

Dr. Meryl Nass Under Attack for “Spreading Misinformation”

Analysis by [Tessa Lena](#)

STORY AT-A-GLANCE

- › Dr. Nass is a medical doctor in Maine with a stellar reputation and a long career under her belt
- › She is an expert in epidemics and bioterrorism who has testified for seven Congressional committees on bioterrorism vaccines, the anthrax letters and Gulf War syndrome
- › Recently, Dr. Nass had her medical license suspended – and a psych evaluation was ordered on her – for spreading “misinformation” and prescribing ivermectin and hydroxychloroquine
- › Dr. Nass called the “lab origin” of the pathogen as early as March 2020
- › She also broke the story in June 2020 on using near-lethal dosages of hydroxychloroquine in “Solidarity,” “Recovery,” and “Remap” trials

This story is about a hero doctor and a human being of great courage and integrity, Dr. Meryl Nass – who is an internist in Maine with proven expertise in hard-to-treat chronic illnesses as well as bioterrorism and epidemics.

I recently had the privilege of conducting an extensive interview with the brave Dr. Nass. I am including the full transcript at the end of this article for those who like to read transcripts. By the way, when I initially published the interview, YouTube deleted the video in less than five minutes. Dr. Nass must be onto something!

Dr. Nass' plight defending the sanctity of science and doctor-patient relationship is for all of us. May her victory over the attackers come quickly and be solid – and may it stand in the way of the Great Reset.

Dr. Nass is under an attack for being outspoken and loyal to her medical calling. Recently, Dr. Nass' medical license was suspended by the state medical board in Maine for "spreading misinformation" and prescribing ivermectin and hydroxychloroquine. Not only that, she was also ordered to undergo a neuro-psychological evaluation, Soviet style.

Who Is Dr. Nass?

Dr. Nass is a doctor with a stellar reputation and a long career under her belt. Here is an excerpt of her [bio](#) from her pre-COVID testimony:

"Dr. Meryl Nass earned her BS in Biology from MIT and her MD from the University of Mississippi in 1980 ... She is a board-certified Internist in Maine known for expertise in anthrax, bioterrorism, anthrax vaccine and Gulf War syndrome. She identified the first modern use of anthrax as a biological weapon, which occurred in 1978 during the Rhodesian Civil War.

She has testified for seven Congressional committees on bioterrorism vaccines, the anthrax letters and Gulf War syndrome. She has consulted for the Director of National Intelligence and the World Bank on the prevention and mitigation of bioterrorism."

For more detail, you can check out Dr. Nass' full [CV](#).

What's the Alleged "Crime"?

All complaints against Dr. Nass seem ideological in nature, and none of them came from her patients or their family members – but from internet strangers and establishment-minded medical workers.

- Two of the complaints presented to Dr. Nass were from random people who saw her videos and said that she was "spreading misinformation." When Dr. Nass requested a clarification on what exactly constituted "misinformation" she was allegedly spreading – and what she was being asked to defend herself against – no clarification was provided.
- Another complaint was about prescribing hydroxychloroquine to a vulnerable COVID patient and lying to the pharmacist about what disease it was for. Of course, the reason Dr. Nass was forced to lie to the pharmacist was to help the patient, since the pharmacists in Maine had been instructed to not dispense hydroxychloroquine for COVID – and so Dr. Nass chose not to betray her patient's interests and lie to the pharmacist instead.

Any one of us would want a conscientious doctor like that! Not only was her lie a white one – she also notified the Board about it five minutes after she did it – telling them that the restrictions imposed on physicians were unacceptable.

- Another complaint was about prescribing ivermectin to a patient who did not get much better from ivermectin and had to go to the hospital. The patient survived and had no complaints about Dr. Nass at all. At no point did Dr. Nass harm the patient or proclaim that ivermectin was a panacea.

She is an honest doctor, and panaceas do not exist. She was just doing her best to treat the patient – and the patient, again, had no complaints about her. It's the apparatchiks who found issues with Dr. Nass' prescription.

- Another complaint was about prescribing hydroxychloroquine to a pregnant patient. The medical worker who complained suggested that instead, monoclonal antibodies had to be prescribed. Said medical worker somehow didn't know that hydroxychloroquine was approved in pregnancy, while monoclonal antibodies were not.

