




# A Pandemic of Failed Leadership: Will Trust Return?




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# A Pandemic of Failed Leadership: Will A Free and Ethical Society Return?

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Leaders  
of Federal Policy



Policy Guidance of  
Birx & Fauci

- **Deborah Birx:**  
White House Task Force Coordinator  
(wrote all official WH guidance to governors)
- **Anthony Fauci:**  
Public face of WH Task Force;  
later, chief medical advisor to President Biden

THE PRESIDENT'S CORONAVIRUS GUIDELINES FOR AMERICA

15 DAYS TO SLOW  
THE SPREAD

  
For more information, please visit  
CORONAVIRUS.GOV

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- ~~“Flatten the Curve”~~ ➡ “Stop All Cases”
- Lockdowns: school closures, business shutdowns, limits on medical care, and a host of restrictions, mandates, and quarantines

Policy Result of  
2 Administrations:  
  
Almost All States  
Implemented  
the Birx-Fauci  
Guidance

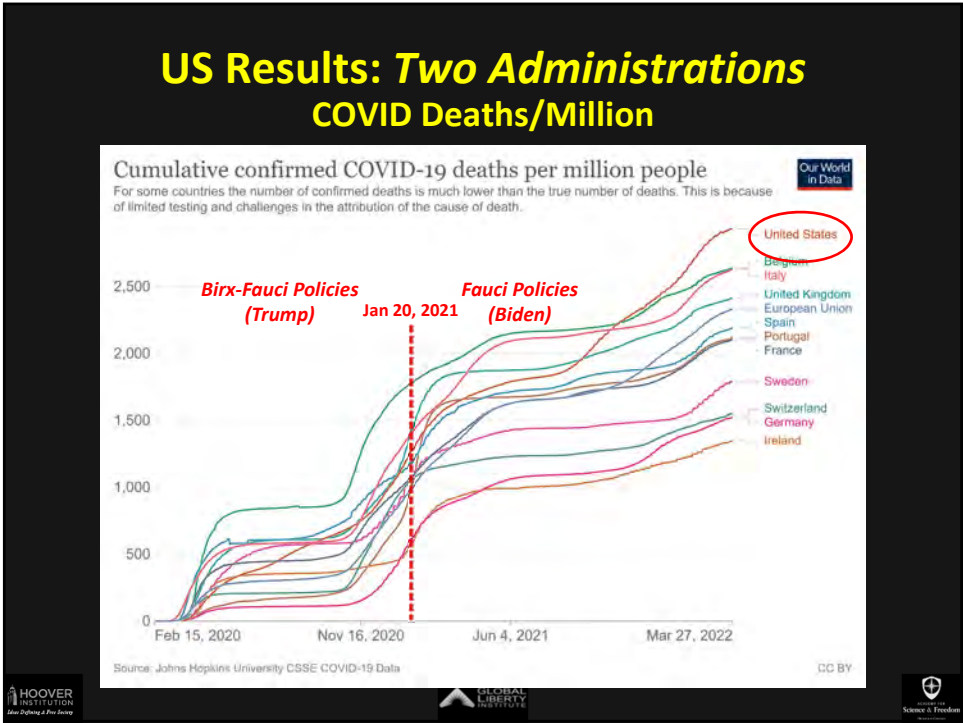
- **THEIR POLICY FAILED:**  
>1,000,000 American deaths attributed  
to *the virus*
- **THEIR POLICY CAUSED DEATH & DESTRUCTION:**  
*Caused* massive deaths & severely harmed  
millions of families and children, especially  
working class & poor

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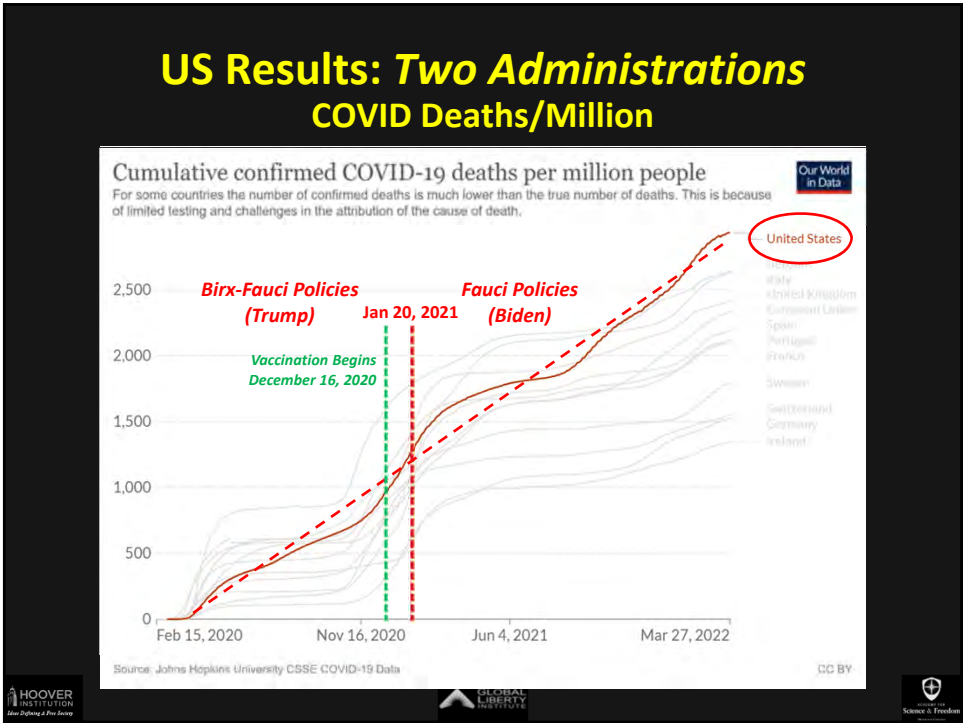
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# Lockdowns Were Not Previously Recommended

## Disease Mitigation Measures in the Control of Pandemic Influenza

THOMAS V. INGLESBY, JENNIFER A. NUZZO, TARA O'TOOLE, and D. A. HENDERSON

BIOSECURITY AND BIOTERRORISM: BIODEFENSE STRATEGY, PRACTICE, AND SCIENCE  
Volume 4, Number 4, 2006

STANDARD

\*Inglesby, Nuzzo, O'Toole, and Henderson. Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science. Vol 4, No 4, 2006.


Science & Freedom

Scott W. Atlas, 2023; All rights reserved.


## Lockdowns Were Not Previously Recommended

*"The following is a synopsis of the authors' judgments regarding possible disease mitigation measures"*

- "An important message is to request that all who are ill remain isolated at home or in the hospital but to encourage others to continue to come to work so that essential services can be sustained."
- "Closing schools for longer periods (>10-14 days at the beginning of an epidemic) in hopes of mitigating the epidemic by decreasing contacts among students is not warranted ... Such widespread closures, sustained throughout the pandemic, would almost certainly have serious adverse social and economic effects."
- "cancelling or postponing large meetings would not be likely to have any significant effect on the development of the epidemic."
- "there is no basis for recommending quarantine either of groups or individuals. The problems in implementing such measures are formidable, and secondary effects of absenteeism and community disruption as well as possible adverse consequences, such as loss of public trust in government and stigmatization of quarantined people and groups, are likely to be considerable."
- "Screening passengers at borders or closing air or rail hubs. Experience has shown that these actions are not effective and could have serious adverse consequences; thus, they are not recommended."




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\*Inglesby, Nuzzo, O'Toole, and Henderson. Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science. Vol 4, No 4, 2006.



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## Safer Alternative - Voiced by March/April, 2020: "Targeted Protection"

**March, 2020:**


- **Ioannidis**  
*Stat, March 17*
- **Katz**  
*NY Times, March 20*
- **Atlas**  
*Washington Times, March 26*
- **Kulldorff**  
*...LinkedIn, April 10*  
*and later CNN en Español*

... and several others later in  
spring, summer, & fall 2020


- 1) Increase the protection of the high-risk group with an unprecedented focus
- 2) Reopen society to stop destroying low-risk people, including medical care, schools, businesses, & transportation
- 3) Carefully monitor hospitals & supplement when needed



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### Safer Alternative - Voiced by March/April, 2020: "Targeted Protection"

**March, 2020:**    - - - - - ➔    **October 4, 2020:**

- Ioannidis**  
*Stat, March 17*
- Katz**  
*NY Times, March 20*
- Atlas**  
*Washington Times, March 26*
- Kulldorff**  
*...LinkedIn, April 10*  
*and later CNN en Español*

... and several others later in  
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The Great Barrington Declaration is a document signed by Dr. Martin Kulldorff, Dr. Sunetra Gupta, and Dr. Jay Bhattacharya. It states: 'As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.' The graphic also lists the names of the three doctors and their affiliations.

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### Academics & Governments Pushed Two Lies:

- If you are against lockdowns, you are choosing the economy over lives**
- If you are against lockdowns, you are for allowing the infection to spread without mitigation (the "herd immunity" strategy!)**

*Propaganda\**

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\* Times font

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## What's the Risk, and For Whom?


- **Original WHO estimate:**
  - 3.4% IFR
- **Truth** (published late 2020, early 2021):
  - ~0.15% IFR
  - ~0.05% IFR if <70
    - Eur J Clin Invest 2020 October
    - Eur J Clin Invest 2021 March
    - Bulletin WHO 2021 January
- **Age is most important risk for COVID death:**
  - Mean age for death ~80
  - ~80% of deaths >65
  - 99.83% of deaths >25
  - 99.97% of deaths >15



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  - 99.97% of deaths >15


- **2023 review\* of 2020 data:**

Age	IFR (%)	% Survival
0-19	.0003	99.9997%
20-29	.002	99.998%
30-39	.011	99.99%
40-49	.035	99.96%
50-59	.123	99.88%
60-69	.506	99.5%


Age Group	Income of Country	IFR (%)	% Survival
0-59	High	.038	99.96%
	Other	.008	99.99%
0-69	High	.098	99.9%
	Other	.012	99.99%



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\*Pezzullo et al, Environmental Research 2023  
Age-stratified infection fatality rate of COVID-19 in the non-elderly population;  
<https://doi.org/10.1016/j.envres.2022.114655>

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## What's the Risk, and For Whom?

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  - ~0.05% IFR if <70

*Eur J Clin Invest* 2020 October  
*Bulletin WHO* 2021 January

**“~65% of COVID-19 deaths occurred above life expectancy”**

Malik RJ. Across regions: Are most COVID-19 deaths above or below life expectancy? *GERMS*. 2021;14(1):59-65. doi:10.1007/s00665-021-1241-1

Age is most important risk for COVID death.

- Mean age for death ~80
- ~80% of deaths >65
- 99.83% of deaths >25
- 99.97% of deaths >15

- Age gradient of fatality risk: (>1000-fold difference in IFR)




Age	IFR*	% Survival
0-19	.00003	99.997%
20-49	.0002	99.98%
50-69	.005	99.5%
70+	.054	94.6%

\*CDC, 2020, 2021 in USA

- For perspective:

Country	Life Expectancy	COVID Death Median Age*
Germany	81	82
Italy	84	82
UK	81	85
USA	79	77

\*Environ Res 2020 April






## What's the Risk, and For Whom?

- Co-morbidities and COVID death studied:
  - 540,667 hosp'd adults w/COVID
  - April '20 – March '21;
  - >800 hospitals

**2/3 (64.2%) of deaths: patients with ≥6 comorbidities**

### Risk of death and comorbidities\*


# Conditions	Risk of Death
1	1.53x
2-5	2.55x
6-10	3.29x
>10	3.82x






## “Lockdowns” Were Actually Lockdowns

- What is “lockdown”?
- Closing schools and businesses
- Limiting medical care for non-COVID illnesses
- Strictly limiting group and family interactions
- Restricting personal movement and travel
- Curfews
- Quarantining low-risk, asymptomatic people



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## Fact: Lockdowns Failed

*CESifo Economic Studies*, 1–14  
doi: 10.1093/cesifo/ifab003  
Original article

OXFORD

### Did Lockdown Work? An Economist’s Cross-Country Comparison

Christian Bjørnskov  \*

\*Aarhus University, Department of Economic, Aarhus V, Denmark; the Research Institute of Industrial Economics (IFN), Stockholm, Sweden. E-mail: chbj@econ.au.dk.

