

**Episode 2,381: Your Unscientific Doctor Is Nothing Newsletter**

**Guest: Tom Mullen**

**WOODS:**  I, obviously, have devoted quite a bit of time, especially over the past several years, but even before that, to the ways science can be corrupted, the way the influence of the state can have an effect.

So, I've looked into some of Rothbard's writing on this, but of course this topic of how scientific is the scientific establishment these days has become more and more relevant to us, particularly in the area of health in recent years.

And Tom, you have some background in this, not only from your own personal experience and caring for your relatives that many of us have had, but also from your former line of work. So, you were in some way connected to the health insurance industry?

**MULLEN:** Yeah, I worked for two different HMOs. Or, they weren't really HMOs, managed care health insurance companies, in the 1990s. I spent a little over a decade in the industry, and I was involved in provider relations.

So, the first company I worked for was a start-up in Western New York. And I actually signed up hospital systems and doctors and negotiated all those contracts, eventually ran kind of the whole provider side operation for that company.

And then I went on to a bigger company, a more established one, and did a lot of the same things. Although their provider networks were already built, I managed them. I sat on the review boards for claims that were generally headed by a medical director physician and then also chaired by a nurse and then some people from operations.

So, I saw just about every side of that business. I managed member relations while doing provider relations for one of the firms for a couple of years while somebody was off on leave. So, I saw quite a bit of that business, spent about a decade in it.

And I can tell you that the unscientific practice of medicine is nothing new. I saw it every day back then. There's a lot of great doctors, but the industry is kind of rife with almost cultish – when they say medicine is an art rather than a science, I mean, yeah, it's kind of a black art, kind of a mumbo jumbo art in some cases.

**WOODS:** Well, just the other day I had Doctor Pierre Kory on. And I quoted for him a passage from Richard Smith, former editor of the *British Medical Journal*, in which he laid out the current situation with regard to medical research fraud.

And he said that back in the '80s, if you would complain about the problem of research fraud, you would be considered an eccentric because medical research fraud is no real problem because no patients have been harmed by it.

Science is self-correcting because we have a free and open exchange of ideas, so any bad research will just be discovered and overturned and all this and that. And Richard Smith said: *Now none of that's true. And we are not dealing with a handful of bad papers. And we're not dealing* (as he put it) *with a few bad apples, but we're talking about entire orchards that are bad.*

So, this is is not Joseph Mercola talking. This is the editor of the *British Medical Journal* throwing his hands up, saying – he says at the end of this passage that I read: *We may have reached the point at which we have to assume that the research coming out is just wrong unless proven otherwise – instead of the contrary assumption.*

So, when you're faced with a system like that, I bet somebody in your line of work did encounter a great deal of absurdities.

**MULLEN:** Yeah, and I worked in the business when the anti managed care rhetoric was at its height, and really all the management kind of got denuded out of that industry.

I could say – and this is probably a separate episode someday – that almost everything said about managed care companies and all the movies they make about how they're denying claims left and right just to save a buck are almost all completely false.

And I don't have any emotional attachment to the industry, I haven't worked in it in over 20 years. But it was really just more left-wing nonsense, the anti-capitalist nonsense. And, like, I sat on the review boards for denied claims.

And you used to always hear: *Well, there's MBAs making decisions on your medical care*. I was actually an English major, but no, a physician would make those decisions. And it's just one example. I know this is a little off the topic, but we'll get back to it.

One of the common things that we saw from financially stressed hospitals was what was called the "bilateral bunionectomy". Which sounds very technical, but it's basically removing bunions from someone's feet.

And the established medical standard here is to never take a patient that's ambulatory, that can walk (even if they have to be assisted by a cane or something) and make them non-ambulatory, bedridden. But these hospitals would bring them in and remove bunions from both feet and then have to get an inpatient admission, which of course sent the costs through the roof.

And these are the kinds of things that we denied after telling the offending hospital numerous times that you can't do this. It's bad medical practice. You're endangering patients, because some people who get bedridden never get up again, especially if they're older.

So, these are the kinds of things we saw. And by the time I got into it, actually, there had already been so much backlash against any management of care by the organization that we would frequently say: *Now we're just providing information*.

