

American Medicine, American Malfeasance

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An issue that is rarely discussed or given serious attention is the over-specialization in healthcare. Modern medicine’s approach to identify and treat illnesses and tackle the reduction of infections has in many instances ceased to be multidisciplinary. Medicine has also become increasingly compartmentalized and confined to a rigid materialistic belief system that has now established its own set of standards, criteria and values that are often contrary to gold-standard scientific protocols. The consequence is that its narrow single-mindedness has insulated modern medicine from objective criticism and preserved its internal flaws, errors and fabrications, which have contributed to the unnecessary injury and death of countless patients

US healthcare spending reached \$3.8 trillion [in 2019](#). Due to the Covid pandemic, expenditures for 2020 will be astronomically higher. One might expect that with the world’s most expensive healthcare system, the US would equally have the best evidence-based practices to keep its citizens healthy. By now we should be proficiently expert at preventing and reversing disease, while making minimal errors resulting in injury or death. However, the exact opposite is the case. Instead of minimizing disease-causing factors, American medicine causes more illness through misguided diagnostic testing, overuse of medical and surgical procedures, and over prescribing pharmaceutical drugs. The fundamental reason for this catastrophe is that today’s healthcare establishment, and corporate science in general, over relies on profit-generating motives.

Dr. Peter Gotzsche is arguably recognized as one of the world’s foremost experts in evaluating evidence-based medicine (EBM). As the co-founder of EBM’s preeminent flagship organization – the Cochrane Collaboration – to review and analyze peer-reviewed clinical research, he is intimately knowledgeable about the widespread corruption permeating the pharmaceutical industry and medical journals. In his book *Deadly Medicines and Organized Crime*, [he writes](#),

“The reason why we take so many drugs is that drug companies do not sell drugs. They sell lies about drugs.... The patients do not realize that although their doctors know a lot about diseases, human physiology and psychology, they know very little about the drugs that have been concocted and dressed up by the drug industry.”

After we take a fair and objective look at American medicine during the past five decades, especially at the statistics of iatrogenic fatalities, or deaths caused by prescribed medications and medical error, our healthcare establishment is found to be anything but benign. Despite its many noteworthy discoveries and merits, a substantial amount of recommended medical practice has failed patients. “If the medical system were a bank,” [writes Dr. Stephen Persell](#) at Northwestern University’s School of Medicine, “you wouldn’t deposit your money here, because there would be an error every one-in-two to one-in-three times you made a transaction.” Dr. Persell is referring to the rates of preventable medical errors causing patients serious injury and now the third leading cause of death.

There is excellent evidence to support the argument that iatrogenic deaths have passed cancer fatalities and are now challenging heart disease for the number one spot. A [2008 study](#) found as many as half of adverse events reported by patients were not recorded in their hospital charts. As of 2017, investigations continue to find that less than [10% of medical errors](#) are reported. Reported adverse effects vary depending on the specialty and frequently go unnoticed or are improperly evaluated. [An additional study](#) found that almost two thirds of cardiologists had refused to report a serious error they had direct personal knowledge of to an authority.

As one example, heart disease is America’s leading cause of fatality, accounting for 665,000 deaths annually. [The CDC](#), which consistently undermines health threats if it means positioning itself in opposition to private commercial interests, estimates that 34 percent of cardiovascular fatalities are premature and preventable. In contrast, the American Heart Association [claims](#) 80 percent are preventable. What are the heads of our federal health agencies doing to advocate on the side of prevention? Little to nothing.

There is no realistic and science-based national policy in place to lessen cardiovascular, cancer and diabetic death rates. Since the most viable and effective means to prevent these diseases are natural and within every person’s means, it is not financially lucrative to divert federal funding away from pharmaceutical treatments and surgical procedures. The CDC and FDA are largely dependent upon monetary income received from the drug and medical device industries.

Earlier we reported about the systemic corruption and fraud that has plagued the CDC and FDA for decades. It would be far cheaper to completely empty, dismantle, fumigate and rebuild the agencies anew rather than continue exerting pressure for reforms, which have only perpetuated a killing spree by protecting life-threatening drugs, vaccines and unnecessary medical procedures. Dr. Gotzsche notes, the same is true for private drug companies. Despite the numerous lawsuits drug companies have lost in federal courts, nothing has fundamentally changed in order to deter them from illegal activities to increase profits. In fact, the cost of paying out settlements and settling lawsuits is factored into the expense of doing business.

