. State medical boards do not provide wrongful-death compensation.

"How many families are out there like me, and they still have that hydroxychloroquine in their cabinet waiting for a rainy day," Hatfield said, "and then that actually be the thing that kills them?"

Neutered medical boards

Following the rise in online covid misinformation, the Federation of State Medical Boards warned in July 2021 that doctors who engaged in the spread of misinformation risked losing their medical licenses.

Two-thirds of state medical boards reported increased complaints "related to licensee dissemination of false or misleading information," according to a 2021 federation survey of the boards.

But the amplification of medical misinformation on social media "has not been accompanied by any increase in accountability for those who disseminate the misinformation and disinformation," the federation noted in a 2022 report.

As of June, medical boards in at least 14 states had taken disciplinary action against one or more physicians for misinformation-related causes, The Post's analysis shows. Nine of those states have Democratic governors, leaving more-conservative swaths of the country unprotected given that board members are usually appointed by the governor, subjecting them to political head winds.

Polls show that Americans who trust conservative news sources are more likely to believe covid misinformation. Many GOP leaders have framed the right of physicians to prescribe unapproved covid treatments as part of the larger battle over "medical freedom."

And state medical boards face growing barriers to holding doctors accountable.

In the last two years, Missouri, North Dakota and Tennessee have passed laws that would protect doctors from disciplinary actions for prescribing ivermectin, according to The Post's review of more than 80 bills, including those identified by the Federation of State Medical Boards, the Association of State and Territorial Health Officials and the Center for Public Health Law Research at Temple University.

Republican state Sen. Rick Brattin, who added the provision to the Missouri bill on professional licensing, told The Post that much of what doctors do in their day-to-day practice is either "off-label" or "not based on definitive randomized controlled clinical trials."

"This is how medicine is practiced," Brattin said in an email. The fact that some in the medical establishment want to punish doctors for doing what they believe is in the best interest of their patients shows "ideological bias and a desire to suppress dissent from the prevailing orthodoxy," he said.

In addition, attorneys general in six states — Indiana, Kansas, Nebraska, Oklahoma, Tennessee and South Carolina — have issued opinions saying doctors can prescribe ivermectin and hydroxychloroquine, with four of them determining doctors cannot be disciplined for off-label prescription to treat covid.

Medical boards' ability to determine unprofessional conduct and mete out discipline varies widely by state, with boards typically requiring punishment for misinformation to be linked to patient harm — not merely espousing treatments debunked by science.

In Maine, the medical board temporarily suspended the license of Meryl Nass, an internal medicine doctor, in January 2022 as it launched an investigation of complaints against her. The board alleged that Nass spread "misinformation" about covid online, including scientifically disproven claims that coronavirus vaccines increase the risk of miscarriage and that drugs such as ivermectin and hydroxychloroquine are effective in killing the virus, according to the suspension order.

The board also cited complaints from two clinicians that Nass had prescribed ivermectin and hydroxychloroquine to patients without examining them, including one who was later hospitalized and a 28-year-old woman who was six months pregnant, according to board documents and interviews. The board said Nass also admitted to regulators that she had lied to a pharmacist about why she had prescribed hydroxychloroquine to another patient.

Renata Moise, a certified nurse-midwife in Ellsworth, Maine, said she alerted the board that one of her pregnant patients was taking hydroxychloroquine prescribed by Nass. The woman had contracted covid amid the 2021 omicron surge overwhelming hospitals, and Moise feared she would get sicker without proper care.

"It was this feeling of helplessness, a feeling of horror," Moise recalled. She said most pregnant women in the rural Maine counties she serves hold inaccurate beliefs about coronavirus vaccines, illness and treatment.

In an email to the board, a copy of which she shared with The Post, Moise wrote: "When Dr. Nass promotes, prescribes, or advises treatments for Covid-19 which are not among the approved or recommended treatments, it hampers our ability here … to promote the public health factors necessary for controlling the pandemic."

But ahead of Nass's first hearing in October 2022, the board withdrew its misinformation allegations for reasons it would not disclose, leaving multiple charges related to patient care, competency, record-keeping and honesty. Nass, in an interview, called misinformation a "fake crime." Board officials declined to comment on a pending case.

Nass told The Post she prescribed ivermectin and hydroxychloroquine because she believes in their effectiveness in combating covid. She said two of the patients mentioned in the complaints against her eventually got better and plan to testify in her behalf.

She said she believes the covid-misinformation charges were part of the board's strategy to pressure her to give up her medical license. Nass said she has never had a malpractice case filed against her. Despite racking up what she said is nearly half a million dollars in legal expenses, she vows not to back down.

"They wanted me to be a poster child to scare other doctors, to stop them from telling their patients what they felt was the truth about hydroxychloroquine, ivermectin, the covid vaccines," Nass said. "I have not pledged allegiance to the FDA, CDC or [National Institutes of Health] guidelines. Medicine is not one-size-fits-all."

The board has held five hearings on Nass's case, with the next scheduled for Friday. Her license suspension will continue until the disciplinary process concludes.

Inconsistent, infrequent discipline

When they are handed out, punishments differ drastically by state — even for the same physician accused of misconduct.

Ryan Cole, an Idaho pathologist also licensed in Washington state, has publicly disparaged the coronavirus vaccines as "needle rape" and falsely claimed that ivermectin decreases the chances of severe illness from covid by up to 90 percent, according to allegations in Washington board documents.

The Washington medical board accused Cole of spreading "medical disinformation" by making 19 "false and misleading" statements that "generate mistrust in the medical profession and in public health, and have a wide-spread negative impact on the health and well-being of our communities." The board accused him in January of multiple instances of unprofessional conduct. His Washington license remains active, pending a September disciplinary hearing.