But I'll give you a great example of non-science and medicine. So, we're this dumping ground for all kinds of medical data. Like, every medical claim has diagnosis information and counter data, the treatment information. You've got all these different codes that kind of indicate all these things.

So, we got 7 million claims a year back then. This was a smaller company, about 500,000 lives. And by sifting through this data, we could tell which treatment plan for X diagnosis was having the best results.

And we would give this back to the physicians and say: *Look, we've looked at this diagnosis that's prevalent in Western New York. Here's the treatment plan that's getting strikingly different results from the one that you're using, Dr. Smith.*

And Dr. Smith would just obstinately refuse to go to this new treatment plant or even consider it. And if you confronted him about this, he'd say: Well, not every patient is the same. Or some throwaway line like that.

But it's like: *Well, Doctor, but you are treating every patient with this other treatment plan that doesn't work as well.* So, I just found over and over again there's a certain percentage of physicians that have an idea about what they want to do.

And it doesn't matter what data you present them with, they're going to keep doing it. And of course they're falling back on: *I'm the doctor, etc, etc.* That's fine. But don't also claim you're a scientist when you're just ignoring empirical data like this.

**WOODS:** Can we talk a little bit about the issue of the smoking bans, like in restaurants and bars? And I say this as somebody who, I mean, I've – look, I've smoked cigars. I cannot believe I'm telling people this, but I've smoked cigars, which I'm going to get all the cigar aficionado's writing to me about how wrong I am about this.

But don't know why I did it, because I never enjoyed it. I thought this is just filthy and disgusting and I kept doing it. I think probably in my life I've probably had about a dozen cigars. And I thought: *Why am I trying so hard to acquire a bad habit? Like, why am I putting effort into this?*

I don't know. But anyway, I've never actually smoked a tobacco cigarette before, but I find the smell of them to be so off putting – I mean, just awful. I do not want to be in that environment.

So, there's a part of me that deep down in the recesses of my mind thought: *Well, they shouldn't probably be doing this, but they are doing it and it has the nice side effect that I can enjoy myself better in these places.*

But the world does not revolve around me. There are other people who have other preferences. So, the issue, though, is they justify this presumably on the grounds of research surrounding so-called secondhand smoke.

And that, yeah, if it were just a matter of your chewing bubble gum and that's probably not good for you, but at least it's not bothering anybody. That would be one thing. But the smoke is causing problems for other people and that's why we have to shut it down.

So, what was really going on there? I mean, I remember reading that the research on this was pretty poor, but I never really delved into it.

**MULLEN:** Well, there's two things now. Number one, if I locked you in a room and lit up cigarette after cigarette and you had no choice whether to get out or not, that's one situation. And I think this is very analogous to mask mandates, by the way, believe it or not.

But what they said was that we're going to ban smoking in publicly accessible places – you know, the old blurring of the line from the Civil Rights Act of what's private property and what's a so-called "public accommodation".

There's one more terrible stepchild of that whole line of thinking. But of course, the Civil Rights Act is another whole thing. But they said that this was going to improve outcomes on heart disease, it was going to reduce cancer, lung cancer rates and all sorts of other things.

Now, with a couple of decades of experience, we all know that that's not true. There is no measurable effect of these bans on any of those health outcomes. If anything, they've gotten worse. And of course, the population's gotten older, but people have studied this and controlled for all that.

But at the time, especially, they were focused on lung cancer. And early on they said that lung cancer rates were going to drop X amount. And believe it or not, this affected me personally, and we could talk about that too, the smoking bans.

But just a few years after they instituted these in New York State – and I can't remember if it was someone from the federal government or someone from the New York state government, because in New York that's where they spearheaded this banning smoking in public accommodations.

A reporter from *NPR*, of all places, has got this official on. All I remember is she was female, because I remember it was a woman. And he's grilling her and he's saying: *Well, this study says that this is not having an effect. That secondhand smoke, in fact, does not increase your risk of cancer*.