Dr. Nass Raised the Alarm About the Use of Near-Lethal Dosages of HCQ in Official Studies

In June 2020, Dr. Nass [wrote](#) a seminal article in which she shared her findings on the use of potentially lethal dosages of hydroxychloroquine in both the WHO-sponsored "Solidarity" trial and the "Recovery" trial in the UK (and then also in the "Remap" study). Not only did she raise the alarm about it, she also wrote to Tedros and other officials — and three days after her letter, the WHO trial was stopped. Here is a great [overview](#) of what happened:

"Dr. Meryl Nass has uncovered a hornet's nest of government sponsored Hydroxychloroquine experiments that were designed to kill severely ill, Covid-19 hospitalized patients.

On June 14th [2020] Dr. Nass first identified two Covid-19 experiments in which massive, high toxic doses – four times higher than usual of hydroxychloroquine were being given to severely ill hospitalized patients in intensive care units.

- *Solidarity was being conducted by the World Health Organization, on 3500 Covid-19 patients at 400 hospitals, across 35 countries. The hydroxychloroquine arm of the trial was suspended May 25th following the [fraudulent Surgisphere report](#) in The Lancet that claimed 35% higher death rates in patients receiving Hydroxychloroquine.*

But when [The Lancet](#) retracted the report, the WHO resumed the Solidarity trial's hydroxychloroquine arm, on June 3rd. More than 100 countries expressed interest in participating in the trial.

- *Recovery is a similar experimental trial conducted in the UK, using very similar doses. It was sponsored by the Wellcome Trust (GlaxoSmithKline) and the Bill and Melinda Gates Foundation and the UK government. The experiment was conducted at Oxford University, on 1,542 patients of these 396 patients (25.7%) died."*

Later, "Dr. Nass uncovered a third, "Even Worse" hydroxychloroquine experiment. REMAP targets patients who are on a ventilator, or in shock – i.e., near death. Such patients are hardly capable of giving consent. Rather than attempting to save their lives, they are being used given multiple high doses of hydroxychloroquine and other drugs whose combination is contraindicated."

In the [interview](#) I conducted recently with Dr. Nass, she talks about how using these dosages could not have been a mistake. The only word that comes to my mind is "premeditated murder." Dr. Nass, on the other hand, is a hero who is loyal to the medical profession and not afraid to put herself on the line to save lives. And I suspect that had the bosses of the people waging an attack on Dr. Nass gotten really sick, they would be begging her to be their doctor – and *not* begging Dr. Fauci.

Robert F. Kennedy, Jr., who wrote a best-selling book about Dr. Fauci, "The Real Anthony Fauci", also interviewed Dr. Nass on this topic which you can see in the video below.

Exposing the Lab Origin of the Pathogen

As early as in March of 2020, Dr. Nass proposed that the pathogen we know today as "SARS-CoV-2" was likely made in the lab.

When the now notorious Nature [study](#) come out, "proving" the natural origin of the virus, Dr. Nass suggested that it was either ghost-written or heavily "guided" – and her theory was later strongly supported by [Fauci emails](#).

Here is also a recent post from Dr. Nass, titled, "[Scientists Who Were Instrumental to COVID-19 'Natural Origins' Narrative Received Over \\$50 Million in NIAID Funding in 2020-2021/ Epoch Times](#)":

"Four prominent scientists who played key roles in shaping the public narrative around the origin of COVID-19 received substantial increases in grant money from the National Institute of Allergy and Infectious Diseases (NIAID), headed by Dr. Anthony Fauci, in the subsequent two years, a review of funding data by The Epoch Times has found."

Transcript

Tessa Lena:

Hello, and welcome to "Make Language Great Again." Today it is my tremendous honor to welcome Dr. Meryl Nass – who doesn't need much introduction – but just to say a few words, she is a prominent physician, and she's an expert on bioweapons, anthrax specifically. In 2001, Dr. Nass testified in Congress about anthrax, and she has had a stellar career.

And for me personally, it would be an honor to interview Dr. Nass at any point, but the occasion is really strange. And I'm frankly rubbing my eyes still that this is happening. So what happened to Dr. Nass recently is that her medical license was suspended by the medical board, and she was ordered to undergo psychological evaluation, like, Soviet style, because she has been a good doctor. Let's just take it from there.