A decade ago, we teamed up with three board-certified physicians to undertake the task to review the peer-reviewed literature in order to recalculate the statistics from many branches of medicine in order to arrive at a more realistic casualty rate due to medical error. We began with a basic question. Do the current standards of American medical practice and its supporting science prove that the recommended therapies and healthcare protocols – whether drugs, surgery, diagnostic methods, medical devices, etc – are actually effective? And if so, at what cost to the patients’ health and well-being?

Our results and final conclusions were startling and culminated in the release of a widely read and referenced book, *Death by Medicine*. We made every effort to avoid editorial commentary to our findings. We decided to only report the statistics and facts with our calculations. The fact that our data placed iatrogenic error as the number one cause of death in America was alone sufficient. What was novel in our analysis was that we included preventable deaths, such as certain infections and severe nutrient deficiency, which could have been easily corrected by clinicians and medical personnel if viable prevention programs had been part of our healthcare system. After publication the book was sent to hundreds of journalists, federal officials and non-profit medical organizations. It was completely ignored by the orthodoxy; however, it became increasingly popular among alternative and complementary medical physicians who were already fully aware of the structural dangers to public health within conventional medical care.

Revisiting American medicine's legacy of iatrogenic deaths is now more crucial than ever because the same behaviors that have contributed to the nation's leading cause of death are being repeated during the Covid-19 pandemic. The government and federal health officials are in reprehensible denial of inexpensive and highly effective drugs, such as Ivermectin and hydroxychloroquine, to treat early and middle stage SARS-2 infections. Cases of Covid infections and deaths have been grossly exaggerated. And now we are realizing that the efficacy and safety profiles of the vaccines are orchestrated scams. As a result, the entire institutional edifice to vaccinate the global population is destined to become the greatest scandal of the 21st century.

Unfortunately, nobody can acquire accurate statistics for Covid-19 vaccine associated injuries and deaths from the CDC's Vaccine Adverse Events Reporting System (VAERS). Careful weekly monitoring of VAERS' adverse event updates convince us that the entire system is criminally rigged. CDC officials overseeing the database are undoubtedly fudging numbers after ratio of adverse events, including deaths, per number of doses administered are compared to the more robust and accurate EudraVigilance database in the European Union and the less reliable Yellow Card System in the UK.

As of June 17, VAERS was reporting 329,021 injuries and 5,888 deaths due to the Covid vaccines. The database's most recent update is reporting an additional 26,541 injuries but 1,972 less deaths. How can this sudden disappearance of almost 2,000 deaths be accounted for? The mysterious loss of fatality entries occurred during the same week as a CDC working group of outside medical professionals was reviewing an association between the mRNA vaccines and the rising number of reported cases of cardiac inflammation or myocarditis. The group [concluded](#) that there is indeed "a likely association." The occasion of deleted deaths in VAERS is also on the heels of the Israeli Shamir Medical Center [report](#) that Pfizer's vaccine is linked with occurrences of thrombotic thrombocytopenic purpura, an autoimmune disorder associated with a rare form of blood clotting. However, despite weekly local news stories around the nation about youth as young as 19 years of age dying of vaccine complications shortly after receipt of an mRNA vaccine, the CDC is claiming that all 1,200 persons, between 16-24 years of age, recovered and no deaths were reported. Does this account for the likely scrubbing of entries in VAERS?

But it is much worse. We only need to look at the European Union's statistics for adverse Covid-19 vaccine events and compare that with VAERS and the CDC's recent conclusion to realize there is a massive cover-up in our government's efforts to sanitize the safety record of Covid vaccines. As of this week the EudraVigilance system is reporting over 1.5 million

injuries and 15,472 deaths. Within those figures, 28,583 injuries and 1,862 deaths are from cardiac complications such as myocarditis.

Second, the EU and US have administered approximately the same number of Covid vaccine doses, roughly 409 million and 379 million respectively. Therefore we should expect to find a similar dose-to-injury ratio. Again we discover the CDC gaming the nation's reporting system to lessen the perception of lethal risks. Based upon the EU ratio we can conservatively estimate that a minimum of 14,300 Americans have been killed by the vaccines so far. If we go back a week before the CDC scrubbed entries in VAERS, it would be over 17,000 Covid vaccine deaths. The actual number of Americans suffering adverse reactions would be 1.4 million.