And she says: *Yeah, I'm familiar with that study.* And he's like: *Well, is that going to change your policy recommendations?* And she says: *No.* And he asks her why. And almost as if they didn't just have this conversation, she goes on and starts talking about reducing cancer rates.

And the NPR reporter like kind of just cut her off and said: *But the science says it doesn't reduce them*. And her answer was: *Well, it's still smoke.* Okay. Well, we all knew it was still smoke, but you've taken this heavy-handed thing which closed a lot of small bars, at least in the area I was in at the time.

They just couldn't survive without that smoking crowd. Most of the people that went there smoked or whatever. Or, not enough people who didn't smoke would come to the bar, and early on this really closed quite a few.

Especially, smaller – not corporate places like an Applebee's, but Joe's bar. And nobody cares. Nobody cares anymore, even though it would be perfectly possible for the market to delineate: *Oh, here's a non-smoking bar. If you don't like that, here's a smoking bar.*

**WOODS:** Yeah, which, of course, is the way it should be. And you're right to compare it to the masks and maybe even some of the other crazy things that were done, like the Plexiglas barriers, for example.

I remember reading an article in which – maybe it was a Harvard School of Public Health person, somebody like that – saying: *Look, let's admit the Plexiglas barriers that we put up in restaurants and in front of cash registers are stupid and pointless and don't do anything*.

But they quoted in there some other public health person as saying: *Well, my rule of thumb is, if it's not actively harmful and the logic of it seems sound enough, then we should probably do it*.

Okay, so in other words, she's admitting that: *Yeah, I mean, sure, there might not actually be any evidence for it. But why not just load up on absurdities, because maybe one of them will do something?* This is not exactly Isaac Newton over here, it sounds like.

So, likewise with the smoking bans. That line that "well, it's still smoke" seems to be kind of along those lines: *Well, it has absolutely no effect that we've done this. And sure, it's inconvenienced and even devastated a lot of people, but it sounds like a good idea, so let's just do it*.

That's the rigor we're talking about.

**MULLEN:** Yeah. And I think my take on this – and it's just an opinion. I really think that what happens is they get emotionally attached to their idea: *If we do this, we're going to have this wonderful result.*

And when the data contradicts what they were hoping for, they just ignore it. They don't want to hear that their wonderful idea, it just doesn't work. And back around the same time, they had finished this, like, ten-year study to show how bad coffee was for you.

And of course, none of the data supported any of that either. And out of that came a discovery that there might be a relationship between coffee and slowing down the effects of Alzheimer's, of all things. Some honest people picked that out of the data.

Of course, I read that a couple of years ago that they were talking about this like it was a new discovery again. So, that's a very puzzling thing. But my take on all of this, the way I see this, is that especially the more academically successful and prestigious a person is, the more they get married to their ideas emotionally, and no amount of data that contradicts it is going to make a difference.

And that's pretty scary. I mean, because you're getting down to when – that example you gave: Well, if it doesn't do any harm. Okay, well, go read Frazer's *The Golden Bough* about what nutty things primitive societies used to do, going around oiling stones and everything, thinking they were going to make a difference in their lives.

And that didn't harm anybody, but it was certainly an absurd thing to do. These things do harm people, and the analogy I was going to make to the masks is, okay, they had that thing with the mannequins. And they proved that some of the Covid virus actually hit the mask and didn't get through to the other mannequin or something like that.

Yeah, but that has nothing to do with mandating this for hundreds of millions of people, most of whom, the overwhelming majority of whom don't have the virus. Of course, that's not going to make any measurable effect.

And as an aside, asymptomatic spread, well, that wasn't true either. That's something we could talk more about, if you like.

**WOODS:** Well, as a matter of fact, I would. So, let's dig in a little bit further here. And the thing is, you see, you have knowledge on a variety of areas that I actually don't know what knowledge you have. So, feel free to pour it forth in abundance.

**MULLEN:** Yeah. Well, one of the things I was doing before my latest adventure was ghostwriting books on the side of my very stressful job. And during 2020, I actually ghostwrote a book for a person who has a PhD in epidemiology.

