

“Political Power to Silence and Penalize Physicians who Question Certain Views on COVID-19”: Open Letter to Dr. Harmon and the American Medical Association (AMA)

Following Publication of Their Article on December 24, 2021 entitled “Flow of damaging disinformation must end now”

By [Dr. Shibrah Jamil](#)

Global Research, January 13, 2022

Region: [USA](#)

Theme: [Law and Justice](#)

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Dear Dr. Harmon,

The very essence of traditional medical practice is open discourse and debate. Years of education and experience grant physicians the right to analyze data, question it and demand answers. Any attempt to silence practitioners who are true to their profession, is an egregious assault on their autonomy and undermines the doctor-patient relationship. The danger of creating a top-down authoritarian practice of medicine, such as the AMA, in collusion with the FSMB, is advocating, would mean the end of a noble profession.

In an ideal world, we expect societies and organizations that have been the vanguard of the medical profession to hold true to the ideals of medicine. In reality, we find many of these organizations to be compromised, having significant undisclosed conflicts of interest which bring their impartiality into question. To use the trust built up over many years to declare that medical and scientific knowledge belongs only to them is an abuse of their position and a betrayal of their great responsibility.

Misinformation and disinformation are nebulous terms created to cause confusion among lay people. In the world of science there are facts, genuine opinions and disingenuous lies. In the practice of medicine, lying is a crime; especially lying that results in harm.

Your article, **“Flow of damaging COVID-19 disinformation must end now”** published on the American Medical Association (AMA) website December 14, 2021 (1), feigns concern for the harm false information causes, not just to the health of the patients, but also to the doctor-patient relationship. This harm has been pre-defined as any concern, skepticism, challenge or contradiction to official government narratives. However, many independent

scientists and physicians, worldwide, analyzing real-time raw data, are coming to conclusions which are not in alignment with the current agenda of medical and political authorities. We have a legal and ethical duty to speak out.

In the article, you state:

“The COVID-19 pandemic continues to spawn falsehoods that are spread by a whole host of people such as political leaders, media figures, internet influencers, and even some health professionals—including by licensed physicians”.

The undersigned argue that organizations such as the AMA and the Federation of State Medical Boards (FSMB) are using their , incorrectly claiming that the “science” (meaning interpretation of data) is fixed. When the scientific evidence is critically reviewed in the light of long standing medical and ethical principles, it is the AMA and the Federation of State Medical Boards (FSMB) who appear to be creating false narratives and coercing the public into making medical decisions that are not in their best interest or in line with the accepted norms of evidence-based medicine and medical ethics.

The studies you have cited “showing” the problem of disinformation (2, 3) are merely surveys you have conducted which express the opinions of those who responded. When this is compared with the available scientific evidence, grave concerns are raised about the AMA’s role in ‘informing’ the public with genuine and rigorous public health information and evidence. The AMA’s consensus based facts are in direct contradiction to the real facts becoming evident from close to two years of accumulated data.

In the article you also state:

“Vaccination remains our only pathway out of this pandemic, but that path will remain blocked until the vast majority of those who are eligible to receive these life-saving shots choose to do so. We can reach this goal. Research has demonstrated that unvaccinated patients can and do change their minds based on their physicians’ recommendation.”

There is no evidence for the contention that “vaccination remains our only way out of this pandemic.” This contradicts the accepted scientific understanding of immunology, and of the current data on COVID-19. However, this statement continues to be made by the CDC, the AMA, the mainstream media and other official organizations quoting them. The fact is that no pandemics of respiratory viruses in the past have ended by vaccinations. To hold a dogmatic belief in vaccination is contrary to sound medical practice.

In fact, **Dr. Peter McCullough** testified early on in the US Senate that an established multi-pronged approach to infection control is the orthodox way out of this pandemic. His published Four Pillars, details a focused strategy which would allow optimal disease management with minimal societal disruption; it is far more comprehensive than the AMA’s ‘vaccine only solution’ and is in keeping with pre-existing literature on pandemic planning. The current COVID-19 “vaccines” do not prevent spread, and published data from multiple countries, and summaries on the NIH website and in Nature, highlight the broad and long-term nature of post-infection immunity. There is overwhelming evidence of the superiority of natural immunity (4-15), which is the normal path out of every past respiratory virus epidemic. The vaccine-only mantra is just one example of the AMA’s harmful narratives.