Dr. Meryl Nass:

So ... Well, I'm a physician in internal medicine. I've been practicing medicine for 41 years, and I've been in Maine 24 years. And I basically have two tracks. One track is that I take care of patients who have chronic illnesses that are hard to diagnose and hard to treat, like chronic Lyme disease, chronic fatigue syndrome, and other ... Gulf War Syndrome, other things that other doctors have not been able to manage successfully.

And I changed my practice so that it mainly focused on treating COVID and giving people prescriptions for ivermectin, and vitamins and other things, when COVID came around.

Because I have a strong background in biological warfare, and pandemics, and pandemic response, I started doing a lot of research at the beginning of 2020 – and keeping a blog, and telling people, trying to explain the pandemic to them: explain SARS-CoV-2, explain SARS-CoV-1, try to put things into perspective. I talked about masks, talked about tests, you know how to protect yourself, how to clean your vegetables, for example. I talked about every aspect of the pandemic in this blog.

And so as things evolved ... and also what I did by chance was I read articles, the Nature Medicine article, an article in The Lancet, and other things. And I came to conclude very early back in the end of March of 2020, that there was a cover-up going on regarding the origin of COVID. And that it certainly came from a lab there was no question about that.

So ... so that I've written about also over time, and I, in fact, am ... I was the only person who said regarding the Nature Medicine article that I don't believe the five authors actually wrote that article. It was an article that lacked scientific validity, it was clearly propaganda – and I said, these guys would not have come up with this by themselves.

Either someone else wrote it, or they were told to write it. And, in fact, when we got the Fauci emails early in 2021, we found out that Fauci and Francis Collins and Jeremy Farrar, who's the head of the Wellcome Trust in the UK, in fact, did direct them to write this article ... and assisted ... Fauci edited it, and people from the Wellcome Trust were who ... so Fauci was an a ... he was a ghost writer, and, and staff at the Wellcome Trust, were also ghost writers on that paper.

So anyway, so I've sort of been stuck into many aspects of this. And then when the vaccines came out, I of course, being also an expert in vaccines, I took a close look at the vaccines – and as evidence became obvious that they were not working the way they should, and were causing a lot of side effects, I made that very plain as well.

What happened after that was that national organizations that are involved with the licensing or the certification, a board specialty certification of doctors started issuing advice to their members, that they should not use "misinformation" or "disinformation" regarding treatments and vaccines for COVID and threatening them with loss of their specialty certification or even loss of their license.

And this started in mid 2021, and it was broad ... it came from the AMA, the American Medical Association, the American Board of Internal Medicine, Family Practice, and Pediatrics, and the Federation of State Medical Boards, which is an organization that all the licensing boards for all the states and territories belong to.

So for some reason, all these organizations that are allegedly nonprofit, but earn a great deal of money, their CEOs, in general earn more than a million dollars a year ... all these organizations at the same time started threatening doctors not to spread "misinformation," and basically follow the government program on the evaluation and treatment of COVID.

Well, I wrote to several of them and said, you know, you have no authority to issue these threats. Guess what, we have a First Amendment. It's ... it gives us freedom of speech. And I also challenged my own licensing board and said, you know, what, who, who created a new crime of "misinformation"? I, you know, I don't see that on the statute. The legislature didn't vote on this, you know, does the board of licensure and medicine get to invent new crimes?

So all these things happened. And so I wasn't surprised when they went after me. But I felt like this was such a fundamental issue, because it's not only happening in Maine, it's happening throughout the country. So this Federation of State Medical Boards has managed to exhort 15 different medical boards to actually go after, to challenge the licenses of doctors in 15 states.

Luckily, the other 50 or so boards, 55 have not, they have a little they actually maybe read the law. Maybe they know there's a First Amendment, and they haven't done it, but 15 of the boards have started threatening or even removing the licenses of doctors force free speech.

And as I said, I mean, we're going through a really apocalyptic time in history. And this is a fundamental constitutional freedom of speech issue, I'm out towards the end of my career, I don't need the money to practice. I'm not supporting a family anymore.

And I felt that if anyone could take a risk to challenge this, what I thought was totalitarian, Soviet style approach to controlling medicine, then I, you know, would be ... and I have a stellar record, I've never had a malpractice case, I've never had an adverse board action, you know, my medical career is so clean, I thought they can't possibly go after me for my treatment of patients. And in fact, they haven't. So ... so that's my story.

