Another Investigation Proves There was Systemic Corruption in the COVID-19 Response

A Midwestern Doctor
May 12

Much of the portion of the population has noticed something very wrong has happened with the COVID-19 response. Very, very bad policies have been pushed forward, effective treatments that could end the pandemic have been kept off the market, and for some reason all paths have converged to an exceptionally deadly and ineffective vaccine being forced upon the population. At this point in time, I am relatively certain most of this was deliberately planned out years in advance.

As these events happened, most people were left in complete disbelief anything like this could possibly happen in America. I argue instead they represent a severe exacerbation of pre-existing issues throughout medicine, and as discussed in this recent article are the result of 10 years of intentional political warfare against the working class (*I apologize for prioritizing publishing today's article before the final part of that series*).

Throughout my lifetime I have noticed that a systemic bias in medicine has existed against allowing economical and effective therapies from entering the market. I believe this is because an effective means to effectively cure a disease eliminates the profit and social control that could be gained from "managing" the disease with a variety of expensive ineffective treatments.

Recently, Goldman Sachs, a leading investment bank (large investors are ultimately where many pharmaceutical products originate from) published a report directly admitting as much:

genetically-engineered cell therapy and gene editing. However, such treatments offer a very different outlook with regard to recurring revenue versus chronic therapies," analyst Salveen Richter wrote in the note to clients Tuesday. "While this proposition carries tremendous value for patients and society, ***it could represent a challenge for genome medicine developers looking for sustained cash flow****."*

In most cases, only allowing harmful and ineffective therapies to enter the market is possible to sweep under the rug because the societal effect is small enough for the general population to ignore (typically, only a minority of the population is victimized or the effect is subtle enough for many to miss). COVID-19 changed this calculus because so many people were affected by the terrible pandemic policies.

In the recent articles here I've discussed three major problems we have faced during the pandemic:

•There are numerous effective evidence-based treatments for COVID-19 that if adopted, would end the pandemic. Yet, in each case national governments in concert with their medical system around the world have instead prohibited the use of these treatments.

•There are a few dangerous and ineffective treatments such as remdesivir, which despite significant evidence against their use have been forced on the population as a perpetual non-solution to the pandemic.

• Ineffective and very dangerous vaccines have been forced on the population as a perpetual non-solution to the pandemic. As discussed here, many of the issues with the COVID-19 vaccines were known and therefore intentional design flaws. One possible explanation for this relates to the vaccines being part of a Eugenics agenda.

Developing an effective method of population control has been a fixation of the Western rulership for decades and many different methods have been forcefully administered to unwilling test subjects. Developing an effectively sterilizing vaccination has been a holy grail for these programs due to the ease of mass administering the agent and the unquestioning faith the public has in vaccination, and there have been many horrendous test runs of those vaccines. This is relevant because there is some circumstantial

evidence the COVID vaccines were part of that population control program.

How Corrupt Mandates Become Law

A major question everyone has had with the COVID-19 pandemic is why these horrendous policy decisions are being followed despite all existing science contradicting them. As detailed here, many of them revolve around a large bureaucracy of unelected officials within the Department of Health and Human Services enacting policies they lack the legal authority for.

The process is as follows:
•"Unbiased" committees of experts are assigned to examine an issue and produce guidelines on how the issue is approached.

•Despite the guidelines only being "advise", almost everyone else in the government follows those guidelines, and they in effect become law.

•Almost every single publisher of information (big tech, the mainstream media etc.) treats these guidelines as dogma and censors or cancels any dissenting viewpoints, thereby shielding them from public debate which would otherwise overturn problematic guidelines.

As you might suspect, this entire process is completely corrupt and regularly violates many legal and administrative safeguards that were put in place to prohibit this behavior. The panel that mandated remdesivir for the USA for example was directly appointed by Anthony Fauci and the majority of the members had financial conflicts with the manufacturer of remdesivir (leading them to ban all other treatments). Many also had a previous record of profiteering from unethical human experimentation within the HSS.

Robert F. Kennedy Jr. has made an excellent case that many of the systemic problems within the HSS originate with Anthony Fauci. They are detailed within *The Real Anthony Fauci* and summarized in this interview. While Fauci made some immensely valuable discoveries for the field of medicine early in his career, he also is a truly evil

human being who has inflicted immense suffering on millions and crippled America's scientific apparatus for his own benefit.

Typically, if someone receives a salary to conduct research, the party funding the researcher has complete ownership over whatever the researcher discovers. Following the passage of Bayh-Dole Act in the early 1980s, this changed within the federal government to make it possible for government scientists to receive royalty payments for drugs made from their discoveries. While the Bayh-Dole Act originally was intended as a legislative compromise to foster innovative federal research entering the private section, the intent of the act was not followed and it was taken control of by industry to become an instrument for corruption.

