

# Covid-19 Crisis: New Heights of Medical Censorship in America

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*Now doctors are being threatened with the loss of their license if they fail to toe the line of mainstream medicine on how to prevent and treat COVID.*

The Federation of State Medical Boards (FSMB) recently [announced](#) that doctors who “spread COVID-19 vaccine misinformation” risk disciplinary action by state medical boards, including the revocation of their medical license. The American Board of Emergency Medicine (ABEM) [issued a similar warning](#), stating that physicians who publicly spread misinformation about the COVID-19 pandemic risk losing their board certification. What exactly constitutes “misinformation” is not defined in either case and likely includes anything that doesn’t adhere to what government health authorities dictate. This gagging of free speech about alternative treatments violates patients’ rights and the legal requirements of informed consent.

Who decides what counts as “misinformation”? One thing we’ve learned from the pandemic is that available information can change, often quite rapidly. The CDC’s masking guidelines changed multiple times. Initially we were told that the virus could be spread on surfaces before subsequent investigations [revealed](#) that the virus mostly spreads when aerosols and droplets containing the virus are inhaled. As we’ve [said before](#), the Wuhan lab leak theory was first dismissed as a conspiracy theory, but is now acknowledged as a legitimate, even likely, explanation of the virus’ origin. Often the “misinformation” of today becomes the established facts of tomorrow.

Take ivermectin, for example. Informed consent legally requires your doctor to discuss the risks and benefits of alternatives to vaccines to address COVID-19. Would it be misinformation to talk about the [successes of ivermectin](#) and the [impressive body of evidence](#) that recommends its use to prevent and treat COVID-19? Is a doctor risking their license if they talk about the drop in COVID case counts in South American cities that instituted [massive, prophylactic ivermectin distribution campaigns](#) compared to cities that didn’t? Despite this compelling evidence, the FDA [stubbornly recommends against](#) using

ivermectin for COVID, likely because Big Pharma and their government cronies want mandatory vaccines, not ivermectin, as the answer to COVID because vaccines will make the most money.

The ABEM's edict against spreading "misinformation" may be in response to the [MATH+ protocol](#) developed by the Front Line COVID-19 Critical Care Alliance for hospitalized COVID patients. Their protocol includes proven natural medicines like vitamin C, zinc, melatonin, and vitamin D (in addition to ivermectin and other medicines). Supplements like these are generally not patentable and thus unable to become FDA approved for the treatment of COVID, which requires expensive clinical trials. This is why the FDA and FTC [launched a massive censorship campaign](#) to silence discussion of how these "unapproved" medicines can help with COVID. It is shameful that doctors may risk their medical license by discussing these plausible alternatives for addressing COVID.

The vaccination issue has become a highly controversial topic with strong feelings on all sides. The government is recommending COVID vaccination for [almost everyone](#) above the age of 12. Informed consent legally requires doctors to discuss the risks and benefits of any medical procedure. Is it spreading "misinformation" to discuss with patients the 488,318 adverse events, including close to 5,000 deaths, reported in the CDC's Vaccine Adverse Event Reporting System (VAERS)?

This isn't hyperbole. We saw one "fact-checker" [call out a post citing VAERS data](#) as false because, the fact-checker claimed, VAERS is unreliable and doesn't establish causation. That is true, but it's also true that a major limitation of VAERS is that adverse events are [severely underreported](#), perhaps even less than 1 percent. This would mean that VAERS arguably understates the dangers and side effects caused by vaccines. Is it "misinformation" if your doctor informs you of these facts?

Is it "misinformation" if you have an autoimmune condition and your doctor warns that you may be at increased risk of serious adverse events like blood clots, as we discussed in our [Right to kNOw campaign](#)? To us, this seems to be legally required by informed consent for vaccination—a complete picture of the benefits but also the risks of vaccination.

It's easy to see this as a slippery slope, making it a license-threatening offense to discuss ways to [boost immune resilience with supplements](#) and other natural medicines.

As we [argued](#) with the federal bill that attempts to attack medical "misinformation," attempts to control the information we are given hands power over to Big Pharma and the one-size-fits-all paradigm. Natural medicine is predicated on the idea that each patient has individual needs based on unique biology and genetics. If doctors aren't allowed to discuss alternatives to the mainstream medical approach, not only are the legal requirements of informed consent not being satisfied, but integrative doctors' ability to treat individual patients will suffer.

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