Tessa Lena:

Oh, that is such a stunning situation that you're dealing with, especially the psychological evaluation ... like, as I'm saying, that I'm still rubbing my eyes, because that is straight back to the USSR, before my days, actually. And so your response on your blog to the complaints and to the suspension of your license is stellar, I think. So if you want to go over the points?

Dr. Meryl Nass:

Okay. So, the Board ... here's what happened. So the Board said, we got two complaints from citizens. They are not your patients. They've never met you. But they saw videos of you online, and they complain that you were spreading "misinformation." Respond. Which was very Soviet in itself.

So I said, Look, what's the "misinformation"? Be specific! And they wouldn't answer. So I said, you expect me to defend myself against anything I've ever said, online or outside the office? I said, what right do you have to even investigate my private life? Of course, they didn't answer that, either.

So then they ... one of the complaints was the interview that Dr. Mercola did with me. So they got it transcribed, and they just put, you know, they just threw the transcript into my docket, as if I have to ... now ... I'm expected to provide evidence for every single statement I made in an hour plus interview.

Well, you know, again, that doesn't sound very legal. You know, they haven't actually accused me of a crime. They haven't said one statement is wrong, but I have to defend myself. So another Soviet tactic.

That was the first two complaints. The third one was ... so what the Board of Medicine and the Board of Pharmacy have done in my state, and I suspect has happened in many other states, is because they don't have the authority to stop the prescribing by doctors and the dispensing by pharmacists of hydroxychloroquine and ivermectin, they have instead sent out letters, memos and other things, indicating that these are not FDA

approved for purpose, and implying that doctors and pharmacists who do provide these to patients could be investigated, could have their licenses removed.

And they didn't say that in so many words. They implied it in several warnings. And so what happened is almost every pharmacist in the state of Maine will no longer dispense these medications, even though they're legal, that they have licenses, they are for humans. I can write prescriptions. And the governor of the state even made an order in 2020 that hydroxychloroquine cannot be used for prophylaxis but can be used for the treatment of acute COVID.

So I had a patient about six weeks ago, who was a very high risk patient. I was very frightened of what might happen to him if he got COVID. And I had prescribed ivermectin previously, which was legal, but not hydroxychloroquine because it wasn't legal in my state. And when he got COVID, I then said, well, we better give you the hydroxychloroquine now, and I knew there were no pharmacies in his area that were willing to dispense it.

So I called it in any way. And I didn't state the reason which you ... they want you to stay so that they can decide whether or not to dispense it. And the pharmacist, I left a message and the pharmacist called me back and said what's it's for. And so I could either say COVID, and the patient wouldn't receive the medication. Or I could say something else. So I said something else.

I said Lyme disease, and the pharmacist dispensed the medication, the patient took it, he eventually wound up in the hospital on a ventilator anyway. That's how high risk he was. He survived. He's much better now. But that's what happened.

And I immediately informed the board and I said, Look, your policies and the policies of the pharmacy board have forced me to lie to a pharmacist in order to get a patient a sorely needed medication. And you need to change your policies. This is not acceptable.

So ... so the third complaint was that I lied to a pharmacist. Now I had told them five minutes after I did it that I had lied to a pharmacist, they had forced me to lie to a pharmacist because it was perfectly legal to do what I had done to prescribe this drug

and have it dispensed. But only because of these whispers and veiled threats we couldn't get it for the patient, and I had to lie.

So that was complaint three. There were two more complaints from health care professionals. Both of ... one said, this doctor prescribed hydroxychloroquine to a patient she was pregnant. And I should have I should have been called. And I would have given the patient monoclonal antibodies.

The second doctor said, this doctor prescribed ivermectin to a patient and the patient didn't recover and wound up in the hospital. And this could have delayed care, proper care. So those were the complaints, not one from a patient or a patient's family. Not one, not a single one of these five complaints really alleging that I had harmed a patient.

But that was enough for them to start a witch hunt, a fishing expedition. And so, by ... so then they said, Well, you're immediately a danger to your patients. So we summarily suspend your license, and we direct you to a neuro psychological examination.