In a March response to the medical board, Cole, through his lawyer, denied allegations of unprofessional conduct and causing injury or "unreasonable risk of patient harm" to those he treated with ivermectin. The filing says no patients have lodged complaints against him. Cole said any attempt to impose sanctions violated his First Amendment rights and accused the board of "viewpoint discrimination."

In Idaho, fellow physicians in the state medical association took the rare step of filing a complaint against Cole with the state medical board in October 2021. Many of Cole's public statements are "profoundly wrong, unsupported by medical research and collected knowledge, and dangerous if followed by patients or members of the public," according to the complaint, first reported by local media and obtained by The Post. Cole's prescribing of ivermectin "likely has violated" a doctor's ethical obligation to "first do no harm," the complaint said.

But the Idaho medical board has not launched an investigation against him in his home state, Cole said in an interview last year with a prominent anti-vaccine doctor.

Idaho medical board spokesman Bob McLaughlin would not confirm whether Cole is under investigation. Only formal discipline, such as a reprimand or license restriction, is public, McLaughlin said — not information about complaints or the existence or closing of an investigation. Cole's Idaho medical license remains active, board records show.

Neither Cole, who the Federation of State Medical Boards says is licensed in at least half a dozen states, nor his lawyer responded to requests for comment.

It is extremely rare for physicians to receive the harshest punishment: losing their license to practice.

The Post found just one doctor whose medical license has been revoked for spreading covid misinformation or misleading patients.

Oregon's state medical board revoked the license of Steven LaTulippe, a family medicine doctor, in September 2021 and fined him $10,000 for refusing to follow covid guidelines in his office and endangering public health and patient safety. The board also cited what it characterized as his professional negligence in treating chronic opioid patients, an accusation he disputed during the board hearing.

At the height of the pandemic, before vaccines were available, LaTulippe and his staff did not wear masks. Patients said they were told to take off their masks when they entered his clinic in Dallas, Ore. Wearing a mask was dangerous, he told them erroneously, because it could contribute to strokes, carbon dioxide poisoning and collapsed lungs, according to disciplinary records and interviews with patients.

Margret Murphy, 60, a longtime patient, said LaTulippe told her in spring 2020 that wearing a mask could be causing her high blood pressure. She found another doctor who changed her medications, and she said her blood pressure went down.

Kathy Ellis-Kelemen brought her 95-year-old mother in for an annual physical that same spring. LaTulippe's wife, who worked in the office, asked them to remove their masks, saying it would build up carbon dioxide and make her mother faint.

Ellis-Kelemen said LaTulippe did not wear a mask when he examined her mother. She was so worried about the risk of infection that they left.

"I called a few doctor friends. One said, 'If you don't report him, nothing will happen, and he'll just keep doing this,'" Ellis-Kelemen said. She decided to file a complaint only after LaTulippe's office called to schedule a follow-up appointment and informed her the staff was still not wearing masks.

During his March 2021 board hearing, LaTulippe testified that there was "a tremendous amount of fearmongering with the masks and a lot of confusion about who do I believe." He cited his affiliation with America's Frontline Doctors to set his views apart from those of mainstream medicine. The board concluded that LaTulippe had engaged in "unprofessional and dishonorable" conduct in refusing to mask and providing information about masks that was "counter to basic principles of epidemiology and physiology."

LaTulippe sued the board, but the Oregon Court of Appeals this spring upheld the board's revocation of his license.

Reached by phone, LaTulippe said he was not going to address any questions about his case. "I am appealing to the Oregon Supreme Court," he said.

Alice Crites and Nate Jones contributed to this report.

Methodology

The Washington Post asked medical boards in 50 states to identify physicians who had been disciplined or were under investigation for covid-19 misinformation or disinformation, including doctors who misled patients about vaccines, masks or pandemic treatments since January 2020. Thirty-six boards responded between January and March 2023 with records. For states that provided incomplete information or refused to release documents, The Post examined records on the board websites to find additional doctors. Reporters also examined public records for osteopathic boards in states with separate regulating agencies.

The Post also requested data related to the number of covid misinformation complaints filed since 2020, which most states said they were unable to provide. Only 13 states said they had such complaints and provided a number, but did not release details. The numbers for disciplinary actions, pending investigations and complaints should be considered minimums.

In addition to data provided by the boards, The Post reviewed news releases and disciplinary files for each state that were updated between March and June 2023 to find additional physicians who had been disciplined.

Investigation reveals lack of consequences for doctors spreading COVID misinformation

Aug 8, 2023 6:35 PM EDT

What happens when doctors spread misinformation during a pandemic, potentially endangering peoples' lives? A new investigation from The Washington Post looks at why doctors who pushed medical misinformation, particularly about alleged COVID remedies or treatments, faced so few repercussions for their behavior. William Brangham spoke with Lena Sun, one of the lead reporters on that investigation.

Read the Full Transcript

Notice: Transcripts are machine and human generated and lightly edited for accuracy. They may contain errors.

Amna Nawaz:

What happens when, in the middle of a pandemic, doctors spread misinformation, potentially endangering people's lives?

William Brangham spoke recently with a reporter who set out to answer that very question.

William Brangham:

A new investigation from The Washington Post reveals how doctors who pushed medical misinformation, particularly about dangerous alleged COVID remedies, faced few, if any, repercussions.

One of the lead reporters on that investigation was Lena Sun. She covers health and infectious diseases for The Post, and joins us now.

Lena Sun, welcome back to the "NewsHour."

Lena Sun, The Washington Post:

Thank you. Nice to be here.

William Brangham:

You looked at complaints against doctors in all 50 states, and from the starting of the pandemic until just recently.

Before we get into what you found, can you tell us, what are these doctors alleged to have been doing?

Lena Sun:

It covers the range, but many of the doctors that we looked into that actually were disciplined were prescribing ivermectin and hydroxychloroquine.