- *CESifo Economic Studies*, Bjørnskov; March, 2021

“Comparing weekly mortality in 24 European countries, the findings in this paper suggest that more severe lockdown policies have not been associated with lower mortality. In other words, the lockdowns have not worked as intended.”



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## Fact: Lockdowns Failed

European Journal of Clinical Investigation



ORIGINAL ARTICLE

Open Access



### Assessing mandatory stay-at-home and business closure effects on the spread of COVID-19

Eran Bendavid, Christopher Oh, Jay Bhattacharya, John P. A. Ioannidis

First published: 05 January 2021 | <https://doi.org/10.1111/eci.13484> | Citations: 21

- European Journal of Clinical Investigation, Bendavid, Oh, Bhattacharya, and Ioannidis; January, 2021

“We do not find significant benefits on case growth of more restrictive NPIs (non-pharmaceutical interventions, i.e., lockdowns).”

Ioannidis: the lockdowns were “usually harmful,” “pro-contagion.”

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## Fact: Lockdowns Failed

- NBER, Agrawal; June 2021

THE IMPACT OF THE COVID-19 PANDEMIC AND POLICY RESPONSES ON EXCESS MORTALITY


Virat Agrawal  
Jonathan H. Cantor  
Neeraj Sood  
Christopher M. Whaley


Working Paper 28930  
<http://www.nber.org/papers/w28930>


NATIONAL BUREAU OF ECONOMIC RESEARCH  
1050 Massachusetts Avenue  
Cambridge, MA 02138  
June 2021

- Lockdown policies in 43 countries and across US states led to *more excess deaths*:

- ✓ With longer shelter-in-place orders, excess deaths *increased*.
- ✓ With faster lockdowns, *more* excess deaths occurred.
- ✓ In the 43 countries and 50 US states, excess deaths were falling before lockdowns, but *once lockdowns were instituted, the death toll began rising*.

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## Fact: Lockdowns Failed

- Studies in Applied Economics, Herby; January 2022
- Analyses of 18,590 studies – 34 qualified, after screening

✓ “Lockdowns have had little to no effect on COVID-19 mortality.”

✓ “Lockdowns in Europe and the United States only reduced COVID-19 mortality by 0.2% on average”

✓ “Lockdowns have had little to no public health effects, (but) they have imposed enormous economic and social costs where they have been adopted.”

✓ “Lockdown policies are ill-founded and should be rejected as a pandemic policy instrument.”

SAE, No. 200, January 2022

**Studies in Applied Economics**

A LITERATURE REVIEW AND META-ANALYSIS OF THE EFFECTS OF LOCKDOWNS ON COVID-19 MORTALITY

Jonas Herby, Lars Jørgensen, and Steve H. Hanke

Johns Hopkins University

Johns Hopkins Institute for Applied Economics, Global Health, and the Study of Business Enterprise

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## Fact: Lockdowns Failed & Destroyed People

- NBER, Kerpen; April 2022

A FINAL REPORT CARD ON THE STATES' RESPONSE TO COVID-19

Phil Kerpen  
Stephen Moore  
Casey B. Mulligan

Working Paper 29928  
<http://www.nber.org/papers/w29928>

NATIONAL BUREAU OF ECONOMIC RESEARCH  
1650 Massachusetts Avenue  
Cambridge, MA 02138  
April 2022

Analyses of 50 states and D.C.

3 categories quantified:

- Mortality
- Economy
- Education

GRADE	RANK	STATE	SCORE	SCALED SCORE
A+	1	Utah	3.46	100.0
A+	2	Nebraska	3.25	97.0
A+	3	Vermont	3.24	96.9
A	4	Montana	2.29	83.4
A	5	South Dakota	2.08	80.4
A	6	Florida	2.04	79.9
A	7	New Hampshire	1.99	79.2
A	8	Maine	1.95	78.6
A	9	Arkansas	1.88	77.7

F	46	Illinois	-2.28	18.8
F	47	California	-2.51	15.1
F	48	New Mexico	-2.61	14.2
F-	49	New York	-2.94	9.6
F-	50	DC	-3.30	4.3
F-	51	New Jersey	-3.61	0.0

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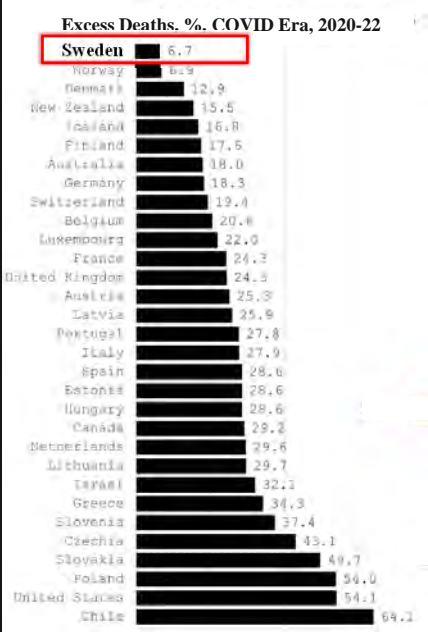
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# How Could Lockdowns Directly Kill People? US Data (from 2020)

- Half of 650,000 US cancer patients skipped chemotherapy
- 40% of stroke patients did not call an ambulance
- Half of heart attack patients did not call an ambulance; in March-April of 2020, NYC alone had a 400% increase in deaths from non-COVID heart dx
- Organ transplants from living donors were down 85% from the same period the last year
- >2/3 of cancer screenings were skipped in the first 3 months
  - 70% of colonoscopies
  - 67% of mammograms
  - 46% of the top six cancers were not diagnosed during the first four months of the shutdown
- In 2020, ~1,000,000 new US cancer cases went undetected
- Severe child abuse cases brought to ERs skyrocketed by 35%, brought in by parents who thought they killed their own children
- Most childhood vaccinations were skipped, generating an impending future health disaster




# World's Results: Overall



# The Painful Truth

**“It does not matter who you are, or how smart you are, or what title you have, or how many of you there are, and certainly not how many papers your side has published, if your prediction is wrong then your hypothesis is wrong. Period.”**


Richard P. Feynman



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# Lockdowns and School Closures:


*A Measure of an Ethical Society*



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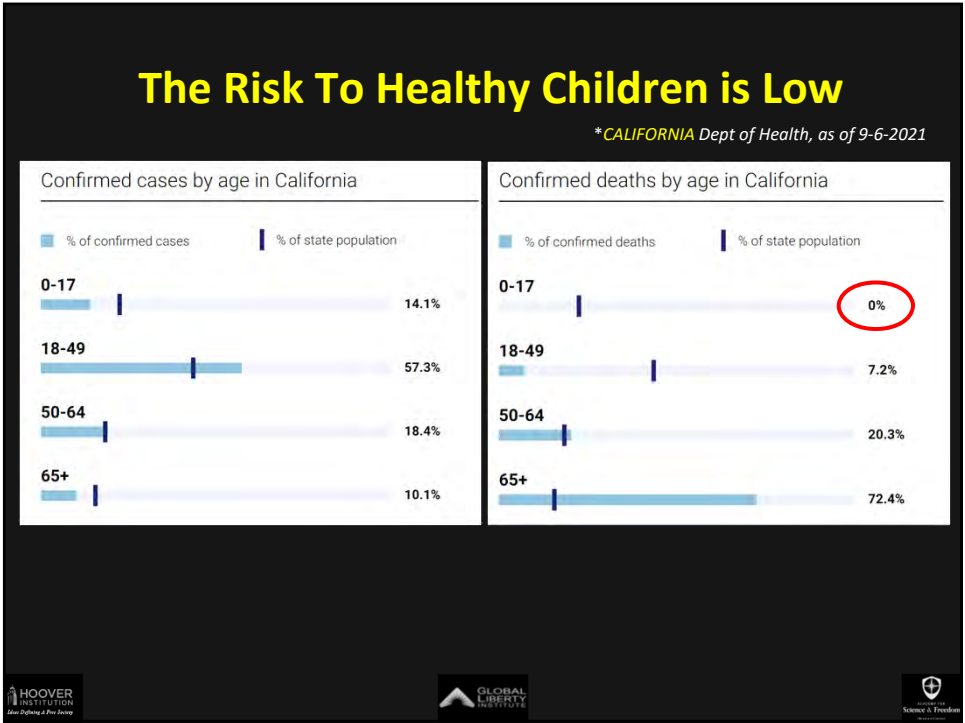


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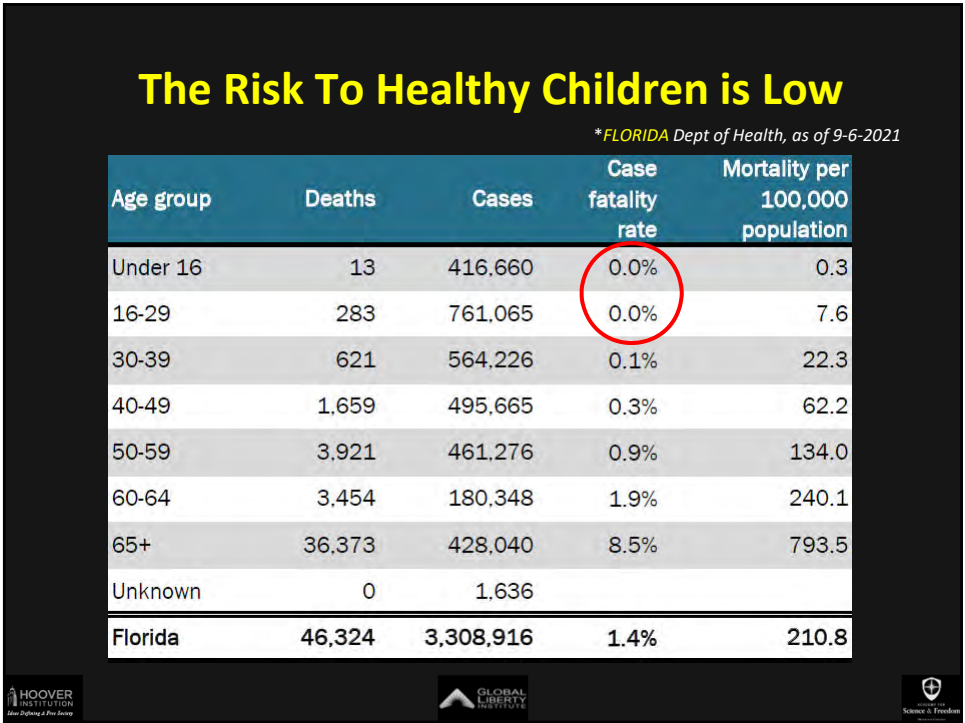
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### The Risk From Children is Low

- Spread from children (*known since spring, 2020*)
  - Iceland’s April 2020 *NEJM* study: “even if children do get infected, they are less likely to transmit the disease to others than adults. *We have not found a single instance of a child infecting parents.*”
  - Separate studies from >12 countries in 2020 (Norway, Sweden, Spain, the Netherlands, Ireland, Iceland, Switzerland, France, Australia, Germany, Greece, South Korea, UK) showed no signif. spread from kids or from schools
  - European Centre for Disease Prevention study of 17countries: “[open ] schools were not associated with accelerating community transmission.”
  - K-12 teachers in open schools have same incidence as community






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### The Case for Opening Schools (already known in spring/summer, 2020)

- *Healthy children do not have a high risk from the virus*
- *Harms of closing in-person schools are enormous*
- *Nothing is more important to a civilized society than educating its children*

- Online learning is a failure
  - NWEA: Reading, math losses 30-50% after spring 2020 closures
  - Fairfax, VA: F-grades increased by 83%; Two F-grades up 300%
  - Stanford CREO: “Findings on learning losses are chilling”
- Losses beyond learning:
  - Detecting hearing/vision impairment, nutrition, conflict resolution, language, social skills, physical activity ...