And this person started out early in Covid like: *Oh my God, no one's taking this seriously enough, da da da da da da da*. And we started looking through all these studies and I had some background. I have no educational background in the sciences, but I had worked in the health industry, I knew how to read studies.

And of course, I ran every one of these by this person. And one after another – you'd see a study published in like *Science* or the *New England Journal of Medicine,* "Covid May Spread Asymptomatically." But then you'd read the study, and they'd have lines in it, like, "We couldn't confirm a single case."

That's, like, right in the study. And I remember that in May of 2020, a comprehensive study on all of the flu epidemics of the past century, going back to the Spanish flu, was published. And they concluded – now this is the flu and not Covid.

But they concluded that handwashing, mask wearing – they didn't say "locking people down", but quarantining, quarantining healthy people, every one of the Covid measures did not work for the flu at all.

The same thing that the guy who mandated masks 100 years ago in San Francisco concluded about his own mandates when studying them after the fact. He said: *You know, none of this worked at all*. And so, we kind of knew that none of that worked for like a hundred years.

And then finally, they published this study on secondary attack rates. And that is the rate at which the people who live in the same house infect each other. And I think the numbers were in the teens.

Like, if you live in a house with somebody with Covid, it was like a 17% of those people infected somebody else – if they had symptoms. If they were asymptomatic, it was less than 1%, well within the margin of error, so it could have been zero.

So, I mean, all these studies were coming out right on the National Institute of Health website while Fauci was out there saying exactly the opposite thing. Like, the day the study came out that says there's no asymptomatic spread, he's out there talking like there is.

And I think that's so important because really, without asymptomatic spread, there is no reason for a government response. You do what you do with every pandemic or epidemic, you quarantine the people who are sick. They self-quarantine, basically, because they're sick.

**WOODS:** I mean, I – of course, I have a book coming out on this. After having written on it – not every day, but borderline every day through the whole thing, I finally decided I just can't sit on this material.

The stuff I put out in my newsletter, I feel like I recorded details on a daily basis that I think are going to be forgotten in the general treatments of Covid. There are some great books on it, but because they're general books – like, they'll have a chapter on masks, and they'll have a chapter on lockdowns.

And there's nothing wrong with that, but, like, my book precedes in, like, a diary fashion. So that – not quite every day again, that would be a huge, huge, huge book. But it's organized kind of like a diary in which there are new developments each day.

And some little bizarre thing will happen in a neighboring county in Florida. The Board of Supervisors will make some crazy, bizarre decision that I think the world needs to know about. Nobody's going to remember that. No historian chronicling the situation today is going to remember anything like that.

But these little details that I also would include help to tell the whole story of the madness. And I've gotten to a point where I've had a number of people, maybe back in late 2021, say to me: *All right, enough's enough. Time to move on to another topic*.

And when I never fully abandoned other topics, but I really did focus a lot on my podcast and in the newsletter on this. And for a while I began to doubt myself. And then again, as time continued to go on, I came to the conclusion that this is a truly world historic moment.

And this issue – I don't feel like I could give it too much attention. And I think it's extremely important for dissident voices to get out there, because to this day, there are entire countries around the world that think: *Well, it was an inconvenience, but our government had no choice.*

So, we have to keep on this. And in the course of keeping on this, we are, I think, Tom, implicitly raising further questions. Namely, if the public health establishment was such a bunch of bozos during this, what else have they been bozos about?

And if the physicians that you encounter in your life on a daily basis were so idiotic on this – I mean, doctor's offices having "clean pens" and "dirty pens"? Somebody touched the pen, and so if you touch it, you're going to get Covid?

I mean, this is unbelievable. If that's going on, then I wonder what else these people are goofy about. One question leads to another, in other words.

**MULLEN:** Well, and that's where it gets down to like, okay, we know why Fauci does the things that he does. And by the way, even Fauci was admitting – I think at least in sometime in 2020, not long after the madness started: *Yeah, we kind of eliminated that this doesn't spread on surfaces anymore.*

So, why was everybody still doing the clean pens in doctor's offices? I don't know. I got Covid in December of 2020, right around the first day of December. So, I called in and I said: *Yeah, I think I have this. I have the taste thing and whatever.*

And I said: *Can I get an antibodies test?* They said: *Well, you should wait like 4 or 5 weeks. That's when the antibodies will be there*. Okay. So, the symptoms went away very fast and I think my taste was normal again in 10 or 12 days.