In other words the EU is reporting 4 times more vaccine injuries and deaths than American health officials. In both the US and EU, Pfizer's mRNA vaccine accounts for the majority of these casualties. Unless the Covid-19 vaccines engineer a personal vendetta against people holding EU passports, these numbers don't add up.

Before the arrival of the Covid vaccines, Merck's anti-inflammatory drug Vioxx was widely regarded as the single largest pharmaceutical catastrophe in American medical history. The drug should never have been approved and licensed in the first place; and, Merck knew beforehand that the drug would be lethal and concealed that documentation from FDA regulators. Vioxx was on the market for five years before being withdrawn. At the time of the federal class action lawsuit against Merck, FDA epidemiologist Dr. David Graham [estimated](#) the drug had killed 60,000 patients due to heart attacks and strokes. Since the majority of deaths were among elderly patients, a [later report](#) by the *American Conservative* predicted that upwards to half a million patients may have died from the drug over the course of a longer period. Yet during those years Merck was cashing in \$2 billion annually from Vioxx sales, earning over double its eventual \$4.8 billion fine after being found guilty.

To put this into a broader perspective, the Covid vaccines have only been distributed for six months and have now contributed to a realistic 17,000 deaths or upwards towards 30,000 this year alone. Since the vaccines' immunity quickly wanes and it seems certain they provide little protection against new SARS-2 strains, health officials are already recommending regular booster shots. Similar to a prescription medication, those who buy into the vaccine propaganda hype are in principle relying upon these vaccines for life or until such time the virus resides into just a seasonal nuisance. Consequently iatrogenic vaccine injuries and deaths may likely continue at current rates during forthcoming years. The Covid-19 vaccines are on track to outpace the conservative number of Vioxx deaths over three-fold and even modern medicine's [most deadly drug](#) Cerivastatin, manufactured by Bayer in the late 1990s and responsible for over 100,000 deaths during the four-year period it was on the market. In short time, Covid vaccines will be the deadliest drug to have emerged from Big Pharma.

[A study published](#) in the *Journal of Patient Safety* estimated that 400,000 unnecessary and preventable deaths occur annually in American hospitals alone. At that rate, it is not surprising that the large majority of deaths ruled as SARS-2 infections [happened in hospitals](#). If our federal health officials had been competent, and less compromised by the demands and influence of drug makers, most of these fatalities likely would never have occurred.

It has been [estimated](#) that US taxpayers have paid out \$39 billion for Covid-19 vaccine

development, funding and towards nationalized response measures. Most of this has been horribly wasted after we consider other options on hand to curve the pandemic but were categorically ignored. “In the case of vaccines in general,” the journal *Health Affairs* [observed](#),

“the government often plays an outsized role, but in the era of Covid-19 the government’s role was even more central than usual. The government essentially removed the bulk of traditional industry risks related to vaccine development: a) scientific failures, b) failures to demonstrate safety and efficacy, c) manufacturing risks, and d) Market risks related to low demand.”

While this may shock and disturb a rational person, *Health Affairs* – a thoroughly orthodox medical publication – applauds the government’s negligent measures as “money well spent.”

For this reason it is crucial to understand the terrible decisions made during the Covid pandemic in the context of modern medicine’s past crimes and preventable failures. In the coming months Anthony Fauci’s reputation will become further tainted. We might predict he will resign as more evidence of incompetence emerges, and, in our opinion, perhaps criminal negligence in his handling of the pandemic and efforts to whitewash the US’s role in supporting gain of function research leading to the genetic engineering of the SARS-2 virus. Fortunately, unlike past scandals when misguided medical decisions were responsible for thousands of unnecessary disabilities and deaths, numerous doctors and scientists worldwide are raising their voices to condemn the lethal policies of the CDC, NIAID, British Health Ministry and the World Health Organization.

So what can we reasonably surmise at this point? At one time most Americans trusted science, medicine and our healthcare system without question or criticism. However, today we observe systemic corruption and gross conflicts of interest across some federal health agencies that have also contributed to untold medical errors and deaths prior to SARS-2 arrival. They have weaponized pharmaceutical science and a supplicant braying media supports this perversion of medical facts. Now the drug-happy media is attacking the truth-tellers, the physicians, professors and accomplished journalists who are risking their careers and reputations to bring forth the fallacies in the pandemic narrative. This is one battle that the silent majority can find its voice and courage to step forth and support.

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