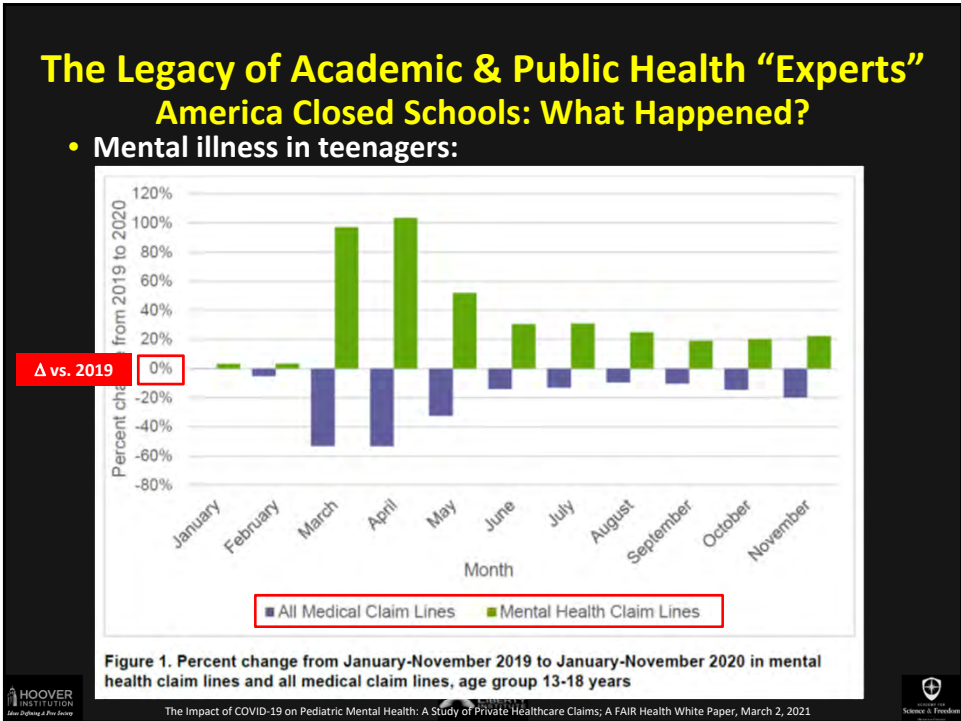
**All these losses are far greater for minorities and poor children**



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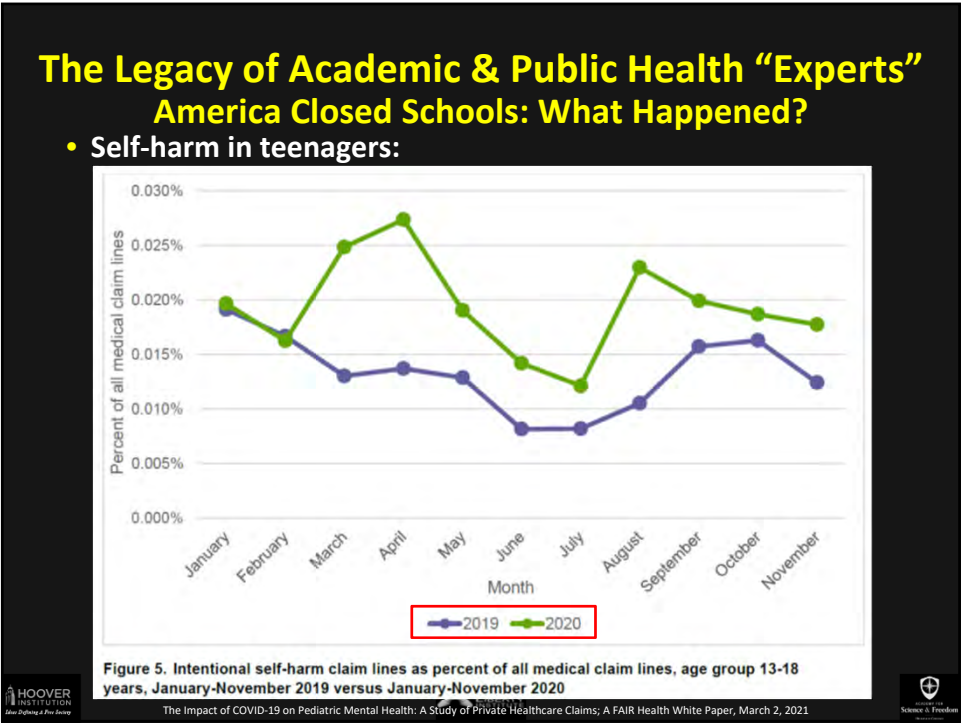


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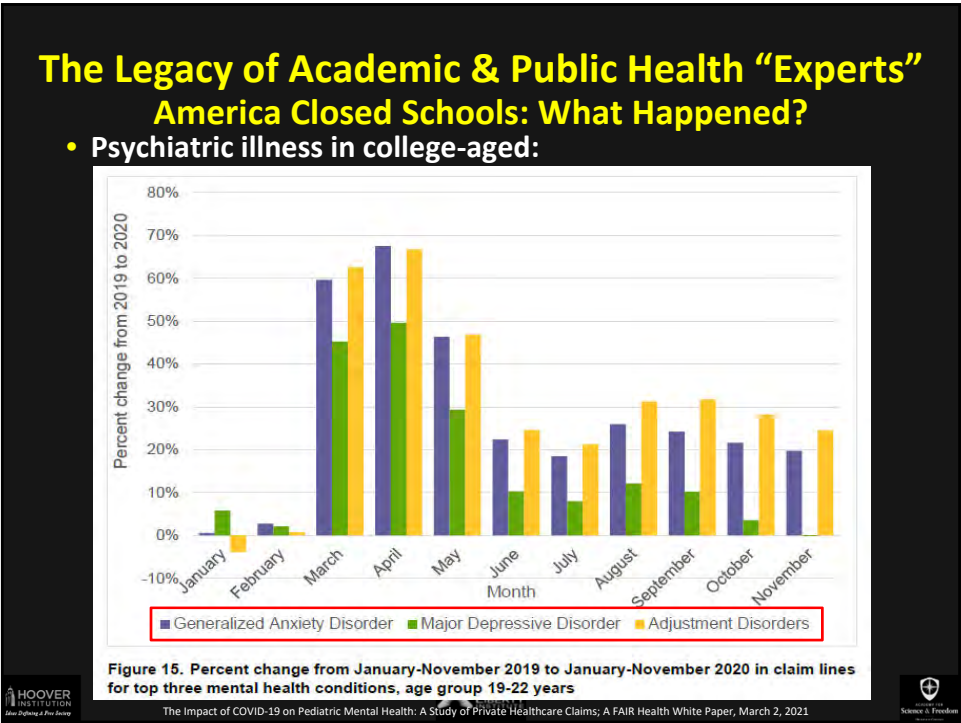


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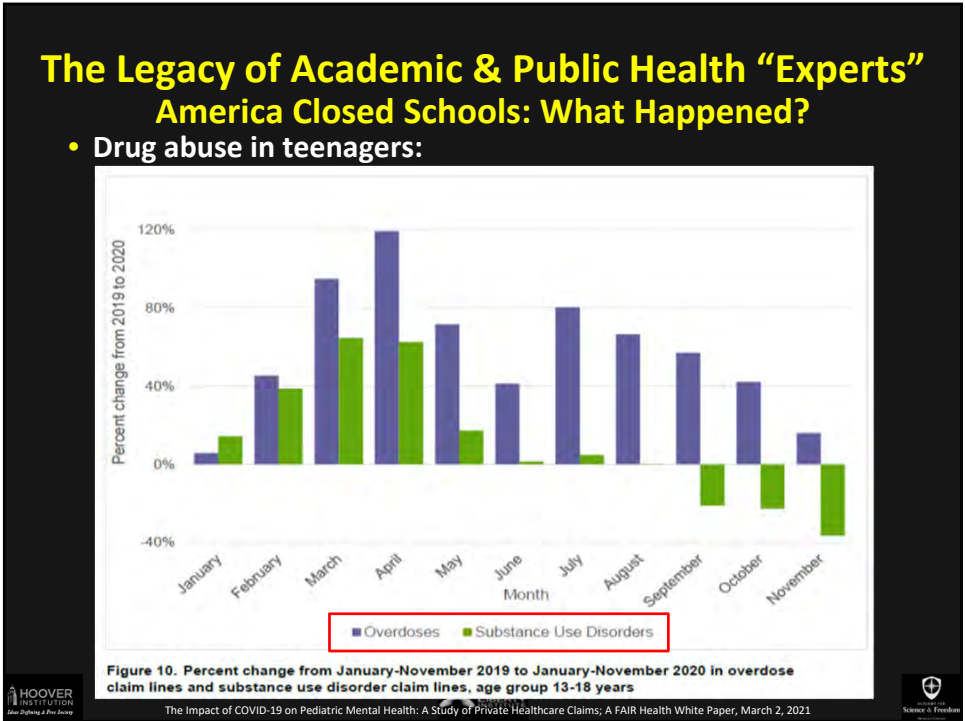