Anthony Fauci burst onto the scene not long after the Bayh-Dole Act was passed and initiated an inexorable tide towards the Department of Health and Human Services becoming a pharmaceutical production center. As recounted by RFK Jr., Fauci and his cronies directed a significant portion of federal research towards developing profitable pharmaceuticals, repeatedly crushed honest scientists who tried to stand up against unethical human experimentation (with most of them being forced out of the HSS), made bad drugs come to market and got a significant portion of the HSS to be on industry payroll.

This corruption is so problematic because the same people who stand to financial benefit from receiving royalty payments on the drugs they developed are the ones who occupy the committees that approve them for public use, and the committees that mandate them for medical care. As such, everyone is paid off and only expensive profitable drugs are moved through the system

During the pandemic, because I believed in the necessity of getting an effective treatment for COVID to the market before the vaccines were released, I greatly overextended myself by investing hundreds of hours of work helping to lead a team seeking regulatory approval for a non-commercial therapy. I felt we had a very strong case for our therapy, and while I was not optimistic the FDA would support our work, it was very eye opening to observe the entire process.

Every official we spoke to within the HSS (primarily the FDA) became very confused and

could not grasp the concept we were trying to get an approval for something we were **not trying** to commercialize, and rather were doing the project for the public good. We likewise had the same experience with every outside firm we consulted for assistance in facilitating regulatory approvals (most of whom had previously worked for the FDA and hence had backchannels to their former colleagues).

I felt the data our team had was very good and encompassed everything required by the process, but the FDA refused to approve anything and instead stipulated additional highly expensive requirements we could not meet leading to the project being shelved. Later when I was able to review the leaked Pfizer EMA application, I was astonished at how many prohibitively expensive steps that we required to do twice (we couldn't afford the second time), Pfizer was either never required to do once or allowed to cut numerous corners on. Considering that our approach had a long safety record and was only intended to be administered to individuals expected to otherwise die, I naively expected there to be an equal or higher burden of proof required on Pfizer's end.

My overall impression (granted I am only an outside observer) is that there is an incredible degree of inertia within the federal government which typically prevents it from doing anything, but once money is involved, money makes the entire bureaucracy move along. This is one of the reasons why it is so problematic for the HSS and its staff to receive payments for pharmaceuticals they approve.

Documented Examples of Corruption

FDA Approvals:

•To quote RFK Jr: "Between 2009 and 2016, there were hundreds of drugs approved by FDA. Virtually all of them came out of [Fauci's NIH pharmaceutical production pipeline]."

•In addition to "opting out" of many of the required safety studies to bring a vaccine to market, there has been a significant amount of evidence emerging that Pfizer doctored their data to conceal adverse events, falsely increased the purported efficacy of the vaccines and did not conduct their trials in a blinded fashion. Despite numerous

demands for investigation in these areas, none has been conducted.

•Recently two senior officials in charge of the FDA's vaccine program who worked there for decades resigned in protest of the Biden administration's push for COVID-19 boosters to be approved by the FDA (which was supported by other members of the FDA's leadership).

•There have been serious concerns regarding the FDA's approval of the COVID Vaccine for children who (except for a few children receiving chemotherapy with cancer), have no risk whatsoever of dying from COVID, but do have a high risk of an adverse event from the vaccine. This is especially concerning given that it is now well-known, as in the case of Maddie DeGaray, that these adverse events were deliberately concealed through research fraud, but nonetheless despite many petitions to do so, have not been investigated by any branch of the HSS.

•As discussed here, the FDA's Remdesivir approval was highly questionable (as existing studies showed it had no benefit but did create significant harm). Another high-profile case was in the news recently, where to quote the New York Times:

"*In June 2021, the Food and Drug Administration approved **Aduhelm**, the first new Alzheimer's medication in nearly two decades. The approval was made despite opposition from many experts, who cited data showing it wasn't clear whether the drug works and it had serious safety risks.*"

The internal FDA committee assigned to assess the drug voted 10-0-1 against it (1 abstained) due to no evidence it worked and significant evidence of harm (brain swelling and brain bleeding). Following the FDA's decision to nonetheless approve it, 3 members of that committee resigned, citing it as one of the worst FDA regulatory decisions in recent history.

While the FDA is eager to have very low standards for approving a drug that they have a financial conflict of interest in approving, they are likewise strongly opposed to approving ones they do not stand to benefit from. Earlier, I attempted to share my own personal experience navigating this process.

Steve Kirsch has a more publicized but similar experience. He funded research trials for Fluvoxamine which showed the drug (which 15 years ago had already been deemed safe enough to approve for a wide range of common psychiatric issues) provided significant benefit in treating COVID-19 (which no pharmaceutical compound with either an EUA or FDA approval presently can claim).