And then it was another few weeks and I go in to get my antibodies test, and they want me to come in for a follow up. So, the antibodies test was positive, saying: *Yes, you had Covid four weeks ago.* And I go in and they made me wear a mask.

Okay, I'm coming in with a positive antibodies test and you're making me wear a mask because of this disease I can't possibly spread. And it slipped below my nose. And the nurse practitioner who was seeing me asked me to raise it up.

I said: *Well, yeah, I'll certainly do that if it makes you feel better, although, as we both know, I'm here for a positive antibodies test.* She goes: *Yeah, you should have those for at least three months*. I said: *Yeah, but of course my immunity is not going to go away just because there's not antibodies in my blood anymore.*

And she goes: *What do you mean?* Why is she asking me what I mean? Like I said, I have a master's in English I've got no credentials here. I said: *Well, what about like B cell and T cell immunity? Doesn't that bring antibodies back if I encounter the disease again?*

And by the way, is there a test for that? She says: *No, we don't have a test for that*. But I really talked too much during that answer because I should have just let her hang out there. I don't think she even knew what I was talking about, and this is a nurse practitioner.

But even the fact that I had to wear a mask – I mean, this is not science. This is voodooism or whatever you want to call it. This is the piety of the day. It's almost like a religion. We're all going to follow it. We're going to wear our vestal whatever to get into the holy place.

And it wasn't long ago in Western New York that doctors stopped requiring masks. They were still doing it at the labs, at least like 2 or 3 months ago.

**WOODS:**  Can you talk a bit about subject of an article you wrote, namely Thomas Kuhn and his book, *Structure of Scientific Revolutions* and how that's relevant to all this?

**MULLEN:** Yeah, it's funny that I remember that book. Because I went to college between 1983 and 1987, so I can't remember when I took the course, but I remember the teacher that taught that course and kind of going through what the book was about.

And the basic thesis of the book is that while people kind of have this idea that science proceeds in a linear fashion, kind of: *We discovered this and because we now know this, we can then go on to discover the next thing, and then we can go on to discover the next thing.*

*And whatever the current breaking, cutting edge science is today, well, that's standing on the shoulders of the work that some guy did last year and the year before.*

And what Kuhn said was: *No, that's not how science proceeds forward.* That rather, what he called "paradigms" – I know it's almost an annoying word to a lot of people. But it really does have a good use, a kind of a general way of thinking of the boundaries of this particular subject and the general rules that apply to this general subject informs.

And people live within this paradigm. And when evidence starts to be found that contradicts the paradigm, it takes quite a long time for the scientists to accept that their way of thinking about this thing is either wrong or flawed, and that they're going to have to change all their basic assumptions.

And the way that Kuhn describes it is the anomalies – that's, I think, the word he uses in the book. Again, I really haven't read it in 40 years. But the anomalies build up until there's so many that the old framework just cannot be accepted anymore.

And then finally it collapses, and everybody accepts the new paradigm, the new way of thinking. And I think we saw this in kind of – it's kind of strange how it happened with Covid because the old paradigm was, lockdowns don't work, masks don't work for respiratory viruses, etc, etc, handwashing doesn't really work.

And Fauci was saying this in the first days of the pandemic. He was saying: *Well, yeah, you might you might block a few virus particles, but you're not going to do much wearing a mask.* And then all of a sudden it was exactly the opposite.

So, it's like this new paradigm was adopted with no evidence, with no anomalies to the old paradigm. And that became the rigid, "we will not listen to anything else" science.

Basically, Kuhn was saying don't think of these scientists as people who are just Mr. Spock with a purely unemotional analysis of the evidence and drawing reasonable conclusions. They will hang on to their old beliefs until it absolutely impossible for them to continue doing so.

But again, with Covid, it was like a new paradigm from no evidence. And then we're still living in it. Like, for the most part, people still believe that those things did some good, even if they might be a little skeptical or maybe think that: *Well, we shouldn't have done it so hard or stayed with it so long*.