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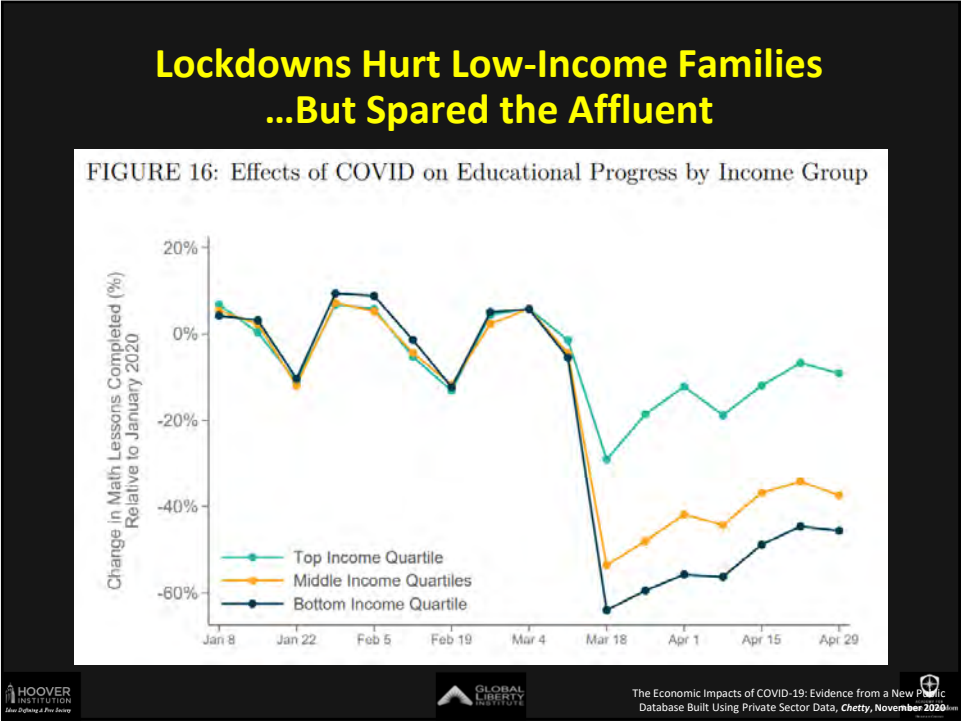
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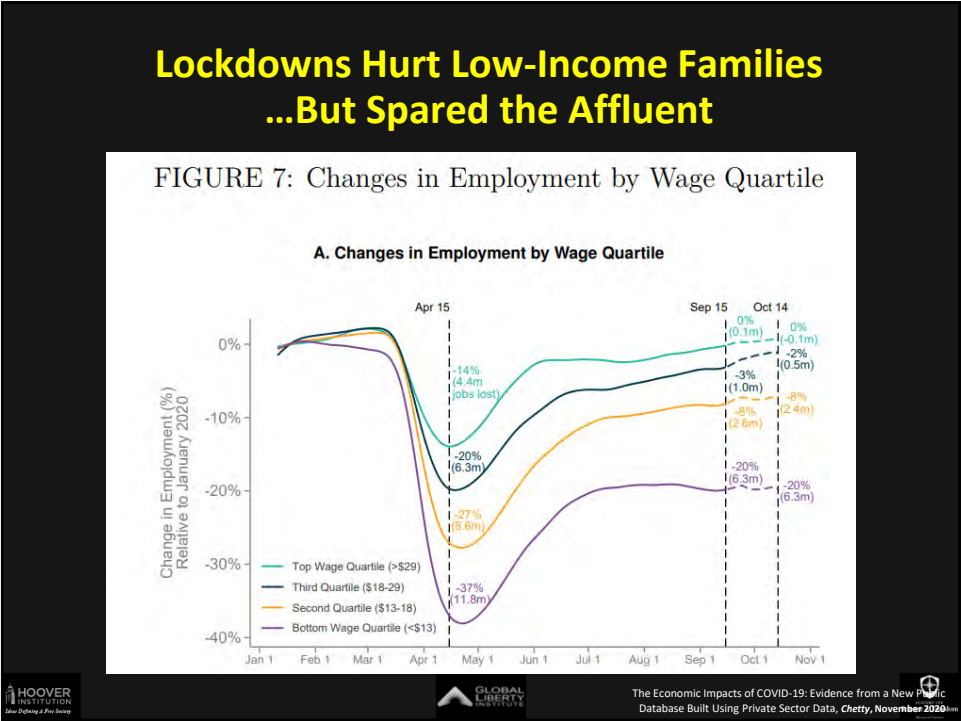
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# Lockdowns Esp. Harmed Low-Income and Poor Kids

## The State of Global Learning Poverty: 2022 Update



**Lockdowns: A Luxury of the Rich**

- “... The increases (in learning poverty) have been especially large in ... the regions where schools have been closed the longest.”
- “... learning losses are concentrated among poor students ... documented in the Netherlands, Italy, US, Mexico, Bangladesh, and Ghana.”
- “...this widespread learning poverty threatens to undermine the future of today’s children and the economic prospects of their countries.”

argely bstitute for in-person schooling ... school closures have disproportionately affected students from disadvantaged backgrounds ...”



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**“There can be no keener revelation of a society’s soul than the way in which it treats its children.”**

**Nelson Mandela**






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# COVID Vaccines in Children:

## *A Measure of an Ethical Society*



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# COVID Vaccines vs. Post-Recovery: Israel

Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity:  
reinfections versus breakthrough infections  
August 25, 2021  
Sivan Gazit, MD MA<sup>1,2\*</sup>; Roei Shlezinger, BA<sup>1</sup>; Galit Perez, MN MA<sup>2</sup>; Roni Lotan, PhD<sup>2</sup>; Asaf Peretz, MD<sup>1,3</sup>; Amir Ben-Tov, MD<sup>1,3</sup>; Dani Cohen, PhD<sup>1</sup>; Khitam Muhsen, PhD<sup>1</sup>; Gabriel Chodick, PhD MHA<sup>2,4</sup>; Tal Patalon, MD<sup>1,2</sup>




**“Recovered” > “Vaccinated”**

- Against *symptomatic infection*:  
Post-infection > post-vaccine protection (by 27-fold)
- Against *all SARS2 infection*:  
Post-infection > post-vaccine protection (by 13-fold)
- Against *hospitalization*:  
Post-infection > post-vaccine protection (by 8-fold)

**“Recovered” = “Recovered, then vaccinated”**

- Against *symptomatic infection*:  
No significant difference (p=.194)
- Against *all SARS2 infection*:  
No significant difference\* (p=.188)

Note: if “recovered plus vaccinated” includes those vaccinated - then infected - then reinfected, “recovered plus vaccinated” had fewer infections



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## COVID Vaccines and Omicron: Denmark

**Title:** Vaccine effectiveness against SARS-CoV-2 infection with the Omicron or Delta variants following a two-dose or booster BNT162b2 or mRNA-1273 vaccination series: A Danish cohort study

**December 20, 2021**

Christian Holm Hansen PhD<sup>1</sup>, Astrid Blicher Schelde PhD<sup>1</sup>, Ida Rask Moustsen-Helm PhD<sup>1</sup>, Hanne-Dorthe Emborg PhD<sup>1</sup>, Tyra Grove Krause PhD<sup>2</sup>, Kåre Melbak DMSc<sup>2</sup>, Palle Valentiner-Branth PhD<sup>1</sup> on behalf of the Infectious Disease Preparedness Group at Statens Serum Institut

**Table** Estimated vaccine effectiveness for BNT162b2 and mRNA-1273 against infection with the SARS-CoV-2 Omicron and Delta variants during November 20 – December 12, 2021, Denmark.

Time since vaccine protection	Cases	Pfizer – BNT162b2		Moderna - mRNA-1273	
		Omicron	Delta	Omicron	Delta
		VE, % (95% CI)	VE, % (95% CI)	VE, % (95% CI)	VE, % (95% CI)
1-30 days	14	55.2 (23.5; 73.7)	86.7 (84.6; 88.6)	36.7 (-69.9; 76.4)	88.2 (83.1; 91.8)
31-60 days	32	16.1 (-20.8; 41.7)	80.9 (79.0; 82.6)	30.0 (-41.3; 65.4)	81.5 (77.7; 84.6)
61-90 days	145	9.8 (-10.0; 26.1)	72.8 (71.7; 73.8)	4.2 (-30.8; 29.8)	72.2 (70.4; 74.0)
91-150 days	2,851	-76.5 (-95.3;-59.5)	53.8 (52.9; 54.6)	-55.3 (-61.6;-20.0)	65.0 (63.6; 66.3)
1-30 days after booster vaccination protection	29	54.6 (30.4; 70.4)	81.2 (79.2; 82.9)	-	82.8 (58.8; 92.9)

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## COVID Vaccines and Omicron in Kids: NY

**Effectiveness of the BNT162b2 vaccine among children 5-11 and 12-17 years in New York after the Emergence of the Omicron Variant**

**February 28, 2022**

Vajeera Dorabawila, PhD<sup>1</sup>, Dina Hoefer, PhD<sup>1</sup>, Ursula E. Bauer, PhD<sup>1</sup>, Mary T. Bassett, MD<sup>1</sup>, Emily Lutterloh, MD<sup>1,2</sup>, Eli S. Rosenberg, PhD<sup>1,2</sup>

	Estimate (95% CI)	Estimate (95% CI)	Estimate (95% CI)	Estimate (95% CI)	Estimate (95% CI) <sup>a</sup>	Estimate (95% CI) <sup>a</sup>
IRR, 5-11 Years	2.7 (2.7, 3.1)	2.0 (1.9, 2.1)	1.4 (1.4, 1.5)	1.1 (1.1, 1.2)	0.9 (0.9, 1.0)	0.7 (0.6, 0.8)
IRR, 12-17 Years	4.3 (3.4, 5.3)	3.1 (2.7, 3.6)	2.5 (2.2, 2.9)	2.3 (1.9, 2.7)	1.98 (1.5, 2.5)	1.95 (1.2, 2.8)
VE, 5-11 Years	65% (62%, 68%)	51% (49%, 53%)	29% (27%, 32%)	12% (8%, 16%)	-10% (-17%, -4%)	-41% (-56%, -29%)
VE, 12-17 Years	76% (71%, 81%)	67% (62%, 72%)	60% (55%, 65%)	56% (48%, 63%)	49% (34%, 60%)	46% (18%, 65%)


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## COVID Vaccines for Children in UK

**“The margin of benefit, based primarily on a health perspective, is considered too small to support advice on a universal programme of vaccination of otherwise healthy 12 to 15-year-old children at this time.”**


**UK Government Dept. of Health & Social Care**  
September 3, 2021  
**“JCVI statement on COVID-19 vaccination of children aged 12 to 15 years”**



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## COVID Vaccines for Children in Finland

**“Rokotukseen osallistuminen on vapaaehtoista.”**

*English: “Participation in vaccination is voluntary.”*

**Finland’s Ministry of Social Affairs and Health**  
December 22, 2020

- “People under 16 who are not in a risk group will not be vaccinated in Finland for the time being.”**

**Finnish Institute for Health and Welfare**  
June 24, 2021

**“Everyone in Finland can get vaccinated — if they want to”**

**“Vaccination is voluntary”**

**Finland’s Ministry of Social Affairs and Health**  
2021-present



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## COVID Vaccines for Children in Norway

**“For children who are offered the coronavirus vaccine, but have not yet reached 16 years of age, parents must consent to vaccination. In the case of joint parental responsibility, both must consent ...  
Vaccination is voluntary.”**

**Norwegian Institute of Public Health**  
Published October 23, 2020; Updated July 1, 2022



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## COVID Vaccines for Children in Denmark


**“Vaccination af børn og unge under 18 år.”**

“Børn og unge bliver kun meget sjældent alvorligt syge af covid-19 med omikron-varianten. Derfor vil det fra den 1. juli 2022 ikke længere være muligt for børn og unge under 18 år at få 1. stik, og fra den 1. september 2022 vil det ikke længere være muligt at få 2. stik. Ganske få børn med særlig øget risiko for et alvorligt forløb, vil fortsat have mulighed for vaccination, efter en individuel vurdering af en læge.”


**English: “Vaccination of children and young people under the age of 18.”**

**“Children and young people only very rarely become seriously ill from covid-19 with the omikron variant. Therefore, from 1 July 2022 it will no longer be possible for children and young people under the age of 18 to get the 1st jab, and from 1 September 2022 it will no longer be possible to get the 2nd jab.”**


**Danish Health Authority**  
Published May 1, 2022



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# COVID Vaccines for Children in the US?

**“But we’re never going to learn about how safe this vaccine is unless we start giving it. That’s just the way it goes.”**

**Eric Rubin, MD**  
**Editor-in-Chief, *NEJM***  
**October 26, 2021**  
**FDA advisory meeting on vaccine approval in children**



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# COVID Vaccines in Infants?