Those are two treatments that are shown to be not effective for treating COVID-19. But they, of course, gained a lot of popularity during the pandemic because they were pushed by former President Trump and his allies. So that was the prescription side.

But then there were other physicians who were spreading false and misleading statements about vaccines and masks and treatments, saying things like equating the COVID vaccine to needle rape or...

William Brangham:

Needle rape?

Lena Sun:

Needle rape, yes. And that was one Idaho pathologist who is under investigation in Washington state.

Or saying that ivermectin, if you take it, it's up to 90 percent effective in getting rid of the disease. These are blatantly untrue. And — but what happened is that they would fill the vacuum out there on social media. A lot of people wanted to know — remember, during the pandemic, there was a lot of confusion.

A lot of people latched on to these conspiracy theories, these ideas, and they would march into the hospital E.R.s demanding these medications.

William Brangham:

Were their actual harms that came from these untruths and prescriptions?

Lena Sun:

I think what the disciplinary documents show us is that some doctors would prescribe these unproven treatments to people and then, days later, the person died.

Now, they died. Whether that was a direct linkage, or if it was that they were going to die from other causes, it's not that clear, but we do know that they were prescribed this medication, and then they died. And then you have to think about the delayed opportunity cost, right?

So if I am prescribing you some quack medicine, and that prevents you from going to get a vaccine or antiviral that could actually prevent you from getting serious disease or dying, well, you know, you figure it out.

The reason this is so important is that, for the American public, doctors are the people who are most trusted, have the greatest credibility. And for those doctors to go out there and spread this misinformation is a huge disservice and harm.

William Brangham:

So, you examined what happened to so many of these doctors where complaints were alleged. What did you find overall?

Lena Sun:

Well, we surveyed all 50 state medical boards, asked for their records. It was a very long process. And we found that there were — nobody really monitors complaints about COVID misinformation or misleading statements about vaccines and masks.

But we were able to get about — at least 480 COVID misinformation-related complaints of — and then we looked at the disciplinary records and showed that at least 20 doctors nationally were sanctioned in some way.

William Brangham:

It seems like a very small fraction.

Lena Sun:

It's a very small fraction, because the 480 is not the entire universe, right? This is just what we were able to find.

A lot of states don't monitor, or, even if they do, they're not going to share it with us. So, it's a drop in the bucket, I think. And then, of those 20, five doctors lost their licenses. Only one had his license revoked, which is the ultimate penalty.

William Brangham:

And how do you explain that?

Lena Sun:

The agencies that regulate doctors in this country — there's over a million licensed physicians in the United States, and they're regulated by state medical boards.

Each one is different. They're covered under different state medical practices acts in their states. And they are traditionally, historically, underfunded, underresourced. They have to be the ones who give you the license in the first place. They have to do all these other mundane tasks.

They don't have time to monitor social media. And, in most cases, the complaint process only starts if you — if there's a complaint filed. So, somebody has to file a complaint. And then, finally, these boards are made up of doctors and maybe public members.

And doctors are loath to tread on the right of a physician to do what he or she thinks is in their best medical judgment.

William Brangham:

Right, because it is not "illegal" — quote, unquote — to off-label prescribe something.

Lena Sun:

Right. Off-label is something that doctors do all the time. And that's their right. That's their medical judgment.

But what we have here is doctors prescribing medications that are way outside medical consensus. It's not like, OK, this might work. It's — and this was done after the Centers for Disease Control and Prevention and the Food and Drug administration expressly warned against doing this because of potential harm.

William Brangham:

Your reporting also shows that not only are these oversight boards overtaxed and have a myriad set of different rules governing them, but, also, some states are taking specific steps to make it harder for them to do their job, specifically about this issue.

Lena Sun:

Exactly.

So, already, you have these state medical boards that are underfunded, underresourced. They have their hands tied, right? Then you have state legislatures or attorneys general who say, oh, you know what? You guys, you don't have the authority to discipline any doctors if they're prescribing ivermectin or hydroxychloroquine.

William Brangham:

Those drugs specifically?

Lena Sun:

Yes, those specifically.

William Brangham:

Lena Sun of The Washington Post, really a tremendous investigation.

Thank you.

Lena Sun:

Thank you.

By — **William Brangham**

William Brangham is an award-winning correspondent, producer, and substitute anchor for the PBS News Hour.

@WmBrangham

By — **Courtney Norris**

Courtney Norris is the deputy senior producer of national affairs for the NewsHour. She can be reached at cnorris@newshour.org or on Twitter @courtneyknorris

@courtneyknorris

By — **Shoshana Dubnow**

Report spotlights 52 US doctors who posted potentially harmful COVID misinformation online

Mary Van Beusekom, MS, *August 16, 2023*
Topics: COVID-19

Arkadiusz Wargula / iStock

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Two new studies describe a couple sources of the COVID-19 "infodemic" on social media: US physicians and proponents and practitioners of "doing your own research."

Vaccine untruths, conspiracy theories

A mixed-methods **study** published yesterday in *JAMA Network Open* finds that 52 physicians practicing in 28 different specialties across the United States propagated COVID-19 misinformation on vaccines, masks, and conspiracy theories on social media and other online platforms from January 2021 to December 2022.

Researchers at the University of Massachusetts at Amherst used Centers for Disease Control and Prevention (CDC) guidelines on COVID-19 prevention and treatment to define misinformation. They also performed structured searches of high-use social media platforms (Twitter, Facebook, Instagram, Parler, and YouTube) and news outlets (the *New York Times* and National Public Radio) to identify physician-communicated misinformation.

> **Twitter was the most common platform, where 71.2% of the doctors spread misinformation and had a median of 67,400 followers.**

All 52 physicians who spread misleading COVID-19 information were or had been licensed to practice medicine in the United States except for two, who were researchers, and nearly a third were affiliated with groups with a history of spreading medical misinformation, such as America's Frontline Doctors. The most common specialty was primary care, at 36%.