Your statement also raises concerns that medical doctors use their power of “recommendation” to change patients’ minds. The long standing medical, legal and ethical principles, underpinning our profession, maintain that we must never coerce the public into making medical decisions. Yet, it appears that the AMA is doing precisely that. This raises serious concerns for clinicians, who are required by law to accurately inform their patients for consent to be legally valid.

Of course, medical doctors are expected to give their recommendations to patients, but we are also legally required to give patients all of the pertinent information in order that they can provide an appropriate informed consent.

This must include data on adverse events, and the minimal or absent clinical benefit of vaccinating a previously-infected person. It should also note the failure of COVID-19 vaccine RCTs to demonstrate any benefit in all-cause mortality; and the absence of medium and long-term safety data on this pharmaceutical class not previously used in humans. Giving patients only half of the information is a form of coercion. This is not only unethical, it is also illegal. All credible medical schools teach this. The CDC, the FDA, the AMA, and some government agencies have categorically stated that these vaccines are “safe and effective”. Even remotely suggesting the contrary is classified as “disinformation” and is suppressed by these official sources. Many published scientific articles and government databases list severe adverse events associated with, or caused by, COVID-19 vaccines, putting into question their “safety and effectiveness” in many patient groups.

When the very basis of medical practice is built on our oath, to first do no harm, silencing professionals urging caution, restraint and further investigation of a novel therapeutic is indeed alarming. When this gag order is put in place by governing bodies the outcome can only be catastrophic.

Since the beginning of the development and rollout of these vaccines, prominent virologists and medical professionals have warned about the potential harms of these pharmacological products. These warnings are based on their professional knowledge and understanding of the mechanisms of action of COVID-19 vaccines, which differ greatly from conventional vaccines (16, 17).

It is inexplicable that a medical professional would fail to recognize that this is reason enough to view these products with the same degree of caution we would any other new class of pharmaceutical. It is even more incomprehensible that discussion on the topic has been deemed taboo and is being blatantly suppressed.

Alarming, the AMA and others, are disregarding the information found in the Vaccine Adverse Events Reporting System (VAERS), and are instead promoting the idea that VAERS is unreliable. This passive surveillance system was established by the CDC 30 years ago. It has been used for many years as a system to monitor trends suggesting serious adverse events related to vaccinations. Although it is universally recognized that information gathered from a passive surveillance system needs further investigation before ‘cause-and-effect’ relationships are established, that does not mean that the information provided by the system should be ignored.

The majority of reports are made by health professionals, and the CDC has an established verification process.

In the VAERS system, more adverse events and deaths have been reported during 2021 for the COVID-19 vaccine than for all other vaccines in the previous 20 years (18, 19). Previous studies indicate that these events are usually underreported.

Even if we accept that not all of these events represent a causal relationship, **it is a grave error for any medical doctor to disregard this information as irrelevant and persist with claims that these vaccinations are “safe” without any qualification.**

These are red-flags, in a system designed for that purpose – an early warning system, if you will. To ignore this and insist that this new pharmaceutical class is safe, without a thorough investigation, is beyond simple negligence. In addition to the VAERS system, there have been extensive reports of specific adverse effects associated with these vaccines, including myocarditis in the young (20-25). How can the AMA keep insisting in the “safety” of the vaccines, in the light of large trials noting myocarditis rates of 1/2700 and 1/6600 in teenage boys in Hong Kong and Israel? (26, 27) The public needs to be informed of this information.

Although the initial Pfizer clinical trial reported a 95% Relative Risk Reduction (RRR) of symptomatic COVID-19 in those vaccinated, there have been concerns about the Absolute Risk Reduction (ARR), which is much less impressive (0.84%) (28, 29), and the lack of impact on all-cause mortality. The FDA has long established that the ARR is more informative in determining the desirability of an intervention (30; pp 44, 56, 60). In addition, since the widespread vaccine roll-out, there is plenty of evidence that the effectiveness of these vaccines in the real world is very low; providing protection for only a very short time.

Countries and regions with the highest vaccination rates have reported higher rates of cases (31-33). The response of the official policymakers has been to recommend that vaccinated individuals receive boosters, without any formal research of the effects of these boosters. It contradicts conventional medical knowledge and practice, to suggest that if an intervention does not work – the solution is to do it more. Further, the increase in some severe adverse events on the second injection raise obvious concerns that a third and subsequent dose could further increase risk.