Moderna Files for Authorization of Its COVID-19 Vaccine in Young Children Six Months to Under Six Years of Age

Moderna, Inc.  
<http://www.modernatx.com>

**“Effectiveness in individuals 6 months through 5 years of age is based on a comparison of immune responses in this age group to adults 18 years through 25 years of age.”**

CAMBRIDGE, MA / ACCESSWIRE / April 28, 2022 / Moderna, Inc. (NASDAQ:MRNA), a biotechnology company pioneering messenger RNA (mRNA) therapeutics and vaccines, today announced that it has submitted request for emergency use authorization (EUA) for its COVID-19 vaccine (mRNA-1273) in children 6 months to under 2 years and 2 years to under 6 years of age to the U.S. Food and Drug Administration and that similar requests are underway with international regulatory authorities. The requests are based on a 25 µg two-dose primary series of mRNA-1273.




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# US Public Health Ethics Have Disappeared


“If a school is implementing a testing strategy, testing should be offered on a voluntary basis. It is unethical and illegal to test someone who does not want to be tested, including students whose parents or guardians do not want them to be tested.”



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# US Public Health Ethics Have Disappeared

“If a school is implementing a testing strategy, testing should be offered on a voluntary basis. It is unethical and illegal to test someone who does not want to be tested, including students whose parents or guardians do not want them to be tested.”


**CDC**  
**October 13, 2020**



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**US Public Health Ethics Have Disappeared**

**NOW, REMOVED FROM CDC WEBSITE**

“If a school is implementing a testing strategy, testing should be offered on a voluntary basis. It is unethical and illegal to test someone who does not want to be tested, including students whose parents or guardians do not want them to be tested.”

**CDC**  
**October 13, 2020**

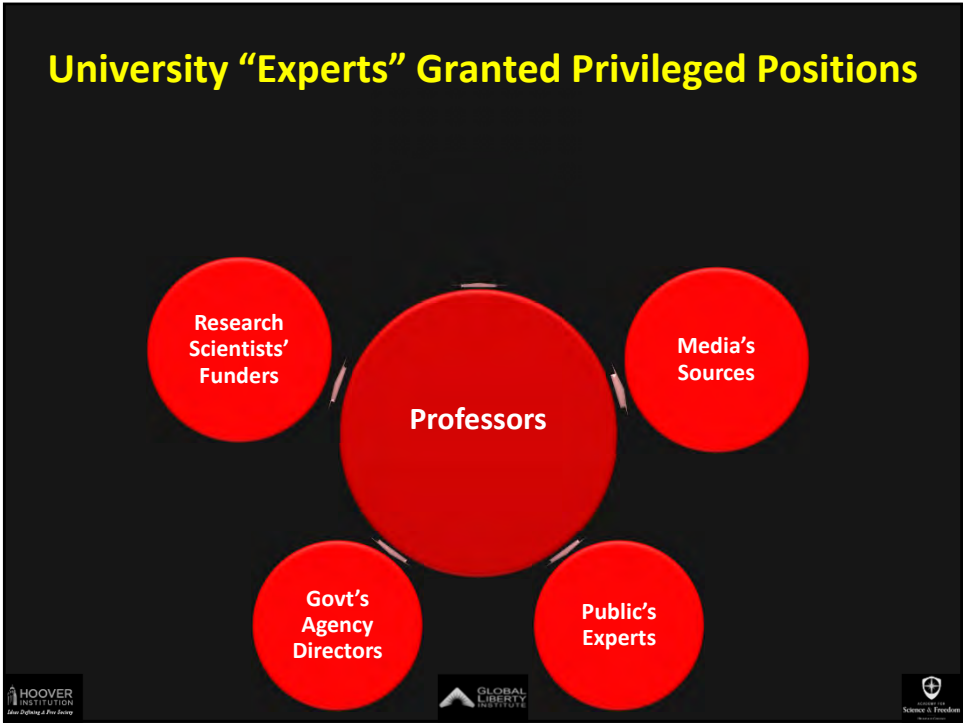
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**America’s Leadership is in Crisis**

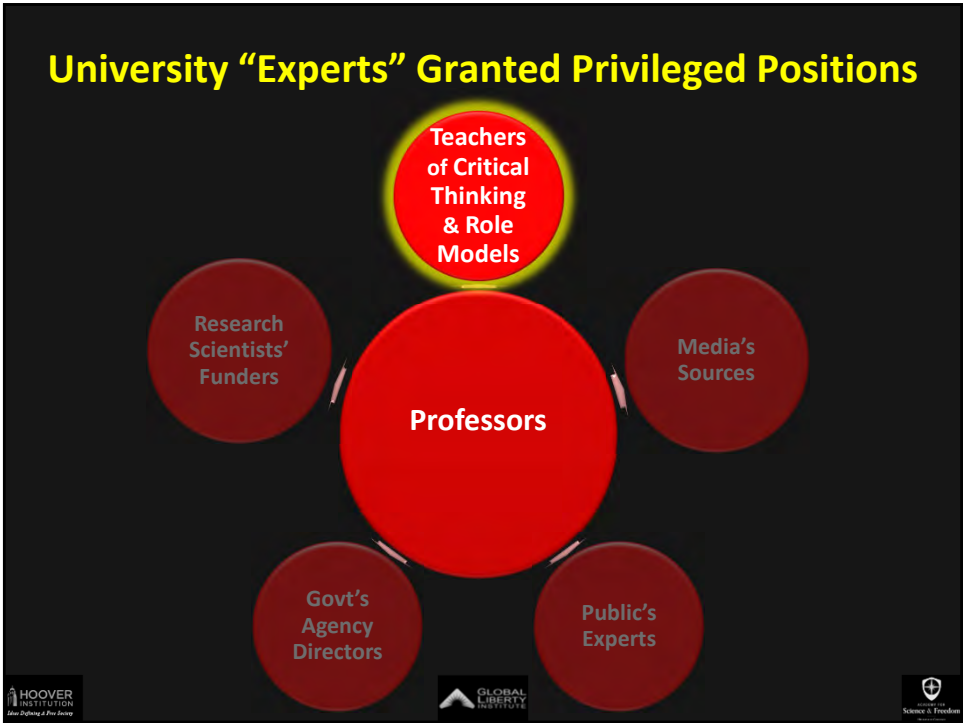
- Unprecedented *denial of fact* is rampant on our **university** campuses, in science, in the media, and in gov’t public health agency leaders
- School and **university** leaders broke the social contract with our most precious resource, our children, harming them and failing as role models
- America’s “credentialed class” – public health leaders, **universities**, doctors, scientists, schools, media – has been exposed as *non-expert, politicized, and ethically deficient*
- Free exchange of ideas – the primary role of **universities** - and other civil liberties fundamental to any democracy and free society are now under threat

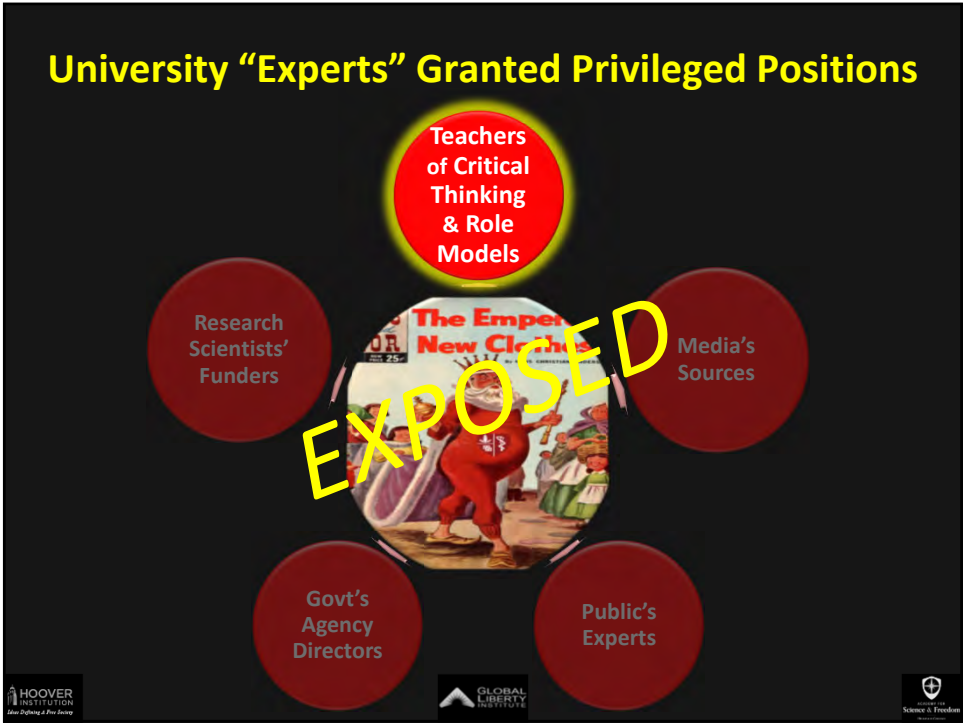
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**“Of all the offspring of Time, Error is the most ancient, and is so old and familiar an acquaintance, that Truth, when discovered, comes upon most of us like an intruder, and meets the intruder’s welcome.”**

*Extraordinary Popular Delusions and the Madness of Crowds*  
Charles Mackay

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# The University's Response to Truth? Cancel Culture Relies on University Brand to Legitimize Defamation

UPDATED SEP 9 AT 22:00

**Stanford MEDICINE**

September 9, 2020

Dear Colleagues,

As infectious diseases physicians and researchers, microbiologist and immunologists, epidemiologists and health policy leaders, we stand united in efforts to develop and promote science-based solutions that advance human health and prevent suffering from the coronavirus pandemic. In this pursuit, we share a commitment to a basic principle derived from the Hippocratic Oath: *Primum Non Nocere (First, Do No Harm)*.

To prevent harm to the public's health, we also have both a moral and an ethical responsibility to call attention to the falsehoods and misrepresentations of science recently fostered by Dr. Scott Atlas, a former Stanford Medical School colleague and current senior fellow at the Hoover Institute at Stanford University. Many of his opinions and statements run counter to established science and, by doing so, undermine public-health authorities and the credible science that guides effective public health policy. The preponderance of data, accrued from around the world, currently supports each of the following statements:

- The use of face masks, social distancing, handwashing and hygiene have been shown to substantially reduce the spread of Covid-19. Crowded indoor spaces are settings that significantly increase the risk of community spread of SARS-CoV-2.
- Transmission of SARS-CoV-2 frequently occurs from asymptomatic people, including children and young adults, to family members and others. Therefore, testing asymptomatic individuals, especially those with probable Covid-19 exposure is important to break the chain of ongoing transmission.
- Children of all ages can be infected with SARS-CoV-2. While infection is less common in children than in adults, serious short-term and long-term consequences of Covid-19 are increasingly described in children and young people.
- The pandemic will be controlled when a large proportion of a population has developed immunity (referred to as herd immunity) and that the safest path to herd immunity is through deployment of rigorously evaluated, effective vaccines that have been approved by regulatory agencies.
- In contrast, encouraging herd immunity through unchecked community transmission is not a safe public health strategy. In fact, this approach would do the opposite, causing a significant increase in preventable cases, suffering and deaths, especially among vulnerable populations, such as older individuals and essential workers.

Commitment to science-based decision-making is a fundamental obligation of public health policy. The rates of SARS-CoV-2 infection in the US, with consequent morbidity and mortality, are among the highest in the world. The policy response to this pandemic must reinforce the science, including that evidence-based prevention and the safe development, testing and delivery of efficacious therapies and preventive measures, including vaccines, represent the safest path forward. Failure to follow the science – or deliberately misrepresenting the science – will lead to immense avoidable harm.

