

We're Not in Kansas Anymore

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If anyone suffered under the impression that medicine was immune to the vicissitudes of cultural sociopolitical agendas, the rapid and seemingly organic response to the George Floyd incident coupled with the four-year COVID era should have dispelled that notion. More importantly, the complex interplay of these two events has impacted American society, aided and abetted by our government and multiple non-governmental organizations (NGOs), in ways not immediately apparent.

The George Floyd incident provided a visualization of a horrific event, which was used as a cudgel against whites, now openly labeled as systemically, implicitly racist and the oppressors of all "marginalized peoples." Ironically, this thinking is one of the most all-encompassing racist dogmas. If you're white, you may not know it, but you are racist, a necessary pre-conditioning belief for mandatory Diversity, Equity, Inclusion (DEI) training.

As we emerge from the COVID era, the CDC still includes the mRNA COVID shots on the childhood immunization schedule despite verifiable data that the risks outweigh the minimal-if-any benefit. Why have few in readily accessible public forums demanded an explanation of its continued listing from the Director of the Centers for Disease Control and Prevention (CDC)?¹ The answer is that the COVID era ushered in a time of collective thinking, with the loss of free speech, freedom to assemble, control over medical decisions by physicians and patients, and deprivation of a normal childhood and education. These collectively caused more long-term misery and death than the virus itself.

Physicians who challenged the shots, the lockdowns, and the closing of schools paid a heavy, intolerable price. The "narrative" reigned supreme.

And herein lies the intersection of these two events as having primary influence on our culture and long-held beliefs. Those who deviated from dogmas on racism, vaccines, public health management, or virus origin risked personal, financial, and in some cases physical harm. The "mostly peaceful" Black Lives Matter protests destroyed millions of dollars in property with the message, "If we don't get what we want we are going to burn the whole place down!" The powerful entities dictating the COVID narrative perpetrated biomedical tyranny by threatening loss of licensure, good name, credibility, and means of livelihood to dissenters.

COVID and the George Floyd incident were utilized to increase all manner of bureaucratic power and move towards ceding more centralized power to government at home, and to globalist entities such as the World Health Organization (WHO) and the World Economic Forum (WEF). The benefits of "one world order" were extolled, especially concerning medical and public health issues. These have had profound and surprisingly rapid impacts on our Western culture as evidenced by the *Epoch Times* article, "What Is 'Disease X' That the WHO

Is Preparing for?"² The European Commission President is quoted as saying at Davos that the top concern for the next two years is not conflict or climate, but rather is "disinformation" and "misinformation." In the same article, Sweden's top public health official described this period as "a world gone mad," and physician Meryl Nass describes the efforts by global and local health officials to assume authority in the name of fighting diseases as "a soft coup."

To better understand what has happened to us in the grand scheme of things, and then more narrowly in medicine, I begin by urging all readers to read "Disparate Impact Thinking Is Destroying Our Civilization" by Heather MacDonald of the Manhattan Institute in the February 2024 *Imprimis*.³ She opens with, "The most consequential falsehood in American public policy today is the idea that any racial disparity in any institution is by definition the result of racial discrimination."

"Disparate Impact" ideology was embraced without substantiating facts but rather through fear of being labeled as a racist or white supremacist. This sociology lesson was not lost on the security and health-related bureaucrats, making them believe that the public would accept the tyranny of the COVID mandates if they not only feared the disease itself, but the repercussions of dissent. This was not an unreasonable fear. The full force of the biomedical, pharmaceutical, and government complex was at play with the able assistance of the mainstream media.

Embracing the disparate-impact ideology (DEI dogma) along with the COVID dogma of the superiority of the bureaucratic expert's judgement over that of the individual physician led to where we are currently in medicine. MacDonald states that "we are eviscerating meritocratic and behavioral standards in accordance with what is known as 'disparate impact analysis.'" She provides many examples of how this has crept into every aspect of medicine, from selecting medical students, crafting curricula, hiring faculty, writing grant proposals, and grading and rating performance at every level from pre-med to full professorship.