No, they did no good. And you can read, study after study. The last one before the mayhem being published in May of 2020, saying: *These things do not work.* And all of a sudden that happened.

**WOODS:** Do you feel comfortable sharing any of the experiences you've had as a caretaker for members of your own family in terms of the experiences you had with dealing with medical people?

**MULLEN:** Oh my gosh, yeah – and myself. My father had a stroke in 2015. He already had the early signs of dementia, kind of the shuffling walk. So, he started to go downhill. That's one of the reasons I moved back.

I'd lived in Florida for ten years, and moved back to Western New York, mainly because my father, even in 2014, was starting to show the signs. My mom was up there at the time. My mom's still alive, she's 91.

And my sister was also very, very sick. Unfortunately, she passed away young, at the age of 52. Actually, my dad and my sister passed away ten days apart. So, we came back here and we gave them as much support as we could.

My mom and sister both have lived with us for different stretches before my sister passed away. But anyway, so we're taking, let's just say, my mother to an appointment when her – dementia started to advance – to her neurologist (who's been seeing her for years) with medical records from her doctor who had been seeing her for decades.

And a nurse walks into the room and starts asking her questions: Do you have any history of this, any history of that? And I'm observing this for a minute and I'm saying: *Why would they be asking somebody who doesn't remember how she got here these questions?*

But she asks all the questions and she's writing down the answers and she starts to leave the room. And I said: *Hold on a minute. Are you going to make any medical decisions based on those answers? Because almost all of them are wrong.*

And she says: *Oh, like, which ones?* And I'm thinking like, well, how? Why? And this is very typical in medicine. They'll do this every time you go in. My own doctor – I have a cardiologist for a mishap I had about ten years ago, just gave me a stress test, and they asked me my entire medical history.

And I thought: *Well, you've been seeing me for ten years. You have my medical history. Why would you ask me these questions again and then act on the answers that I give you?* That's not scientific. The data can't change. Things that happen in the past can't be changed. The only thing that can change is my recollection.

So, I would see over and over them, like, not looking at any of the "data" they already had, had been established for decades. Not using the person's real medical history, which is written down already, and then going and making decisions.

I've seen them prescribe medicine just based on – I don't know, they took my mother's blood pressure once and it was high. And this was when she was in a facility, and they prescribed blood pressure medicine for her.

Now, my mother has a history of low blood pressure. And what happened? She started falling down. She broke her hip. She had to have surgery. There was no science behind prescribing blood pressure medicine for her based on one encounter with high blood pressure, with a history going back decades of low blood pressure.

So, this greatly contributed to my mother's decline. Again, I said she's still alive and she's actually in very good physical health. And one of the reasons is I started talking with the last doctor I worked with and said: *I want to get her off every one of these medicines. I don't think any of them are doing any good.*

They had her on antidepressants and a memory drug. But that had showed no signs of a positive effect, but all kinds of side effects – all kinds. Well, now all the side effects are gone. She hasn't taken a blood pressure pill in about five months now.

She obviously is doing fine. She's walking on her own with a walker. She doesn't remember anything from one minute to the next, but physically, she's in better shape than she was five years ago. And this is, again, an English major.

Why are my recommendations working better than the doctors? Well, I did look at the data. I observed empirical data. I drew some reasonable conclusions, and then we tested them. And guess what? They worked out pretty well. So, yeah, I'm totally jaded on the entire scientific community.

I was musing to myself: *Is there any benefit at all – at all – to society, to academia in general?* You know, we know all the great inventions do not come from people because they had a degree in inventing airplanes or inventing telephones or whatever.

We know those are all people just in a workshop fooling around till they come up with something, all trying to be rich, pursuing profit. So, what value, exactly, is academia giving us, even before they went so-called "woke"?

I'm not sure. I used to think: *Well, it's got value for whatever it does, but I'm not sure anymore.*

**WOODS:** Well, I think I'm bastardizing and appropriating (perhaps misappropriating) an argument by David Hume. But if we assume that academia, or let's say the modern medical paradigm, as you put it, are net positives for us, then how would we expect the world to look?