We believe that social and economic activity can reopen safely, if we follow policies that are consistent with science. In fact, the countries that have reopened businesses and schools safely are those that have implemented the science-based strategies outlined above.

As Stanford faculty with expertise in infectious diseases, epidemiology and health policy, our signatures support this statement with the hope that our voices affirm scientific, medical and public health approaches that promote the safety of our communities and nation.

<b>Philip A. Pizzo, MD</b> Professor of Pediatrics (Infectious Diseases) and of Microbiology and Immunology and Former Dean, Stanford School of Medicine and Founding Director, Stanford Distinguished Careers Institute	<b>Upti Singh, MD</b> Professor of Medicine (Infectious Disease and Geographic Medicine) and of Microbiology and Immunology and Chief, Division of Infectious Diseases	<b>Bonnie Maldonado, MD</b> Professor of Pediatrics (Infectious Diseases) and of Epidemiology and Population Health Chief, Division of Pediatric Infectious Diseases and Senior Associate Dean for Faculty Development and Diversity
<b>Lucy Shapiro, PhD</b> Professor of Developmental Biology and Director, Beckman Center for Molecular and Genetic Medicine	<b>Melissa Bondy, PhD</b> Professor and Chair of Epidemiology and Population Health and Co-Director of the Stanford Center for Population Health Sciences	<b>Michele Barry, MD</b> Professor of Medicine and Senior Associate Dean for Global Health and Director, Center for Innovation in Global Health and Senior Fellow, Woods Institute and the Freeman Spogli Institute for International Studies

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# The University's Response to Truth? Cancel Culture Relies on University Titles to Legitimize Defamation

From: "Philip A. Pizzo" <pizzo@stanford.edu>  
Date: 9/9/20 8:37 PM (GMT-08:00)  
To: [sarah-allison@med.stanford.edu](#)  
Cc: pizzo <[philip.pizzo@stanford.edu](#)>  
Subject: An Important Communication From the ID, Epidemiology, Microbiology and Policy faculty

Also attached PDF

September 9, 2020

From: Tom Wasow <[wasow@stanford.edu](#)>  
Sent: Thursday, September 10, 2020 2:41 PM  
Subject: On behalf of Phil Pizzo  
Importance: High

Dear Colleagues,

I am sending this important message on behalf of Phil Pizzo, Professor of Pediatrics, Microbiology and Immunology and Former Dean who wishes to share an Open Letter from the Infectious Disease, Epidemiology, Microbiology and Health

Tom Wasow  
Academic Secretary to the University

Tom Wasow  
Academic Secretary to the University

microbiologist and immunologists, epidemiologists and health policy promote science-based solutions that advance human health and prevent suffering from the coronavirus pandemic. In this pursuit, we share a commitment to a basic principle derived from the Hippocratic Oath: *Primum Non Nocere (First, Do No Harm)*.

To prevent harm to the public's health, we also have both a moral and an ethical responsibility to call attention to the falsehoods and misrepresentations of science recently fostered by Dr. Scott Atlas, a former Stanford Medical School colleague and current senior fellow at the Hoover Institute at Stanford University. Many of his opinions and statements run counter to established science and, by doing so, undermine public-health authorities and the credible science that guides effective public health policy. The preponderance of data, accrued from around the world, currently supports each of the following statements:

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- Transmission of SARS-CoV-2 frequently occurs from asymptomatic people, including children and young adults, to family members and others. Therefore, testing asymptomatic individuals, especially those with probable Covid-19 exposure is important to break the chain of ongoing transmission.

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### Academic Science is Exposed as Political ex: Stanford's Political Targeting



John Ioannidis, MD, DSc

Scott Atlas, MD

Jay Bhattacharya, MD, PhD

- Who's at risk
- Risk to children
- Immunity
- Masks

- Schools
- Lockdowns
- Targeted protection

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### Academic Science is Exposed as Political ex: Stanford's Political Targeting



\*from A. Rabushka

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### Academic Science is Exposed as Political ex: Stanford's Political Targeting






WEDNESDAY, NOVEMBER 4, 2020 \*from A. Rabushka

Politics On The Farm (Stanford), November 3, 2020

Several thousand faculty, staff, and students who live in Stanford Campus Housing are registered to vote in Stanford's exclusive 94305 zip code. Stanford includes eight precincts. For reporting purposes, Santa Clara County combines them into two super-precincts. In the data that follow, I further combine them into one comprehensive result for 94305.

	<u>Biden</u>	<u>Trump</u>	<u>Others</u>
Stanford	1,860 (94.7%)	68 (3.5%)	37 (1.8%)
California	(65.3%)	(32.9 %)	(1.6%)



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### Even America's Media Recognized Targeting ...



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OPINION | REVIEW & OUTLOOK

#### YouTube's Political Censorship

The company suddenly removes an interview with Trump's virus adviser.

By [The Editorial Board](#) [Follow](#)

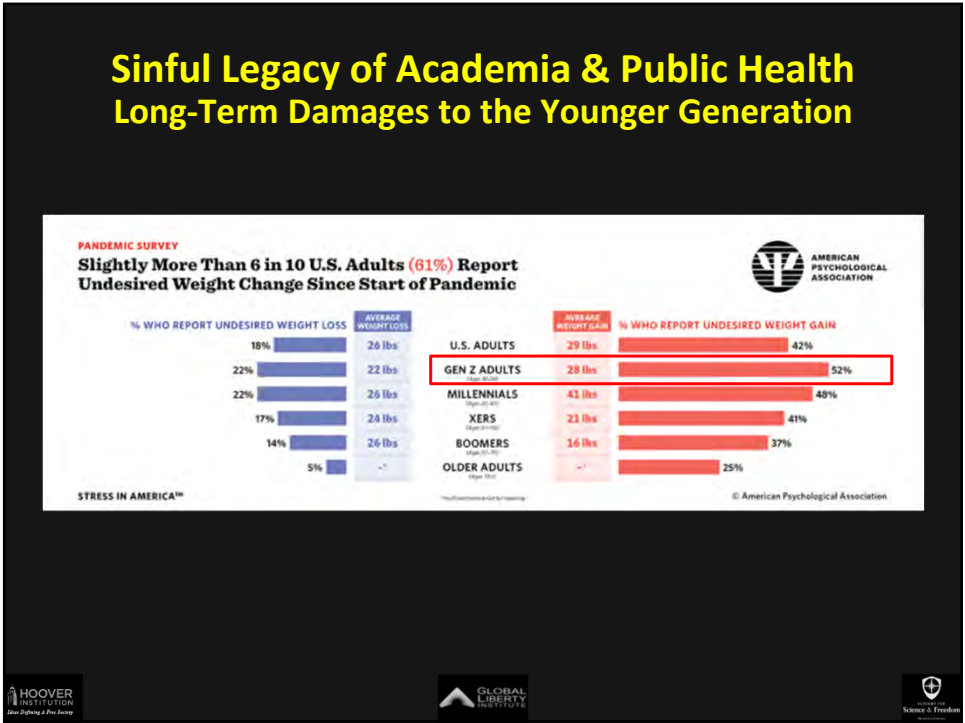
Sept. 14, 2020 7:30 pm ET

**"The public can be forgiven for wondering if Dr. Atlas's appointment as a White House coronavirus adviser last month has made him a political target. A group of Stanford faculty published an open letter slaming their former colleague last week, and the video came down two days later."**



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### Sinful Legacy of Academia & Public Health Trust in Public Health is Now Politicized

Parents' Support for K-12 In-Person Schooling, by Demographic Subgroups

	Yes, support	No, do not support
	%	%
All K-12 parents	79	21
<b>Employment status</b>		
Working	82	18
Not working	71	29
<b>Party identification</b>		
Republican	94	6
Independent	80	20
Democrat	62	38
<b>U.S. region</b>		
Northeast	90	10
Midwest	83	17
South	78	22
West	72	28

GALLUP PANEL, FEB. 14-21, 2021

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# Sinful Legacy of Academia & Public Health

## Trust in Public Health is Now Politicized

FINANCIAL TIMES

myFT

Special Report FT Health: Communicable Diseases

### Polio returns to the US after decline in vaccine uptake

Jamie Smyth in Pearl River, New York OCTOBER 23 2022

Health threat re-emerges globally as jab coverage misses targets

- A 2021 backlash against vaccines was created:
  - 7M more children missed polio vaccine vs 2019 (WHO data)
  - 25M infants missed routine vaccinations (largest decline in 30 years)

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# Sinful Legacy of Academia & Public Health

## Trust in Science is Now Politicized

Share of Americans who said they had "a great deal" of confidence in the scientific community, by party affiliation, 1973-2021

Year	Democrat	Republican	Independent & Other
1973	35%	42%	38%
1975	41%	47%	52%
1980	37%	47%	43%
1985	42%	49%	44%
1990	34%	47%	41%
1995	38%	45%	39%
2000	42%	44%	39%
2005	44%	43%	38%
2010	46%	38%	40%
2015	45%	36%	42%
2020	65%	32%	44%

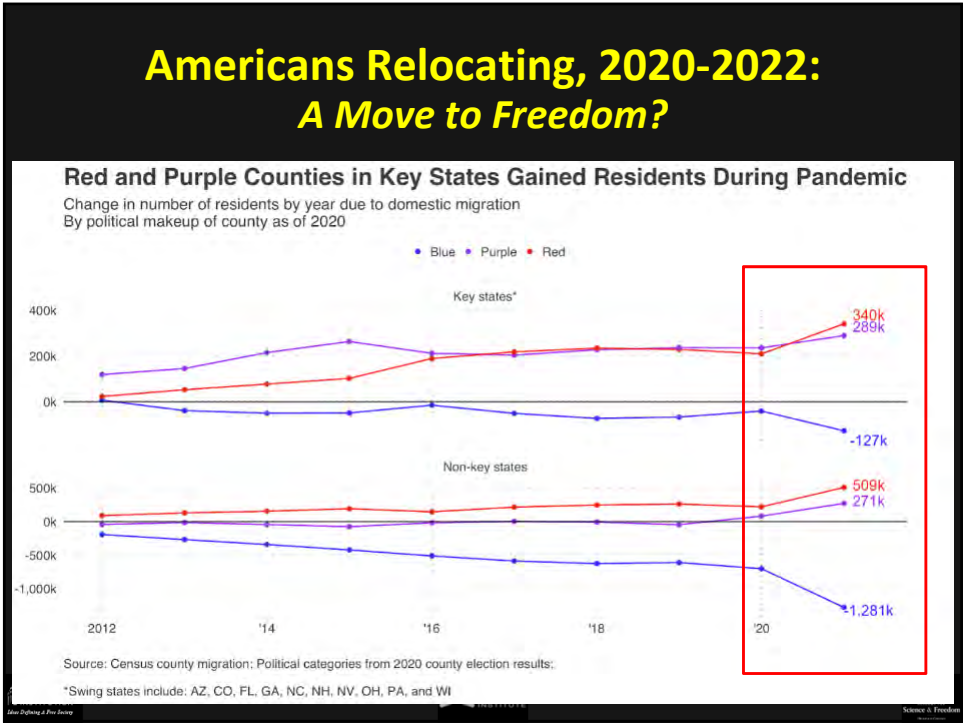
FiveThirtyEight

SOURCE: GENERAL SOCIAL SURVEY

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### Do Americans Prioritize Liberty? State Governor Elections, November, 2022

**10 Worst Performing States\* on COVID Management**

GRADE	RANK	STATE	SCALED SCORE
D	40	Michigan	33.1
D	41	Massachusetts	30.7
D	42	Pennsylvania	30.6
D	43	Connecticut	29.7
D	44	Nevada	28.8
D	45	Maryland	27.9
F	46	Illinois	18.8
F	47	California	15.1
F	48	New Mexico	14.2
F-	49	New York	9.6
F-	50	DC	4.3
F-	51	New Jersey	0.0

Was Governor Running?	Was Governor Re-Elected?
YES	YES – Whitmer (D)
No	n/a
YES	YES – Shapiro (D)
YES	YES – Lamont (D)
YES	NO – Lombardo (R) won
No	n/a
YES	YES – Pritzker (D)
YES	YES - Newsom (D)
YES	YES - Lujan Grisham (D)
YES	YES - Hochul (D)
YES*	YES - Bowser (D)
No	n/a

\*A final report card on the states' response to COVID-19. Kerpen, Moore, and Mulligan; NBER, April, 2022

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## How to Restore Trust?