Of the 52 physicians, 80.8% posted false vaccine information, 76.9% passed on more than one type of misinformation in more than one category, 38.5% posted falsities on at least five platforms, and 76.9% appeared on five or more third-party online platforms such as news outlets. Twitter was the most common platform, where 71.2% of the doctors spread misinformation and had a median of 67,400 followers.

Major themes were disputing COVID-19 vaccine safety and effectiveness, promoting non–evidence-based medical treatments or those lacking Food and Drug Administration (FDA) approval for this indication (eg, ivermectin, hydroxychloroquine), disputing mask effectiveness, and other unproven claims on topics such as the origin of SARS-CoV-2, government coverups, drug company profit motivations, and other conspiracy theories. Many posts were based on patient anecdotes and data from low-quality medical journals.

Promoting fear and distrust of the vaccine and reliance on "natural" immunity were frequent subthemes. Examples of the unfounded claims were that the vaccine causes infertility, permanently damages the immune system, and increases the risk of chronic disease for children and overstated the risk of myocarditis (inflammation of the heart muscle).

"A common approach included circulating counts of positive case rates by vaccination status, claiming that most positive cases were among vaccinated individuals," the researchers wrote. "This claim is technically true but misleading, as many more people are vaccinated, and the proportion of unvaccinated people who are infected is much higher."

Falsehoods may have contributed to a third of US deaths

The authors predicted that the elimination of safeguards against misinformation on Twitter (now X) and the absence of federal laws regulating medical misinformation on social media will lead to the persistence—or even an increase in—the spread of non-evidence-based information.

The authors said that while medical misinformation was spread long before the COVID-19 pandemic, the internet boosts the reach and speed of dissemination, potentially exacerbating the consequences.

They noted that about a third of the more than 1.1 million reported COVID-19 deaths in the United States as of January 18, 2023, were considered preventable if public health recommendations such as vaccination and physical distancing had been followed.

"COVID-19 misinformation has been spread by many people on social medial platforms, but misinformation spread by physicians may be particularly pernicious," the authors wrote. "This study's findings suggest a need for rigorous evaluation of harm that may be caused by physicians, who hold a uniquely trusted position in society, propagating misinformation; ethical and legal guidelines for propagation of misinformation are needed."

'Do your own research' rooted in conspiracy theories

A **study** conducted by two University of Wisconsin (UW) and University of Michigan (UM) researchers suggests that promotion of "doing your own research" (DYOR) rather than relying on evidence-based COVID-19 information may reflect anti-expert attitudes instead of beliefs about the importance of critically evaluating data and sources.

The research was published in the Harvard Kennedy School's *Misinformation Review*.

> **COVID-19 misinformation has been spread by many people on social medial platforms, but misinformation spread by physicians may be particularly pernicious.**

In December 2020 and March 2021, the investigators analyzed data from a YouGov panel of about 1,000 DYOR proponents who, after the researchers controlled for type of media consumed, grew more distrustful and misinformed even as news of successful COVID-19 vaccine trials emerged—although their COVID-19 concerns didn't dissipate. About a third of respondents had at least a bachelor's degree.

The investigators found that people who supported DYOR were likely to distrust scientists and instead believe COVID-19 misinformation.

The analysis found that DYOR explained only about 1% of the variance in both trust in science and COVID-19 misperceptions after controlling for previous levels of dependent variables, suggesting that its potential effects are small but may accumulate over time.

In a UW **press release**, UW coauthor Sedona Chinn, PhD, said she and UM coauthor Ariel Hasell, PhD, often heard the phrase "do your own research" even before the pandemic "coming from a lot of online, anti-vaccine rhetoric."

DYOR initially gained popularity in the 1990s as a slogan of Milton William Cooper, who promoted conspiracy theories on topics such as UFOs, the assassination of President John F. Kennedy, and the AIDS epidemic. The movement picked up steam in the 2010s with anti-vaccine activity.

Political rather than scientific goals

Use of the phrase grew quickly starting in 2020, Chinn said, "popularized by Q-Anon and other conspiratorial groups, in more extreme and more dangerous ways. Now, we're following what seem more like connections to certain political views than calls for more and better scientific research."

The researchers also both knew people "who occasionally do weird, unproven stuff, typically around health," Chinn said. "It's not like they reject doctors and medical expertise, but they think their opinion can be equally valid if they do their own research."

Chinn said that encouraging people to DYOR is otherwise generally good advice. "There's a lot of research showing that people who do more information seeking about politics are more civically engaged, and people who do more information seeking about their health conditions have better treatment outcomes," she said.

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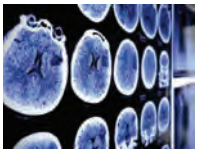

3 **Missouri investigates more possible human-to-human H5N1 avian**

flu spread

At least one household member and six healthcare workers who encountered the index case-patient are being investigated after showing symptoms of viral infection.

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4 **COVID vaccine protects against symptoms 6 weeks after infection, study shows**

If the third vaccine dose was administered 16 weeks or less before infection, healthcare providers had lower odds of reporting respiratory symptoms.

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5 **Second symptomatic health worker reported in Missouri's H5N1 probe**

In other developments, CDC and Ohio partners launched a serosurvey among bovine veterinary workers who attended a recent professional conference.

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6 **COVID-19 reinfection ups risk of long COVID, new data show**

People who had 2 COVID infections were more than twice as likely to report long COVID as those with 1 infection, and the risk rose with more reinfections.

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7 **Study: COVID-19 vaccination protects against serious cardiovascular disease**

There was a 17% higher risk of extrasystoles, or extra heart beats, after dose one.