A reading of the AMA’s website on COVID-19 information yields statements like the following:

“New variants emerge when we have a large proportion of a population unvaccinated.”
—Andrea Garcia, JD, MPH, director of science, medicine & public health, AMA (34)

This baseless statement is presented as an indisputable fact. A vast body of prior conventional knowledge holds that narrow immunity (e.g. to spike protein only via vaccination) will more likely select for new variants that evade vaccination, compared to broad post-infection immunity or naive subjects. This would be minimized by a vaccination program focused only on those at significant risk. Mass vaccination, by enhancing the selection of variants escaping the vaccine, provides such variants with an advantage in transmission (selection), and thereby increases the exposure of vulnerable people.

“Data presented ... showed that adverse events following mRNA booster doses are similar to or lower than those seen after the primary vaccine series,” Dr. Harmon added. “We continue to strongly urge everyone who has not yet been vaccinated against COVID-19 and is eligible, including children aged 5 and older and pregnant

people to get vaccinated as soon as possible to protect themselves and their loved ones.” (35)

“All of the data shows that it is safe for anybody who is planning to conceive, for any stage in pregnancy, for the postpartum period and for breastfeeding mothers,” said Dr. LaPlante. “And on the flip side of that, it will protect pregnant women from having increased complications and increased adverse health outcomes that are related to pregnant women who get COVID-19 during their pregnancy.” (36)

Again, the AMA is making claims which are unsubstantiated and potentially harmful. It is impossible to know anything about the effects of boosters, when they have been implemented on the general population in such an improvised manner, and we only have a few months of “real life” experience. In making such claims the AMA is demonstrating total disrespect for the process of gathering scientific research data; yet it still has the nerve to say that “science” is on their side. In reality, there is no long-term safety data available and therefore, the risks of such an intervention are currently unquantifiable.

The statements above also categorically claim that vaccines are beneficial to children and pregnant women. There is extensive evidence that COVID-19, itself, poses extremely low risk to children. Vaccination in this group therefore poses significant short-term risk in addition to uncertainties about future long-term adverse effects. There is absolutely no evidence-base to support promotion, much less make compulsory, the vaccination of children (37-45).

In addition, the Pfizer trials aimed to exclude pregnant women from their study, so there is no way to make any assessment about efficacy or safety of the vaccine in this group from the very small number eventually included. There is clearly no way of addressing any effect on the outcome of pregnancy (usually 9 months) with a small study of 2-6 months duration.

A study published in the New England Journal of Medicine in June 2021 reportedly found that vaccination against COVID-19 in pregnant women was safe (46). Close review of the Shimabukuru pregnancy outcomes data show they are meaningless (47). It is absurd to continue with the categorical statement that the vaccines are “safe for pregnant women” when not enough time or data has accumulated to make such a determination.

As you should know, the precautionary principle in medicine always puts the burden of proof on the intervention, not the other way around. This is applied to all other pharmaceuticals in use. Use in pregnant women and children requires the highest level of evidence.

These are legitimate concerns you have deemed your duty to call “disinformation”.

When the evidence is evaluated, the entities spreading harmful ideas and making false claims appear to be the AMA, the CDC, and the media that quotes them.

Never in the practice of medicine have we faced a danger as grave as this, when authoritarian whims and desires seek to criminalize an orthodox, evidence-based approach to handling medical facts.

Health professionals that practice evidence-based medicine and adhere to accepted norms of ethical practice should be supported. The AMA, in denigrating these professionals and misleading the public and media, is entering very dangerous ethical and legal territory.

We condemn, in the strongest terms, the AMA's demonization of medical professionals that are standing up for real scientific evidence, and sound medical and ethical principles.

We demand that you and your organization stop misusing your position of trust and authority to mislead the public. We urge you to follow the practices and standards that the profession expects from a society whose purpose is to represent the best interests of patients and physicians – not an arbitrary agenda it has decided to pursue at all costs.

We call upon the AMA, as a representative of the American medical profession, to respect the basic principles of evidence-based medical treatment and to protect the individual freedom of treatment that underlies all medical practice.

The AMA should publicly revoke its extremely harmful stance and stop obstructing the practice of medicine.

Though this open letter is directed at the AMA and Dr. Harmon, its import is not contained only to the United States. Physicians, scientists, healthcare professionals, and concerned members of the human family from across the globe recognize the grave danger presented by this unconscionable AMA opinion and have added their signature here as a show of support.

