Correspondence

Playing in the Sandbox of Medical/Scientific Publishing

I appreciate the many papers the AAPS Journal has published about COVID-19 and vaccines, including mine.¹ Most medical journals rejected such articles on vaccine adverse reactions, at a time when stopping the vaccine rollout could have made a huge difference. Why? Possibly relevant is the observation that during World War II, the world’s largest scientific publishing house (Butterworth) was owned by British intelligence (MI6), and the intelligence services have continued to control/influence publishing since that time.

So, what information is allowed to be published? We are far from the days of the seasoned physician scientist making organized observations at the bedside. We give no credence to bedside acumen, decades of clinical practice, or even to clinical case research. “Case Reports and Review of the Literature,” with direct, real-life observations, are gone. They are considered “poor quality evidence.” No number crunchers were employed, and the papers were too easy to read.

I was asked to peer review a paper providing a long and highly technical critique of the Pfizer vaccine research. The authors rigorously rebutted Pfizer’s claims, for example of 95% efficacy. I recommended publication, but couldn’t help noting that Pfizer’s gruelingly detailed statistical analysis might bamboozle even doctors into thinking that vaccine usefulness has been proven by such means. As a renegade professor of Orthopaedics once said, “If it takes 10 statisticians to prove something works—it probably doesn’t.” Economic pundit Max Keiser describes financial sleight of hand as “complexification and crapification”—terms that apply aptly to most medical articles today.

A doctor from 1890 might point out that the real question is: “Did the vaccinated population survive more than the unvaccinated? Or not?” Neither the paper nor the paper they were rebutted by the Association of American Physicians and Surgeons, Inc., or the Journal.

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REFERENCES