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8 **COVID antiviral studies: Emergent resistance mutations rare, Paxlovid awareness low**

The findings of the first study suggest that the antivirals are unlikely to contribute to viral rebound and to spread in the community under current conditions, the authors say.

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9 **WHO: cases at border and capital among Marburg concerns in Rwanda**

Rwanda's health ministry today reported two more cases, along with one more death, lifting the total to 29 cases, 10 of them fatal.

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10 **India reports imported clade 1b mpox case**

Also, the CDC recommends that anyone anticipating sexual activity in the DR Congo and other affected countries receive 2 doses of mpox vaccine.

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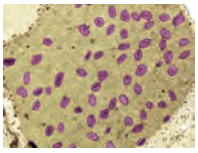

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February 16, 2022

When Physicians Spread Unscientific Information About COVID-19

Rita Rubin, MA

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In a poll of 2200 US adults conducted in December 2021 for the de Beaumont Foundation, a philanthropy that focuses on policy and public health, 78% said physicians who intentionally spread COVID-19 misinformation should be disciplined.

Professional medical societies and specialty boards agree, yet few physicians have been disciplined for espousing COVID-19 claims for which evidence is lacking.

For example, in October 2021, Howard Goldman, MD, of Delray Beach, Florida, filed a complaint with the Florida Department of Health's Medical Quality Assurance Program about a physician he alleged "spread doubt about the safety and effectiveness of COVID-19 vaccines, promoted the use of unproven and possibly dangerous medications to treat COVID-19, [and] questioned the value of face masks in preventing the spread of the pandemic."

The subject of Goldman's complaint was internist Joseph Ladapo, MD, PhD, Florida's Surgeon General and head of the Florida Department of Health.

However, the investigation manager for the Medical Quality Assurance Program's Bureau of Enforcement notified Goldman in November that no action could be taken "because the healthcare provider has not violated any laws or rules regulating this profession." Yet on December 17, 2021, Ladapo continued to publicly contradict CDC recommendations on vaccines, masks, and testing.

The Florida Department of Health media office did not respond to *JAMA*'s request for comment from Ladapo.

Researchers at the Center for Health Security at the Johns Hopkins Bloomberg School of Public Health recently estimated that 2 million to 12 million people in the US were unvaccinated against COVID-19 because of misinformation or disinformation. And an Axios-Ipsos poll of 995 US adults conducted in March 2021 found an association between susceptibility to COVID-19 vaccine misinformation and the likelihood of being unvaccinated. The poll asked people whether 6 false statements about COVID-19 vaccines—including 1 about microchips in vaccines to track recipients—were true or false and whether they were vaccinated. Only 15% of respondents who thought all 6 false statements were true said they were already vaccinated or very likely to be vaccinated, compared with 85% of people who correctly said all 6 statements were false.

COVID-19 misinformation and disinformation flood the public discourse; physicians are not the only source. But their words and actions "may well be the most egregious of all because they undermine the trust at the center of the patient-physician relationship, and because they are directly responsible for people's health," Pawleys Island, South Carolina, family medicine physician Gerald E. Harmon, MD, president of the American Medical Association (AMA), (which publishes *JAMA)*, wrote recently. In November, the AMA House of Delegates adopted a new policy to counteract disinformation by health care professionals.

Few physicians have been disciplined so far, even though the Federation of State Medical Boards (FSMB), representing the state and territorial boards that license and discipline physicians, and, in some cases, other health care professionals, and the American Board of Medical Specialties (ABMS), consisting of the boards that determine whether physicians can be board-certified, have issued statements cautioning against spreading false COVID-19 claims.

In July 2021, the FSMB warned that spreading COVID-19 misinformation could put a physician's license at risk. The organization said it was responding "to a dramatic increase in the dissemination of COVID-19 vaccine misinformation and disinformation by physicians and other health care professionals."

The ABMS released a statement in September 2021. "The spread of misinformation and the misapplication of medical science by physicians and other medical professionals is especially harmful as it threatens the health and well being of our communities and at the same time undermines public trust in the profession and established best practices in care," the ABMS said.

"No License for Disinformation"

In an annual survey of its 70 member boards conducted in fall 2021, the FSMB asked about complaints and disciplinary actions related to COVID-19. Of the 58 boards that responded, 67% said they had seen an uptick in complaints about licensees spreading false or misleading COVID-19 misinformation, according to results released in December 2021. But only 12 (21%) of the 58 boards said they'd taken disciplinary action against a physician for that reason.

Only state medical boards, not any other professional organizations and not the specialty boards that certify physicians, can grant, suspend, or revoke medical licenses, "the most important piece of paper a physician ever gets," FSMB President and Chief Executive Officer Humayun Chaudhry, DO, said in an interview. State medical boards typically do not make public ongoing investigations.

"Misinformation and disinformation was not created by this pandemic," Chaudhry said. "It's always been around." However, before the advent of social media, physicians espousing false information usually did so without attracting much attention, Chaudhry said.

The power of social media amplifies the message of the relatively few physicians making false claims, Rachel Moran, PhD, a postdoctoral scholar at the University of Washington's Center for an Informed Public who studies the spread of misinformation and disinformation, said in an interview. This amplification "makes it seem like there is more of a split within the medical community," she said, noting that "misinformation thrives in this uncertainty."

Physicians who make false claims about COVID-19 vaccines and mitigation measures often couch them in technical language that sounds convincing to nonscientists, Moran said. "All you're hearing is a lot of medical jargon that you don't have the skills to debunk." Complicating matters, she said, is that "your health decisions have become so intertwined with your political identity, which we haven't seen before."

Traditionally, state medical boards, which predate the internet and social media by decades, have focused on disciplining physicians whose actions caused harm to patients under their care, not to people the physicians have never met who follow them on social media, Chaudhry noted. Boards do not have the resources to scour the internet to find physicians who make false COVID-19 claims and instead depend on members of the public to file complaints about them, he said.