> 4.2 Statement on Academic Freedom


This *Statement on Academic Freedom* was adopted by the Senate of the Academic Council on April 18, 1974, and approved by the Board of Trustees.

~~fullest protection.~~ Expression of the widest range of viewpoints should be encouraged, free from institutional orthodoxy and from internal or external coercion. ~~Further, the holding of appointments at Stanford University should~~

scholarship depend upon an atmosphere in which freedom of inquiry, thought, expression, publication and peaceable assembly are given the fullest protection. Expression of the widest range of viewpoints should be encouraged, free from institutional orthodoxy and from internal or external coercion. Further, the holding of appointments at Stanford University should in no way affect the faculty members' rights assured by the Constitution of the United States. In furtherance of these general principles:

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## How to Restore Trust?

### *First, Individuals with Integrity Must Rise Up*

The Stanford Daily

Letters to the Editor

Letter to the editor: Scott Atlas and lockdowns

By Martin Kulldorff  
Sept. 16, 2020, 10:47 a.m.

Dear Editor,

In an open letter, 98 Stanford faculty members accuse their Stanford colleague and White House COVID-19 advisor Scott Atlas of "falsehoods and misrepresentations," claiming that "many of his opinions and statements run counter to established science." Surprisingly, the letter's falsehoods are not mentioned, making scientific discourse difficult.

Among other things, the letter advocates handwashing, which Atlas obviously agrees with. So, what are the disagreements?

While anyone can get infected, there is a thousand-fold difference in mortality risk between the old and young, and the risk to children is less than from annual influenza. Using an age-targeted strategy, Atlas wants to better protect high-risk individuals, while letting children and young adults live more normal lives. This contrasts with general age-wide lockdowns that protect low-risk students and young professionals working from home, while older higher-risk working-class people generate the inevitable herd immunity.

The open letter ignores collateral damage caused by lockdowns. Being a public health policy expert, it is natural and reassuring that Atlas also consider plummeting childhood vaccinations, postponed cancer screenings, worsening cardiovascular disease outcomes, deteriorating mental health and more house evictions, just to name a few.

Among experts on infectious disease outbreaks, many of us have long advocated for an age-targeted strategy, and I would be delighted to debate this with any of the 98 signatories. Supporters include professor Sunetra Gupta at Oxford University, the world's preeminent infectious disease scientist of color, I

Martin Kulldorff, professor, Harvard Medical School

**"...I would be delighted to debate this with any of the 98 signatories."**

**Martin Kulldorff, PhD**  
Professor, Harvard Medical School

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**How to Restore Trust?**

Paula Wallace	Savannah Coll of Art & Design	\$5,037,567
Stephen Klasko	Thomas Jefferson Univ	4,399,407
Ronald Daniels	Johns Hopkins Univ	3,239,817
Nicholas Zeppos	Vanderbilt Univ	3,173,543
Amy Gutmann	Univ of Pennsylvania	3,164,829
Nido Qubein	High Point Univ	2,918,045
Mark Wrigton	Washington Univ St Louis	2,862,738
Lee Bollinger	Columbia Univ	2,714,147
Brian Rosenberg	Macalester College	2,234,656
Victor Boschini Jr.	Texas Christian Univ	2,103,019
Morton Schapiro	Northwestern Univ	1,988,607
Barbara Snyder	Case Western Reserve Univ	1,940,053
Shirley Ann Jackson	Rensselaer Polytechnic Inst	1,882,226
Robert Brown	Boston Univ	1,874,373
Peter Salovey	Yale Univ	1,866,525
Jerry Falwell Jr.	Liberty Univ	1,817,231

How Much Are Private-College Presidents Paid? Base pay, bonuses and benefits for 265 chief executives at private colleges with expenditures of \$100-million or more in 2019, August 17, 2022; Chronicle of Higher Education

Logos for 'HOOVER INSTITUTION' and 'Science & Freedom' are in the bottom left and right corners respectively.

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How to Restore Trust?		
Julio Frenk	Univ of Miami	\$1,790,304
Nathan Hatch	Wake Forest Univ	1,741,211
Wayne Frederick	Howard Univ	1,649,630
Mark Lombardi	Maryville Univ of St Louis	1,646,160
Daniele Struppa	Chapman Univ	1,602,115
Stuart Rabinowitz	Hofstra Univ	1,594,549
Nariman Farvardin	Stevens Inst of Technology	1,593,437
R. Gerald Turner	Southern Methodist Univ	1,588,821
John Degioia	Georgetown Univ	1,578,431
Wanda Austin	Univ of Southern California	1,501,541
Joseph Aoun	Northeastern Univ	1,490,367
Vincent Price	Duke Univ	1,485,814
Marc Tessier-Lavigne	Stanford Univ	1,433,725
David Leebron	Rice Univ	1,417,216
Farnam Jahanian	Carnegie Mellon Univ	1,380,132
Linda Livingstone	Baylor Univ	1,376,483



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How Much Are Private-College Presidents Paid? Base pay, bonuses and benefits for 265 chief executives at private colleges with expenditures of \$100-million or more in 2019. August 17, 2022; Chronicle of Higher Education

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How to Restore Trust?		
Martha Pollack	Cornell Univ	\$1,375,581
Philip Hanlon	Dartmouth Coll	1,362,859
Michael Fitts	Tulane Univ	1,361,000
Raynard Kington	Grinnell Coll	1,337,662
Laurie Leshin	Worcester Polytechnic Inst	1,336,602
Thomas Rosenbaum	California Inst of Technology	1,335,978
Thomas Leblanc	George Washington Univ	1,334,178
Carol Folt	Univ of Southern California	1,314,129
L. Rafael Reif	Mass Inst of Technology	1,311,261
Ronald Ellis	California Baptist Univ	1,310,210
James Harris	Univ of San Diego	1,299,417
Paul Leblanc	Southern New Hampsh Univ	1,264,888
Claire Sterk	Emory Univ	1,249,728
Anthony Monaco	Tufts Univ	1,223,616
John Fry	Drexel Univ	1,219,868
Christina Paxson	Brown Univ	1,215,355



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How Much Are Private-College Presidents Paid? Base pay, bonuses and benefits for 265 chief executives at private colleges with expenditures of \$100-million or more in 2019. August 17, 2022; Chronicle of Higher Education

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## How to Restore Trust?

John Jenkins	Univ of Notre Dame	\$1,211,688
Lawrence Bacow	Harvard Univ	1,189,519
Stephen Kaplan	Univ of New Haven	1,187,580
Ronald Liebowitz	Brandeis Univ	1,182,579
Greene David	Colby College	1,175,454
Robert Fisher	Belmont Univ	1,167,946
David Van Zandt	New School	1,130,743
Gary Brahm	Georgetown	7,435
Ronald Vaughn	University of Texas	1,079,853
A. Gabriel Esteban	DePaul Univ	1,077,329
Sylvia Burwell	American Univ	1,066,509
Christopher Eisgruber	Princeton Univ	1,043,885
John Petillo	Sacred Heart Univ	1,041,096
Marvin Krislov	Pace Univ	1,036,683
Eric Spina	Univ of Dayton	1,030,248
Laverne Harmon	Wilmington Univ (Del.)	1,007,678
Alan Kadish	Touro College (N.Y.)	1,005,387

colleges with expenditures of \$200-million or more in 2019, August 27, 2022; Chronicle of Higher Education

**“There comes a time when we must take a position that is neither safe, nor politic, nor popular, but one must take it because it is right.”**

**Martin Luther King, Jr.**



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## How to Restore Trust?

### Political Leaders Must Act for Free Speech



THE VERGE  
TECH REVIEWS SCIENCE CREATORS ENTERTAINMENT VIDEO MORE  
THE INFLUENCE OF AI  
How YouTube's moderators are keeping up with changing guidance around COVID-19  
As health officials' advice changes, YouTube is struggling to keep up with the flood of misinformation.  
By Lindsey Huxford @LindseyHuxford



DIGITAL INFORMATION WORLD  
YouTube using aggressive policies against misinformation spread by people regarding the coronavirus  
By Arooj Ahmad



THE WASHINGTON POST  
TECHNOLOGY  
Facebook says it has taken down 7 million posts for spreading coronavirus misinformation  
The company also labeled 98 million posts with warning notices about coronavirus misinformation between April and June.  
By Rachel Lerman