Then we actually look at the world, and it doesn't look like that at all. So, that doesn't necessarily prove anything, but it should at least make us go back and consider whether the initial assumption is correct.

So, for example, if I believed in egalitarianism, if I believe that absolutely everybody, every single person was a blank slate and absolutely equal when born into this world, I would expect the world to look a certain way.

And then I look at the world, and it does not look that way at all. So, generally, that means you've got to reassess your premise. And I think we're in a situation like that now.

**MULLEN:** Yeah. And bringing it back to medicine, one of the conventional wisdom is: Wow. All these advances in medicine, especially drugs, have lengthened people's lives. But then we have to deal with the fact that: *Yeah, you're going to live to 90, but the last 15 years are going to be decreasing in quality of life.*

Well, I don't know. That could be true. But what we now know about the "studies" – and I've got my air quotes up. Is it just that the society became more affluent and that's contributing to the longer lives, and the drugs are actually just giving us the side effects and the lowering quality?

I don't know. My mom is an anecdotal example. I'm not saying that she's representative of millions of people. But boy, I acted on that premise, and boy, did it ever work out. It's food for thought.

**WOODS:** Yeah. So, then the question becomes – like, for example, we have a lot of talk about health care policy and the importance of getting affordable health insurance. But that kind of takes for granted that the health care I get is actually good and that I'm getting good advice.

I mean, remember for a long time – and some people even still today will say: *If you want to lose weight and be healthy, eat low fat*. And that would be the end of their advice, low fat. This is a dumb piece of advice. It's a sledgehammer, piece of advice. It's inane.

Or: *Eggs are bad for you. Don't eat eggs.* Like, what are you talking about? But this was the conventional wisdom. It still is for some people, I think. It still is. So, then the question becomes, all right, well, so, I've got my "affordable health care" – although we don't have that. But let's say we did.

But the affordable health care is basically going to be some guy giving me terrible advice. Not always. If I break my arm, he'll put it in a cast, and it'll get better. You know, that's fine. But it raises the question, what should people do if they need genuine, legitimate, health advice in this day and age?

**MULLEN:** Yeah, and while it's funny, what is health advice? So, you're talking about diet. And this is one thing I'd give the physicians a break on if they didn't presume to give advice about it. They're not trained in nutrition at all in medical school.

Medical school is very algorithmic: *If this, then that. If this and this, then that other thing, and etcetera, etcetera.* And they're very good at that. And like you just said, that's what they're good at. You have an acute problem, they can go in and fix it.

Especially, surgery has come just so, so far. The things they can do with modern technology and surgery. But as far as telling you what to eat, it's like the old expression, *"You are what you eat."*

That's like one of the worst things to say because it gives the person the impression that if I eat, let's say, animal fat, that it just sort of goes into my mouth and attaches itself somewhere on my body. That's not how the body works.

The body breaks that down into something called glycerol, and not very much of that glycerol is even available to be made into fat. Where, like, 100% of the glucose that is broken down from bread is available to make you fat. So, no, it's not, *"You are what you eat."* It's what your body does with what you eat.

By the way, fat is a nutrient. I don't know. So, yeah, and I think the medical industry also has this kind of leftover arrogance from when the doctor was like the only guy who's educated at all in town. He speaks Latin and he's whatever, and he also can open one of your veins and make you feel better from losing some blood or whatever they did back then.

But this kind of arrogance has held on in the medical industry. And I think I'm being too negative about doctors because I worked with a lot of wonderful doctors who were the opposite of what I'm saying, back when I was in the industry.

But there is that element there that: *I know everything about everything*. Instead of: *This narrow kind of training that I received that I might be very good at.*

**WOODS:** I want to make a recommendation to people, and I have no connection with them at all. I'm not advertising for them. They don't have an affiliate program. It's just that we've had good luck with it. And that is something called The Wellness Company.

And you can get, like, telemedicine from basically anywhere. And you actually get to talk to a qualified person who isn't going to snow you and isn't just going to give you the latest propaganda. And so, that has kind of given us a little bit of an alternative to the whatever we're going to find if we drive down the street.