"Some state boards have said to us, 'we need a little more guidance,'" Chaudhry acknowledged, adding that the FSMB's Ethics and Professionalism Committee is developing a more comprehensive guidance that will be voted on for adoption by the organization's House of Delegates in April.

Each case is different, and each board handles complaints differently, depending on the size of their staff and state laws. "We recognize that there are gray areas in medicine," but even so, whatever physicians

claim must be grounded in science, Chaudhry said.

The FSMB has not yet compiled 2021 data, but state medical boards disciplined fewer physicians overall in 2020, the pandemic's first year, than in 2019. In 2020, among the more than 1 million licensed physicians in the US, state medical boards took disciplinary action against 7112 physicians, compared with 8166 in 2019, according to data supplied by the FSMB. The organization did not provide the reasons physicians were disciplined, including whether any of these actions involved the spread of unscientific information.

Nick Sawyer, MD, MBA, a Sacramento, California, emergency medicine physician, became so frustrated with what he viewed as state medical boards' inaction over physicians spreading COVID-19 falsehoods that in September he created a nonprofit organization, No License for Disinformation, to get the word out.

"The state medical boards need to come out and support us," he said in an interview. "As long as there are no real consequences, these people are going to continue what they're doing."

Strongly worded statements against false COVID-19 claims, such as those issued by the FSMB, are not enough, Sawyer said, noting that a widely publicized January 23, 2022, march against COVID-19 vaccine mandates in Washington, DC, included physicians among its sponsors and speakers. A livestream of the event showed attendees shoulder to shoulder in front of the Lincoln Memorial, vanishingly few wearing masks.

The Front Line of False Information

Simone Gold, MD, JD, is the founder of America's Frontline Doctors, and she and her group vigorously oppose vaccination and mask mandates and instead promote ivermectin and hydroxychloroquine for prevention and early treatment of COVID-19. (The group's information about hydroxychloroquine comes with a disclaimer that it is not medical advice.) Her organization's website offers $90 telemedicine appointments with physicians who will prescribe the drugs and a pharmacy that will dispense them.

In late October 2021, the US House Select Subcommittee on the Coronavirus Crisis announced that it had launched an investigation into Gold's group as well as SpeakWithAnMD.com, founded by conservative author Jerome Corsi, PhD, whose doctorate is in political science, for pushing COVID-19 misinformation and selling unproven treatments. In a letter to Gold, Subcommittee Chair James Clyburn, a South Carolina Democrat, wrote that her group was "reportedly among the top purveyors of questionable treatments nationwide and a prominent source of misinformation related to the coronavirus."

But as of late January 2022, Gold, a Beverly Hills emergency physician, had a California medical license in good standing. "Simone Gold sends out verifiably false information," Ashish Jha, MD, PhD, dean of the Brown University School of Public Health, said in an interview. "It is absolutely essential that the state

medical board steps in." A spokesperson for America's Frontline Doctors did not respond to *JAMA*'s request for a comment from Gold.

"The Board is aware of the...allegations against Dr. Gold and media reports concerning the spread of COVID-19 disinformation and is looking into it," Medical Board of California spokesperson Carlos Villatoro said via email in early January. "In general terms, publicly spreading false COVID-19 information may be considered unprofessional conduct and could be grounds for disciplinary action."

Villatoro said the board requires a "relatively high burden of proof" that a violation of the state's Medical Practice Act has occurred. "To date," he said in January 2022, "the Board has not sanctioned a licensee for the spread of COVID-19 misinformation."

Mary Talley Bowden, MD, is a Houston physician accused of promoting antiscience views about COVID-19. Bowden, a board-certified otolaryngologist, was suspended in November 2021 by Houston Methodist Hospital for "spreading dangerous misinformation" about COVID-19, including touting ivermectin. Bowden, who had not admitted any patients to the hospital, resigned shortly after.

Bowden accused hospitals of hiding what percentage of their COVID-19 patients have been vaccinated, and on January 18, 2022, she sued Houston Methodist in Harris County District Court to obtain that information as well as financial data. "I have no agenda. I have been transparent from the beginning," Bowden told *JAMA*.

On January 10, 2022, she had tweeted to her more than 50 000 followers (by late January Bowden had more than 70 000 followers) that she "could think of no medically valid reason for anyone to get the vaccine now." Two weeks later, that tweet had been retweeted more than 1500 times.

Challenges to Medical Boards' Authority

According to Chaudhry, "Something has happened in this pandemic that has prompted members of the public and others to question what the state medical boards are doing. That's new." In states such as Florida, legislators are trying to take away their medical board's authority to discipline physicians for spreading false COVID-19 information. Florida Senate Bill 1184, "Free Speech of Health Care Practitioners," would prohibit "certain regulatory boards and the Department of Health from reprimanding, sanctioning, or revoking or threatening to revoke a license, certificate, or registration of a health care practitioner for specified use of his or her right of free speech without specified proof."

In Tennessee, where legislators have introduced a least 7 bills to eliminate the medical board's authority to discipline physicians for such behavior, at least 1 legislator has suggested he would like to eliminate the medical board, period.

In Tennessee, under pressure from John Ragan, a Republican state representative from Oak Ridge, the state medical board already removed the FSMB statement warning physicians that spreading COVID-19 misinformation or disinformation could put their license at risk.

In a December 13, 2021, column for the *Oak Ridger* newspaper, Ragan called the statement "an unlawful ultimatum" and noted that the Tennessee General Assembly has the power "to dissolve boards and agencies that are...not fulfilling their purpose under their creation legislation." Ragan called it "unwise to censor or punish any doctor for exercising their independent medical judgment in the best interests of their patients," and wrote that the Tennessee Code Annotated specifically restricts boards from using statements, as opposed to creating rules, for disciplinary requirements.