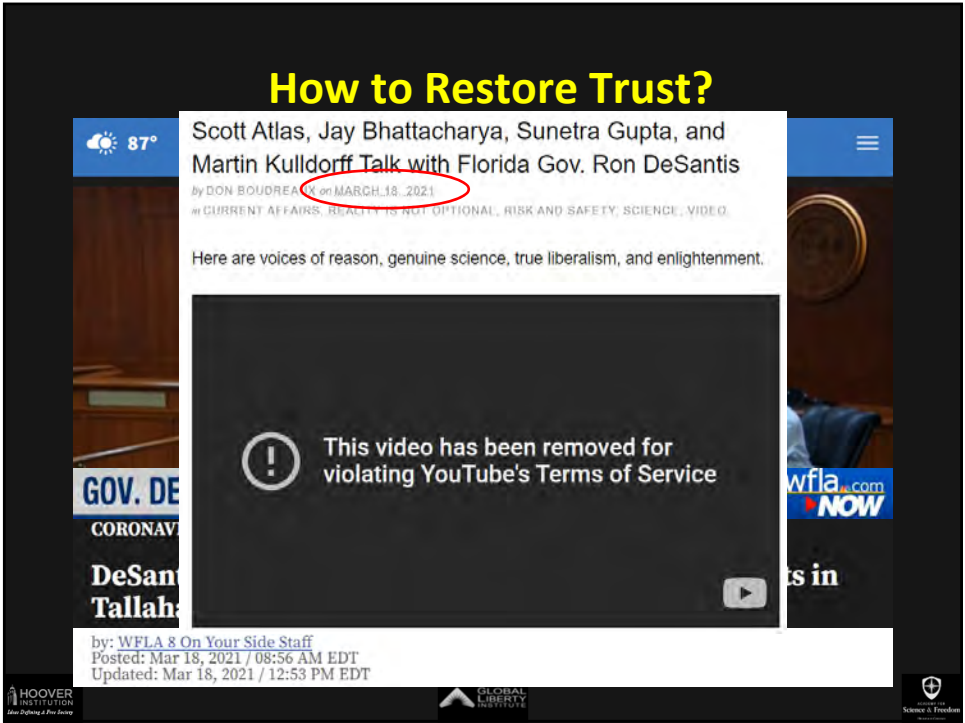


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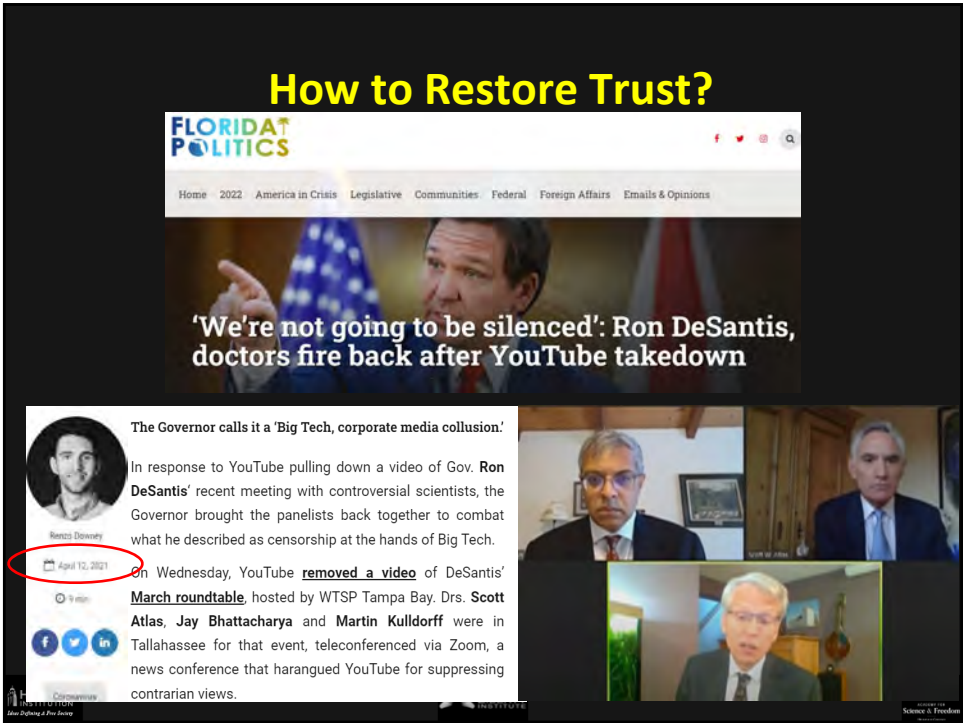


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## How to Restore Trust?

*Encourage, not Vilify, Outside Experts Who Help*



August 26, 2020  
Oval Office



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## How to Restore Trust?

*Hold Universities Accountable, Tied to Their Funding*

Organization	NIH Funding (FY 2022)
Univ of California system	\$2,719,167,595
Univ of Texas system	993,753,885
Partners Healthcare system	952,052,368
Johns Hopkins University	807,884,506
Columbia University	668,504,488
University of Pittsburgh	664,712,997
University of Pennsylvania	646,088,973
Stanford University	639,625,539
Univ of North Carolina system	637,064,627
University of Michigan	633,256,170



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## How to Restore Trust?

### Demand Public Apology for Errors & Vow to Never Repeat

Where is their signed, public admission of their errors and apology for the destructive results of their recommendations?

UPDATED SEP 9 AT 22:00

**Stanford MEDICINE**

September 9, 2020

Dear Colleagues,

As infectious diseases physicians and researchers, microbiologist and immunologists, epidemiologists and health policy leaders, we need urgent action to develop evidence-based solutions that advance human health and safety in the face of this global pandemic. In this pursuit, we share a common Hippocratic Oath: *Primum Non Nocere (First, Do No Harm)*.

To prevent harm to the public's health, we also have both a moral and an ethical responsibility to call attention to the falsehoods and misrepresentations of science recently fostered by Dr. Scott Atlas, a former Stanford Medical School colleague and current senior fellow at the Hoover Institution at Stanford University. Many of his opinions and statements run counter to established science and, by doing so, undermine public-health authorities and the credible science that guides effective public health policy. The preponderance of data, accrued from around the world, currently supports each of the following statements:

- The use of face masks, social distancing, handwashing and hygiene have been shown to substantially reduce the spread of Covid-19. Crowded indoor spaces are settings that significantly increase the risk of community spread of SARS-CoV-2.
- Transmission of SARS-CoV-2 frequently occurs from asymptomatic people, including children and young adults, to family members and others. Therefore, testing asymptomatic individuals, especially those with probable Covid-19 exposure is important to break the chain of ongoing transmission.
- Children of all ages can be infected with SARS-CoV-2. While infection is less common in children than in adults, serious short-term and long-term consequences of Covid-19 are increasingly described in children and young people.
- The pandemic will be controlled when a large proportion of a population has developed immunity (referred to as herd immunity) and that the safest path to herd immunity is through deployment of rigorously evaluated, effective vaccines that have been approved by regulatory agencies.
- In contrast, encouraging herd immunity through unchecked community transmission is not a safe public health strategy. In fact, this approach would do the opposite, causing a significant increase in preventable cases, suffering and deaths, especially among vulnerable populations, such as older individuals and essential workers.

Commitment to science-based decision-making is a fundamental obligation of public health policy. The rates of SARS-CoV-2 infection in the US, with consequent morbidity and mortality, are among the highest in the world. The policy response to this pandemic must involve the development and delivery of efficacious therapies and preventive measures. We believe that social and economic activity can regain safety, if we follow policies that are consistent with science. In fact, the policies that have responded to science and evidence-based decision-making, including those evidence-based prevention and the public health measures, have been shown to be effective in reducing the spread of the virus.

As Stanford faculty with expertise in infectious diseases, epidemiology and health policy, we are deeply concerned by the statements made by Dr. Scott Atlas, which undermine the science that guides effective public health policy. We are also concerned by the potential for these statements to cause harm to the public's health. We are therefore demanding a public apology from Dr. Scott Atlas for the damage to the public's health caused by his statements. We are also demanding that Dr. Scott Atlas commit to never repeating such statements in the future.

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Professor of Pediatrics (Infectious Diseases) and of Microbiology and Immunology and Former Dean, Stanford School of Medicine and Founding Director, Stanford Distinguished Careers Institute

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Professor of Medicine (Infectious Disease and Geographic Medicine) and of Epidemiology and Population Health Chief, Division of Pediatric Infectious Diseases and Senior Associate Dean for Faculty Development and Diversity

**Bonnie Mathewson, MD**  
Professor of Pediatrics (Infectious Diseases) and of Epidemiology and Population Health Chief, Division of Pediatric Infectious Diseases and Senior Associate Dean for Faculty Development and Diversity

**Lacy Shapiro, PhD**  
Professor of Developmental Biology and Director, Buckman Center for Molecular and Genetic Medicine

**Melissa Bondy, PhD**  
Professor and Chair of Epidemiology and Population Health and Co-Director of the Stanford Center for Population Health Sciences

**Michelle Barry, MD**  
Professor of Medicine and Senior Associate Dean for Global Health and Director, Center for Innovation in Global Health and Senior Fellow, Woods Institute and the Freeman Spangli Institute for International Studies

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## How to Restore Trust?

### Hold Defamers Legally Accountable in Courts

- **New York Times v. Sullivan, 1964**  
376 U.S. 254, 84 S. Ct. 710, 11 L. Ed. 2d 686
- Public discussions surrounding public officials are legal, and with these discussions there is room for allowable mistakes to be made.
- If the statements were made with actual malice, however, the person making the statements is not protected from a defamation lawsuit.

**American University Law Review**

Volume 57 | Issue 1 Article 2

2007

**A Proposal to Rescue New York Times v. Sullivan by Promoting a Responsible Press**

Benjamin Barron  
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Barron, Benjamin. "A Proposal to Rescue New York Times v. Sullivan by Promoting a Responsible Press." American University Law Review 57, no.1 (October 2007): 73-127.


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## How to Restore Trust?

### Form New Institutions with Moral Authority

HILLSDALE, Mich., Dec. 10, 2021 /PRNewswire/ -- To combat the recent and widespread abuses of individual and academic freedom made in the name of science, Hillsdale College is establishing its Academy for Science and Freedom. The Academy, which will operate out of Hillsdale's campus in Washington, D.C., will educate the American people about the free exchange of scientific ideas and the proper relationship between freedom and science in the pursuit of truth.





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## Global Liberty Institute

### United States & Switzerland

The Global Liberty Institute (GLI) is an independent, international, non-partisan institute for promoting freedom on a global level. We will generate actionable policies through a set of effective alliances with business leaders, academics, and policymakers to restore individual and economic freedom and the free exchange of ideas.

Co-Founders and Directors:



**Joshua D. Rauh, Ph.D.**  
Ormond Family Professor of Finance  
Stanford Graduate School of Business  
Senior Fellow, Hoover Institution  
Senior Fellow, Stanford Institute for Economic Policy Research (SIEPR)  
Stanford University



**Scott W. Atlas, M.D.**  
Robert Wesson Senior Fellow | Health Policy  
Hoover Institution  
Stanford University;  
Senior Scholar & Founding Fellow  
Academy for Science and Freedom  
Hillsdale College, Washington DC



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### Specific Policy Actions to Restore Trust

- Define “public health emergency” with strict time limits that requires legislative action to extend
- Reinstate ethical principles into public health
- Demand accountability incl. admission of errors in public forums
- Reset role of health agencies to advise, not set rules
- Decentralize research funding to eliminate the science cartel
- Transparency requirement, with penalties:
  - Gov’t agency employees: add term limits & strengthen conflict-of-interest rules
  - Gov’t agencies: increase independent oversight
  - Science journals: de-anonymize reviews of papers and grants
  - Universities: hold accountable for their taxpayer \$\$ re ethics, free debate; many receive \$500M-1B per yr in NIH funding alone
  - Training programs: add logic & ethics training requirement for the next generation of journalists, doctors & scientists



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### Their Legacy: History’s Biggest Public Health Fiasco

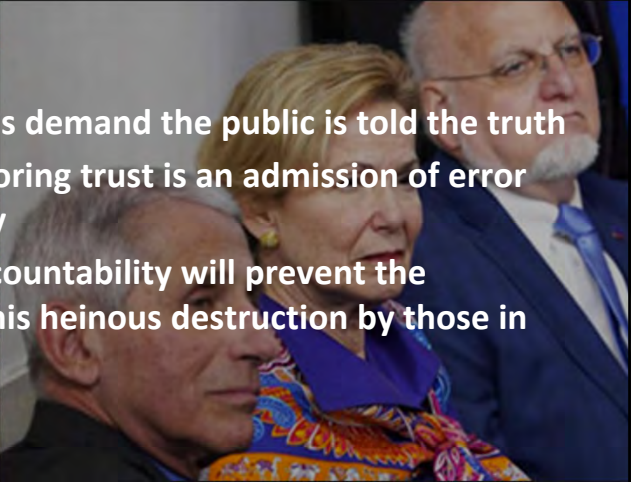



- Avoidable death in society’s most vulnerable
- Massive destruction of low-income families
- Ongoing, enormous health damages to children
- Severe loss of trust in public health and science






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### Why Must Their Errors Be Publicly Admitted?

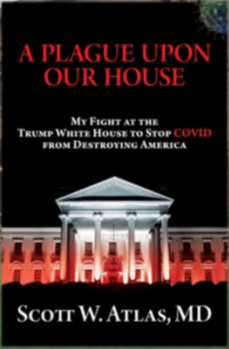





- Ethical societies demand the public is told the truth
- Step #1 in restoring trust is an admission of error and an apology
- Only public accountability will prevent the repetition of this heinous destruction by those in power



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**“Right is right, even if nobody does it.  
Wrong is wrong, even if everybody  
is wrong about it.”**  
CK Chesterton





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