Kirsch then applied for an EUA and was rejected by the FDA based on there being insufficient evidence the benefits of the medication outweighed the harms in the treatment of COVID-19. Despite his best efforts and Fluvoxamine frequently being successfully used off label to treat COVID-19, there are no signs an EUA will be given for this application.

GAO investigations:

The General Accountability Office (one of the few non-corrupt agencies in the federal government) was assigned to investigate the COVID-19 response and recently released a report which I attempted to summarize here.

From a fairly limited randomized interview process the GAO found members of the CDC, FDA and NIH all reported observing political interference occurring that overrode scientific evidence and resulted in a lack of scientific integrity within the agencies. The GAO also found the provisions that should have been in place to allow whistleblowers to report corruption or violations of scientific integrity were not present throughout the HSS. This means the whistleblowers cannot report that conduct.

When officials in charge of each of these departments were queried by the GAO, they said avenues for reporting scientific misconduct had not been made available because the leadership did not believe scientific corruption was occurring and there was hence no reason to implement a system to spot when it did.

Royalty Payments:

The key component of Fauci's privatization of the HSS was making both the agencies and the scientists involved in the development of pharmaceutical drugs receive bribes (politely termed "royalty payments") for drugs they developed and approved. This is likely why as highlighted in the FDA section, most of the drugs that have been approved in recent times came from Fauci's production pipeline.

Presently, RFK estimates Fauci's agency owns 2,200 drug patents, many of which have been lucratively licensed to pharmaceutical manufacturers. The CDC (which receives much of its pharmaceutical funding through a "non-profit" pharmaceutically funded foundation) owns 58 patents and has a conflict of interest in recommending its vaccine products (which the CDC always does) that is not unlike that the conflict of interest within the NIH.

As the remdesivir saga shows, there are many concerning conflicts of interest in pharmaceutical ownership between the NIH and drugs they recommend. Of these, the NIAID's (Fauci's agency within the NIH) ownership of the Moderna vaccine is likely the most concerning, and almost certainly significantly influenced the decision to approve and repeatedly mandate this dangerous vaccine.

The royalty problem was initially brought to light in 2002 when a congressional investigation found Fauci he had both previously and was currently conducting unethical human experimentation funded by taxpayer money for a dangerous HIV medication Fauci received significant royalty payments for. Common drug side effects observed in his trials included depression, suicidal ideation, and capillary leaks. The investigators ordered Fauci to report these side effects to his current and future test subjects, which Fauci then failed to do.

Later in 2005, an investigation by the Associated Press was conducted with a Freedom of Information Act request (FOIA). It revealed 916 NIH scientists were collecting $9 million annually in royalty payments for drugs they developed while working for the NIH and 51 NIH scientists were "currently involved in testing products for which they secretly receive royalties."

Prior to the AP's investigation, in 2000, the Secretary of Health and Human Services had

issued a federal requirement for NIH scientists to reveal their conflicts of interests to subjects they enrolled in their trials. This was never done and hence why the AP's FIOA was needed. Following the 2005 FOIA scandal, the again NIH pledged to address this issue.

Many of Fauci's deputies have also been involved in his crony capitalism. H. Clifford Lane (the NIAID Deputy Director for Clinical Research and Special Projects) for example has also been repeatedly cited for conducting unethical human experimentation he received royalty payments for. Fauci recently appointed Clifford Lane to chair the COVID-19 guidelines committee, the group responsible for banning effective COVID-19 treatments and mandating harmful ones like remdesivir.

As a result of the congressional investigation, the HHS decided to cap royalty payments to each government scientist at $150,000.00 per year, which many now receive (according to RFK six of Fauci's top aides are receiving royalty payment on Moderna's vaccine). To address this issue, the federal government is now proposing raising the cap on individual annual royalty payments from $150,000 to $500,000. Think about that for a moment.

The American media has been largely bought out since the 2005 investigation. This is largely due to the FCC since 1997 allowing direct pharmaceutical advertising on TV and subsequently, groups like the Bill and Melinda Gates foundation buying out the remaining media outlets that still operated independent of pharmaceutical money. Because of the changes in the media landscape that followed the AP's investigation, there has never been a subsequent investigation into these royalty payments by any other news outlet.

Recently a non-profit corruption watchdog group, Open the Books, with the aid of another watchdog group, Judicial Watch, attempted to replicate the AP's FIOA investigation and observe how things had changed at the NIH in the last 2 decades. Previously, Judicial Watch sued the FDA to obtain reports they were concealing of significant harm that arose from the dangerous and unecessary HPV vaccine which was frequently mandated for school children as early as sixth grade. The summary of the recent NIH investigation is presented here by the president of that organization:

OpenTheBooks Substack

Fauci's Royalties And The $350 Million Royalty Payment Stream HIDDEN By NIH

Last year, the National Institutes of Health – Anthony Fauci's employer – doled out $30 billion in government grants to roughly 56,000 recipients. That largess of taxpayer money buys a lot of favor and clout within the scientific, research, and healthcare industries...