In a letter to the editor a few weeks after Ragan's column was published, an Oak Ridge resident, citing Ragan's views on vaccines and masks, suggested that the town's nickname, "Science City," was in jeopardy.

Devaluing Board Certification?

Houston physician and ivermectin proponent Bowden is board certified in otolaryngology and sleep medicine, according to the American Board of Otolaryngology–Head and Neck Surgery website.

Ladapo is board certified by the American Board of Internal Medicine (ABIM) but isn't participating in maintenance of certification, which is required for all diplomates certified after 1990, as Ladapo was, according to the ABIM website. In an email, ABIM spokesperson Aaron Cohen said the board declined to answer questions for this story.

Gold is no longer certified by the American Board of Emergency Medicine (ABEM), but that is because she let it lapse, not because she espouses COVID-19 disinformation, ABEM President Marianne Gausche-Hill, MD, said in an interview.

"ABEM recognizes that there are numerous medical issues on which physicians will have legitimate differences of opinions—and that ABEM-certified physicians have every right to express their opinions on those issues," the board said in an August 2021 statement. "However, making public statements that are directly contrary to prevailing medical evidence can constitute unprofessional conduct and may be subject to review by ABEM."

As of mid-January 2022, the ABEM was investigating 15 board-certified emergency medicine physicians about whom it had received complaints related to spreading inaccurate COVID-19 information, said Gausche-Hill, medical director for the Los Angeles County Emergency Medical Services Agency. The ABEM has certified approximately 41 000 US physicians, which represents more than 90% of those practicing emergency medicine, she said.

"One of our diplomates said to me very plainly: I want to ensure that my certification really means something," Gausche-Hill said. "The spreading of false information or unethical behavior really degrades the value of certification."

The ABEM has not yet disciplined any of the 15 physicians it is investigating, she said, adding that "if an action is taken on someone's license...then they cannot be a board-certified physician."

Like the other specialty boards, the ABEM communicates with state medical boards almost daily, Gausche-Hill said. "We hear very quickly if there's an action" taken by a state board against one of their board-certified physicians.

Freedom of Speech?

As Moran pointed out, the general public might not be able to discern misinformation and disinformation from evidence-based medicine.

Even though physicians can, they're often reticent to complain about colleagues, New York University Grossman School of Medicine bioethicist Arthur Caplan, PhD, said in an interview. "They're not going to rat out somebody in town that they golf with," said Caplan, adding that he served on New York State's medical board 30 years ago. Physicians do not realize that boards don't make public the names of people who file complaints, he said.

As for the common argument that physicians who spread unscientific COVID-19 information are exercising their constitutional right to free speech, Caplan said professional speech is not the same thing.

For example, he said, if a physician told him he did not have a brain tumor, but he did, that would be malpractice, not free speech.

Article Information

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Conflict of Interest Disclosures: Dr Caplan has served as an expert witness for the Vermont Board of Medical Practice and for the State of Vermont.

February 17, 2022

Complaints Against Practitioners

Robert Burney, BA, MD | Retired

The normal route for complaint is the State Medical board. In a Republican-leaning state, that won't work. One alternative is the National Practitioner Data Bank. Any information posted there will show up whenever the practitioner applies for anything, ever. Here are the data they collect:

- Medical malpractice payments
- Any adverse licensure actions or loss of license
- Adverse clinical privileging actions, or Adverse professional society membership actions
- Any negative action or finding by a State licensing or certification authority
- Private accreditation organization negative actions
- Any negative action or finding by a Federal or State licensing and certification agency that is publicly available information
- Civil judgments or criminal convictions that are health care-related
- Exclusions from Federal or State health care programs

A little brainstorming will suggest several avenues that might be successful in creating a negative record.

...

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February 17, 2022

Senator

Paul Young, MD | Emeritus Professor of Pediatrics University of Utah

US Senator Randall H. Paul (Rand Paul) has an active physician's license in Kentucky. Should he lose his license for spreading misinformation?

CONFLICT OF INTEREST: None Reported

February 17, 2022

Disciplinary Action For Questioning the CDC?

Lance Montauk, J.D., M.D. | UCSF Division of General Internal Medicine

The only complaint I see clearly stated against Dr. Ladapo in this article is that " Ladapo continued to publicly contradict CDC recommendations on vaccines, masks, and testing."

I am ABIM-certified and have served as an expert physician consultant and witness for the California Medical Board. I do not believe the CDC (or any other entity, for that matter) is unfailingly correct, and certainly the many changes in CDC positions re: Covid suggest their actions should at least be open to public debate, including by licensed professionals and certified specialists.

To try and control debate coming from ...

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February 17, 2022

What Constitutes Misinformation?

Gary Wilson, MD | Private Practice

The problem with medical board's disciplining physicians for "misinformation" is in the details. Claiming that vaccines contain magnets or destroy red blood cells is quite different from not fully adopting CDC recommendations. For the record, I am vaccinated as are my adult children. However, I have looked at CDC numbers and disagree with their conclusions on vaccination for healthy teens. We are scientists and should continually re-evaluate our beliefs based on data. While I agree that some claims are questionable at best, carefully investigating alternative treatments should lead us to better care. One individual is not science, and popular views ...

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February 17, 2022

Free Speech

Ernest Ciambarella, MD | Retired board certified pediatrician

Unfortunately, some colleagues claim free speech infringement when science conflicts with their politics. I suggest that Senator Rand Paul present his medical views at any University hospital so that he could answer all questions from his peers and engage in open and free discussions. I would think he would be eager to do so.

CONFLICT OF INTEREST: None Reported

February 17, 2022

Irony

Wayne Maksylewich, MSc-Public Hlth Eng, MEng | Retired

I have been professionally involved with Nipah virus, SARS and H1N1 mitigation efforts while living in Singapore, and now COVID while in Canada. I am a retired certified industrial hygienist, ventilation engineer and biosafety/security officer.