We ask that you too support this cause in letter and in spirit. Please educate yourself as best you can and convey the message to others in the best possible manner. God Bless.

Signatories

USA

1. Dr. David Bell, MBBS, PhD, FRCP
2. Dr. Rachel Corbett, MD
3. Dr. Shibrah Jamil, MD
4. Katie Kissel, MSN, APRN, FNP-C, NCPFF
5. Staci Kay, NP
6. Dr. James Kay, MD
7. Kim Homburger, RN
8. Dr. Eyal Shahr MD, MPH, Professor emeritus of public health, University of Arizona
9. Denise Chism, MSN, NP
10. Dr. Ramon G. Montes, MD
11. Dr. Celso Miranda-Santos, MD, MAP, MPH
12. Wilt Alston, BSE
13. Dr. Harvey A. Risch, MD, Professor of Epidemiology, Yale School of Public Health/ School

of Medicine/Cancer Center

14. Dr. Scot Youngblood, MD
15. Dr. Paul E. Marik, MD
16. Dr. Pierre Kory, MD
17. Dr. Mark McDonald, MD
18. Dr. Peter A. McCullough, MD
19. Dr. Eileen S. Natuzzi, MD
20. Dr. Joel S. Hirschhorn, PhD
21. Dr. Russell Juno, MD
22. Dr. John Tomasula, MD
23. Dr. Steven Priolo, MD
24. Dr. Nicholas, Bertha, DO
25. Dr. Todd Kenyon PhD, CFA
26. Jody Davison, Public Health sector
27. Muzammil A. Jamil, Esq.
28. Cheryl Stinson, USA

Puerto Rico

29. Dr. R. Ivan Iriarte, MD, MS
30. Dr. Ivan Figueroa, MD
31. Dr. Nelly A. Catala, MD
32. Dr. Elizama Montalvo, MD

South Africa

33. Dr. Masha Maharaj, MBBCh, FCNP, MMED, FEBNM
34. Dr. Roy D. Breeds, MBChB, FCP
35. Dr. Anton Janse van Rensburg, MBChB (UP), MSc Nutrition (UP), AMP (MBS)
36. Greg Venning, MTech (Chiro), CCWP
37. Dr. Steven Stavrou, BSc Physio, DCH, PN

- 38. Dr. Herman Edeling MB,BCh.(Wits), FCS
- 39. Dr. William Shaw, PhD
- 40. Dr. Stephen Schmidt, MBChB, MMed
- 41. Dr. Ami Muller
- 42. Dr. Frank Muller, MBChB, MMedSc Pharmacology
- 43. Dr. Colleen Bland, PhD, MTech
- 44. Dr. Eve Samson
- 45. Dr. Ursula Paul, MBBCh Wits
- 46. Dr. Paolo Brogneri, BChD, Dentistry
- 47. Dr Maré Olivier,
- 48. Tamara Elizabeth Victor, Esq.

Australia

- 49. Dr. Rosina McAlpine, BCom, MCom (Hons), MHEd, PhD
- 50. Dr. Marika Heblinski, PhD Neuropharmacology, Master Science, Master of Human Nutrition
- 51. Dr. Bruce R. Paix, MBBS, BMedSc, FANZCA
- 52. Dr. Paloma van Zyl, B.Med. (Hons), FANZCA

UK

- 53. Dr. Tony Hinton, MB ChB, FRCS
- 54. Gordon Wolffe, MSc., BDS (Hons), FDSRCS
- 55. Dr. Dean Patterson, Mbchb, FRCP
- 56. Emma McArthur, BSc, MSW
- 57. Dr. Helen Westwood, MBChB, MRCP, DCH, DRCOG
- 58. Amanda Henning, RGN

Northern Ireland

- 59. Hugh McCarthy, MSc, BSc (Hons), BA
- 60. Lorraine McCarthy, BA

Israel

61. Dr. Asher Elhayany MD, MPA Ariel University

62. Dr. Yoav Yehezkelli MD, MHA Independent practice and KI Research institute for computational medicine

63. Dr. Aviv Segev MD, Shalvata mental health center, Tel Aviv University

India

64. Dr. Manigreeva Krishnatreya, MBBS, DLO, MHA

New Zealand

65. Dr. Tracy Chandler, BSc(HONS), MBChB, FRNZCGP, FNZSCM, PGDipSEM, Cert Dermoscopy, Cert Homeopathy, MACNEM Member

*

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