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6 months ago · 161 likes · 35 comments · Adam Andrzejewski

From reviewing this report, it should be clear that despite the NIH's pledge for significantly more transparency after the 2005 investigation, this recent investigation not surprisingly found the exact opposite. I argue this once again equates to deliberate intent on the NIH's part to cover up corrupt activity.

In these documents, the FOIA requests were heavily redacted making it difficult to determine who had made the payments or how much they were. Nonetheless, Open the Books was able to establish that 22,100 royalty payments totaling nearly $134 million paid were paid to the NIH and nearly 1,700 NIH scientists between September 2009 – September 2014. While no more recent data was made available, the pharmaceutical payments have likely continued to increase and Open the Books estimated at least 350 million dollar in royalty payments have been paid to the NIH membership over the last 10 years.

The NIH acknowledged they had 3000 pages of line-by-line royalties that had been paid to the NIH since 2009, although most of those heavily redacted documents still have not

been released (Open the Books recent report was based off the first 1200). Three central figures to the COVID debacle also received numerous royalty payments during the 2009-2014 timeframe: Anthony Fauci (23 payments) Francis Collins (14 payments) Clifford Lane (8 payments).

Conclusion:

To address public concerns relating to corruption within their agency, both the NIH and FDA have promised to be transparent and ethical in their conduct. In this article we reviewed the appalling conduct of the NIH leadership where they originally stated they had erroneously forgotten to disclose their critical financial conflicts of interest and then following a 2005 investigation where they were caught red-handed, once again promised to disclose their financial conflicts of interest in the future. As Open the Book's investigation shows, they had no intention of fulfilling those promises, and their initial failure of required reporting was deliberate criminal activity.

Likewise, as discussed in the previous summary of the GAO report, at the start of the pandemic, in response to GAO recommendations, the FDA had agreed to be transparent in their approval process for EUA products for COVID-19. This was never done.

Much attention has been given to the FDA refusing to provide their documents from Pfizer which were used to license Pfizer's vaccine and mandate. The FDA (on Pfizer's behalf) spent a significant amount of taxpayer money to fight this disclosure, and initially tried to stall it by only releasing a small number of documents each day (so that by the time the documents were release the litigants would have long since died). A federal judge eventually overruled this decision and forced Pfizer to release at an accelerated pace, which has since made many incriminating documents from Pfizer available for public review.

What is interesting with the Open the Book's litigation is the NIH has used the same strategy the FDA used to prevent disclosing their financial conflicts of interest. Given that the personnel in both departments are so interlinked it is not surprising they regularly engage in collusion to facilitate their corrupt dealings. It is nonetheless quite disappointing.

If you would like to know more about the corruption within medical industrial system, I provided a more detailed and comprehensive summary here.

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108 Comments

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Allen May 13

If you view this whole "pandemic" situation through the lens of health, safety, science and saving lives, then most of it makes little sense.

If you view it through the lens of money, power, control, and wealth transfer, then all of it makes perfect sense.

Covid is not an epidemiological story. Covid is a crime story.

These governments know full well that “Covid” is being used as cover for crashing the economies in the Western world. There is not now and never has been a “pandemic”- that is all Kabuki theater to disguise the reality of the rapid economic decline brought on by the Ponzi Schemes of financial institutions over the past few decades.

All of the exaggerated and repeated fear-based messages from the media and government agencies these past two years were just part of the advertising campaign for the pharmaceutical industry’s newest lucrative product.

Without the fear-mongering propaganda campaign no one would’ve noticed anything unusual about the last two flu seasons because there was nothing unusual, except for the criminal, murderous, and utterly unscientific lockdown policies in response to the non-existent threat.

What we are in the midst of is a planned total economic collapse. This economic collapse was inevitable, Western governments are putting the security infrastructure into place,

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collapse. To be followed by a global financial reset, after a period of hyperinflation, which destroys both the value of debt and the corresponding paper claims. "Covid-19", and the "need" to protect against future "pandemics", is the story used as cover to "justify" the

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25 replies by A Midwestern Doctor and others

Jeff Schreiber May 13 · *edited May 13* ♥ Liked by A Midwestern Doctor

Another brilliant albeit alarming article from my favorite Midwestern doctor. While I left organized religion many moons ago the need for spiritual awakening is more obvious now than ever. When watching children play or someone offering a random act of kindness it's hard to grasp how such evil could enter into the minds of men. Let's pray to whatever power it is the put us here and keeps this ball rolling that we can find the will and the wisdom to rid this darkness once and for all. It isn't easy but the alternative is 100% unacceptable.

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3 replies by A Midwestern Doctor and others

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