It has not just been the examples cited in the above document that concern me but the widespread lack of education among public health physicians regarding aerosol dispersion of infectious respiratory diseases, asymptomatic infection, potential for spread via fomites, selection-use-limitations on PPE, with a corresponding reluctance to recognize the expertise of non-physicians (i.e., industrial hygienists, ventilation engineers, virologists). The profession's alienating ...

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February 20, 2022

Hypocrisy

Thomas Filardo, MD | Filardo LTD

Discrepancies between the outcry over disciplining physicians for spreading misinformation about treatments for pandemic COVID-19 vs the relatively un-opposed acceptance of “gag rules” regarding medical history enquiries about gun ownership and the associated safety precautions thereabouts, and the prohibitions against discussing pregnancy termination options, reveal egregious hypocrisy on the part of both legislators and medical regulatory bodies. In the first instance, legislators are given authority to police clinical science decisions; in the latter, these same scientifically naïve persons are given authority to hamper dissemination of clinically accurate information to practitioners’ patients.

It becomes difficult to continue to ...

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February 19, 2022

What Is Misinformation

Laurence Cohen, DO, FACEP | Retired

CDC does not yet recognize natural immunity. Yet good, non-political science shows it is protective. After caring for hundreds of CoVID patients in my ED, and with science proving the quality of natural immunity, my institution would not accept that and let me go. Because they follow the CDC.

CONFLICT OF INTEREST: None Reported

February 20, 2022

Endangered by Extremism and Anti-science

Scott Helmers, MD | Retired

It is extremely disheartening to witness this political intimidation of many medical boards. I live in a state with a politically right extremist governor and extremist-dominated legislature that is vigorously anti-mask and anti-vaccine in all actions. Many such legislators are actively working to ban books. They are pushing private education while consistently underfunding public education. A bill is advancing that would jail teachers who might teach anything conflicting with their ideology.

I don't think the medical board in my state would dare investigate, let alone sanction a physician for promoting scientific misinformation or for prescribing ...

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February 21, 2022

Simone Gold

Stan Augarten, MA U.S. history, Columbia | Retired journalist and author

If a physician like Dr. Simone Gold cannot be disciplined, let alone deprived of her license, the system is clearly broken.

CONFLICT OF INTEREST: None Reported

February 24, 2022

Defining Misinformation

Luke Burchard, MD | University of South Carolina School of Medicine

Misinformation has come from many sources, including the media and our own government agencies. The guidance given to physicians in regards to Covid by our health care agencies has been inconsistent, especially for most of 2020. I'm not defending mis-information, if you can truly define it, especially over the past two years.

CONFLICT OF INTEREST: None Reported

February 26, 2022

Define "Misinformation"

Gayle Bolduc, MS, DNP candidate |

Ms. Rubin's article cries for disciplinary action against those who have scientific clinical training and experience in the fields of research and medical practice who spread 'misinformation'. Defining misinformation is fuzzy, at best, ranging from questioning the effectiveness of masks and vaccines (medically based) to claiming there are implanted microchips (politically based). Trained clinicians are experienced at reviewing research on a continual basis and combining that with their daily experience in practice to make informed, evidence-based clinical decisions. To threaten the ability of a clinician to inform and treat based on science and experience is to thwart ...

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March 12, 2022

When Physicians and Pharmacists are neglectful in disclosing information

Mary Canzanese, RPh BS Pharmacy | Pharmacy

The title of this article is ironic. The science is ever-evolving. My husband and I are pharmacists. We have many physician friends. We all agree that it is a responsibility to our patients to let them know in summary the facts about Covid and the Covid vaccines as they arise. It is irresponsible to say we know more than we know. This is how we have always practiced. I recently heard a commercial for the shingles vaccine. In that commercial it appropriately stated the risks of the vaccine and the contraindications. It is stunning to me that medical ...

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March 14, 2022

Disservice

Richard Orchard, MD | Retired

To mention Dr. Ladapo's not following CDC guidelines on the same page as microchips in vaccines does a disservice to him. He is the only public official who has publicly stated patients should look at the risk-benefit ratio in making a decision about vaccinating children. Yet physicians look at that all the time in deciding the course of treatment.

CONFLICT OF INTEREST: None Reported

March 16, 2022

You Are Being Too Kind

Jim Metropoulos, MD | Rearden Health Partners

Unscientific information?

The issue is the proliferation of misinformation (inaccurate/harmful/deadly information spread by someone who thinks it is accurate) *and* disinformation (the purposeful spread of knowingly inaccurate/harmful/deadly information for political and/or commercial purposes].

It is quite clear who is spreading disinformation.

CONFLICT OF INTEREST: None Reported

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"Physicians Spreading Medical Misinformation: The Suitability of Regulation"

SEPTEMBER 20, 2024

EVENTS

Physicians have played a surprisingly prominent role in the current "infodemic" of false and misleading medical claims. Examples include certain physicians publicly discrediting vaccination and others promoting ineffective COVID-19 treatments, such as ivermectin and hydroxychloroquine.

The School of Law (https://case.edu/law/) will host Richard Saver, the Arch T. Allen Distinguished Professor of Law at the University of North Carolina, to discuss this topic.

He will present "Physicians Spreading Medical Misinformation: The Suitability of Regulation" Monday, Sept. 30, at noon in the law school's Moot Courtroom (Room A59).

Saver will review data on recent disciplinary actions by medical boards and the policy implications. He will conclude with a brief discussion of regulatory alternatives to medical board oversight.

Register to attend this session. (https://case.edu/law/our-school/events-lectures/physicians-spreading-medical-misinformation-suitability-regulation-richard-saver)

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