So, the website for The Wellness Company is TWC.health. And check it out. If it doesn't work for you, no real harm done. But it might. It might be a better alternative to what you're doing now. So, that's my input for folks – sort of an answer to my question.

So, on what note should we wrap up here, Tom? This is all rather grim.

**MULLEN:** Yeah. And I've been trying to think of a bright side myself. Because you're talking about the book that you're going to put out, which I can't wait to read. My feeling, though, is that this is going to be written.

People are going to understand this 50 years from now the way they understand World War Two now. Like, contrary to Pat Buchanan's great book that says: *Hey, maybe we should have just let the Nazis and the Bolsheviks kill each other rather than getting involved. Because they were on their way to doing it before we messed with them.*

The idea that World War Two was this great victory for humanity when the result was handing half of Europe to a murderous regime that made the Nazis look like pikers – I think Covid is going to be the same thing. Maybe you could cheer me up, Tom.

Tell me why in 50 years people won't be saying this guy Fauci was out there beating the streets and trying to keep everybody on the program, and to great resistance from the dumb rubes who didn't want to follow his advice. Tell me, why won't that be the history?

**WOODS:** Here's why. Because our side is more persistent than their side, in that if you went along with the Covid thing, you've probably just forgotten about it right now and you moved on. We haven't. We absolutely haven't.

If you thought Dr. Fauci was the second coming, you're not going to probably make any documentaries. You're just happy that he was there and that enough smart people prevailed and the thing came to an end.

But we who know the damage that was done and the psychotic behavior and the anti-scientific mandates and all that, and we realize what this could lead to in the future if not pushed back against hard enough, we're going to keep talking about it and keep publicizing the truth and keep pushing and pushing and pushing.

The same way opponents of the Iraq war eventually came to be more or less vindicated, to the point where: *Yeah, I guess I wasn't in favor of that either*.

I don't know if it'll be that quick because the official medical establishment is our priesthood in America, after the schoolteachers – or maybe tied with the schoolteachers, it's the doctors.

So, we are going after a toughie here. But as I say, I think the average person isn't going to do anything one way or the other about this. But we are going to be pushing and pushing and pushing and pushing forever. And we're going to have resources.

We're going to have schooling materials for kids. Or hey, if you're in a regular school, but you're learning BS about the 21st century, here is the antidote. I fully expect there to be an American history textbook written by dissidents that should be called, *The Secret History of the 21st Century*.

And it'll be the book that any kid with any curiosity whatsoever is going to read instead of whatever chapters are in his book about the 21st century. They're going to read *The Secret History of the 21st Century*.

I wish I had the energy to write this book. I do not. I'm sorry that I do not. Somebody does. And I feel like that will be there and around forever. So, yeah, there'll still be some crazy people who believe stupid things, but, well, that is the human condition, my friend.

**MULLEN:** Well, let me congratulate you, Tom, because you did actually cheer me up a little. Because my quick retort was going to be: Come on, Woods. Give me one example where the official story broke down.

You're right, the Iraq war. People are backing away from that. I mean, some have turned completely around and even – yeah, you're right. So, yeah, you cheered me up.

**WOODS:** Well, I'm glad to hear that. And another thing I'm glad about is that sometimes – like in my newsletter, I'll say: You know, people say to me, *"Hey, Woods..."* But in fact, Tom, here's my confession. Nobody ever says, *"Hey, Woods..."*

Okay, That's just a funny thing – a contrivance of mine, a literary contrivance. But you actually did it just now. So, now I can legitimately say: *You know, some people say to me, "Hey, Woods..."* Okay. Well, Tom Mullen does it.

**MULLEN:** Well, I'm glad I gave the old man some credibility on that.

**WOODS:** Yeah, that's right. That's right. So, I make up a story and you retroactively make it true. Well, Tom, I appreciate your time. What's your website for everybody?

**MULLEN:** TomMullenTalksFreedom.com.

**WOODS:** All right. Check that out, everybody. Tom, thanks so much. We appreciate you.

**MULLEN:** Great to be here, as always, Tom. Thank you.