One of the most glaring examples is the change to the Step One of the U.S. Medical License Exam (USMLE) testing second-year medical students' knowledge of anatomy, physiology, and pathology. Because of significant racial differences in performance, the grading was changed to pass-fail, eliminating an objective ranking of student performance that is used as one factor by faculty for residency selections. Likewise, the MCAT test for the same reason was redesigned to narrow the performance gap between races by altering the test to include 25% social issues and psychology. Disparity persisted, which has prompted some schools to drop the MCAT requirement, one of the best predictors of successful medical school performance.³

In MacDonald's deep dive into data, she states: "The reason for the underrepresentation of some racial groups across

a range of meritocratic fields is the academic skills gap,” not racism. She acknowledges that these are uncomfortable facts, “but if we cannot acknowledge the skills gap and the behavioral gap,” we will continue to drift away from meritocracy and the legacy of achievement in medicine and Western civilization.³

In another article, “The Corruption of Medicine,” in the *City Journal* of August 2022,⁴ MacDonald states: “The AMA’s 2021 Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity is virtually indistinguishable from a black studies department’s mission statement.” The author of the plan is anonymous.

According to the Association of American Medical Colleges (AAMC), new physicians must display “knowledge of the intersectionality of a patient’s multiple identities and how each identity may present varied and multiple forms of oppression or privilege related to clinical decisions and practice.”⁴

To understand how our major institutions and medical academics could so rapidly be led to embrace what objectively speaking is ludicrous word salad, it is helpful to review how fertile grounds evolved.

The shift to increasingly leftist ideology of the academic elites was driven in the 1960s by such publications as Saul Alinsky’s “Rules for Radicals” and professors Cloward and Piven’s strategy for eliminating poverty and installing socialism. Consequently, almost all subsequent elite college and university professors are markedly left of center. These are the people educating youth who enter college. In a remarkable essay, Dov Fischer, a Columbia graduate with a law degree from UCLA School of Law, wrote an opinion piece in *American Spectator*, May 2024, entitled, “The Blessings of the College Riots.”⁵ He believes they have exposed the extreme ideology and intellectual rot in many of our elite schools. In his four years at Columbia all of his professors were leftist, and many were outright communist. “I majored in political science and never heard of William F. Buckley, Jr., or Ayn Rand.” In economics, Adam Smith and Milton Friedman were not mentioned. His assessment of law school was “non-stop leftist indoctrination.” He states a close look at curricula reveals there is but one perspective, “so as naïve innocents out of high school they think they are gaining a broad-spectrum education, but they are not. They are being indoctrinated.” And as we have seen, that indoctrination translates to embracing what many of us so plainly see as contrived sociopolitical agendas substituting for time spent in true academic pursuit.

In “Them vs. U.S. The Two Americas and How the Nation’s Elite Is Out of Touch with Average Americans,” the Committee to Unleash Prosperity offers some insight on this issue.⁶ The Committee surveyed 1,000 members of the elite, defined as people having at least one post-graduate degree, earning at least \$150,000 annually, and living in urban areas. They constitute about 1% of the American population. Scott Rasmussen was engaged to conduct the surveys in September 2023.

Their responses were compared with a separate survey of 1,000 registered voters. The attitudinal differences are vast.

About 47% of the elite (vs. 16% of voters) feel that Americans have too much freedom. An astonishing 77% of the elites—including nearly 90% of the elites who graduated from the top universities—favor rationing of energy, gas, and meat to

combat climate change. Among all Americans, 63% oppose this policy. About 70% of elites (twice as many as voters) trust the government to “do the right thing most of the time,” and 67% of elites (vs. 38%) said teachers and other professionals, instead of parents, should decide what children are taught. Between half and two-thirds of elites favor banning things like SUVs, gas stoves, air conditioning, and nonessential air travel to protect the environment, while fewer than one in four Americans favor any of these bans. About 84% of elites (vs. about 42% of voters) had a favorable opinion of Joe Biden’s presidency.

The elites are a group “with extraordinary political and societal power,” but with attitudes and views that are out of touch with the vast majority of Americans. The report concludes that “given the influence they yield, the overall views of the Elites represent an existential threat to America’s founding ideals of freedom, equality, and self-governance.”⁶

Nothing perpetuates ludicrous ideas and actions like the coupling of censorship of civil discourse and dissent with faceless bureaucracies and highly paid facilitators and indoctrinators.⁷ We humans are social animals, and feelings of acceptance and being a part of the majority thinking are powerful motivators. Shunning, ridicule, threatened loss of esteem and livelihood are the tools used to forge conformity.⁸ We have seen it all in medicine during the COVID era and the George Floyd incident and subsequent DEI-mandated training.

Whether we, the practicing physicians of America, and the 99% “non-elite” fellow citizens understand the gravity of these cultural shifts and what they represent—a true cultural revolution—remains to be seen.

It is up to us to restore our rapidly crumbling cultural ideal of meritocracy coupled with equal opportunity. Otherwise, our profession, as well as our civil society, is lost.

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