Now, they had nothing, really they had nothing on me, just these, you know, things that are not really crimes. So it's not a crime to prescribe a licensed drug. And when you're a licensed doctor, and it was off label, well guess what, 20 to 40% of all drugs are prescribed off label. It's nothing wrong with that. So ...

What they really wanted to do was to ruin my life as much as possible. By ordering the psychological exam, they then were able to put these records in the public domain and smear me. So the national news then reported on me, implying that I had a substance abuse problem, and this is why I needed a neuropsych exam. And I've never been a substance abuser.

The other thing the board did ... so, once you're reported to the National Practitioner Data Bank, basically you can't get a license in another state, and you can't get a job. So that's also ... by ordering the psych exam, that sends me into the National Practitioner Data Bank.

The other thing they did was said we want ... because they needed a patient ... they needed to find something I've done wrong, and they still didn't have anything ... they said, we want a list of every patient you've seen in the last six months. So ... and I've had two lawyers who are assigned to me by my malpractice insurer, and both of them, when they got into this case, they quit. So at the moment, I don't even have a lawyer. The lawyers don't want to handle it. Yeah, so that's the situation.

Tessa Lena:

But it's stunning. The amount of ignorance ... because even though I am not a doctor ... my closest relationship to medicine is I grew up with doctors, and I helped my mom translate her thesis when I was a kid. But even I knew, before reading your blog, that hydroxychloroquine was safe in pregnancy. I mean, I knew that being a layman, and they did not know that?

Dr. Meryl Nass:

The midwife apparently did not know that. She also didn't know that the monoclonal antibodies she wanted to give the patient are not approved or authorized in pregnancy, and the risk is completely unknown.

You know ... but this is ... people have drunk the Kool Aid, they don't realize that they cannot any longer trust the advice from federal agencies, you know, and especially someone like a midwife who's a nurse, a nurse practitioner, basically, they are ... their whole career has been taking orders from the medical establishment and from doctors.

They don't realize they have the ability to actually look things up, and they don't have to just do what they're told.

So ... with the electronic medical record, now, if you type in "COVID," you know, the electronic medical record will come up and spit out what you're supposed to give the patient and it will say Remdesivir, or it'll say monoclonal antibodies, or, you know, another experimental antiviral ... it doesn't say, hydroxychloroquine, or ivermectin – and

doctors who are using these electronic medical records don't even, you know, realize that there are other options out there.

Tessa Lena:

But your record of treating patients has been extremely successful. And, as you said, none of your patients complained, none of their family members complained.

Dr. Meryl Nass:

Correct.

Tessa Lena:

That is just stunning. And you know, what I was thinking as I was preparing for this interview, probably the same people who are complaining, or at least their higher ups, if they were in a critical condition, they would probably choose you as a doctor. And not Dr. Fauci.

Dr. Meryl Nass:

Yes. Because ...

Tessa Lena:

Yeah. Sorry, go ahead.

Dr. Meryl Nass:

That's true. I know Peter McCullough has said he has treated, you know, many legislators, for example. And I met a lawyer who then became an Attorney General in one of the states. And he and his wife told me that they had to smuggle ivermectin into their son ... in the hospital, with COVID, because the doctors wouldn't give it. So, I mean, it's an amazing story.

This this person who's now an Attorney General, not in New England, had to smuggle ivermectin in for his son, to keep him alive.

So yes, many of the officials do know that these drugs are effective and want them for themselves, and get them for themselves. But they go along with the narrative. They don't challenge it. And, you know, their career is more important.

And I felt that, you know, truth and the First Amendment, and changing medicine ... medicine should ... medicine is supposed to be about a relationship between a doctor and a patient and helping an individual patient get the best care they need, not enforcing government diktats on patients, not ... not bringing in a new normal via ... sorry ... a new normal via enforced medical care and enforced medical lockdowns, masks, etc.

The I think the whole medical profession the medical establishment has been used to make profound changes in our society, you know, under the guise of dealing with a pandemic. And so, you know, I feel like I have to stand up for that. That's much more important than preserving my career.

Tessa Lena:

I admire you, and the situation in medicine ... Well, several things to say here. One, it reminds me of the early Nazi Germany where as we know, the doctors and the nurses were at the forefront of the psychological change, where the nurses would, you know, hug a baby with a disability, and then inject them with a lethal injection and kill them.

And they knew they were doing that, and they did it kind of from love. And it took seemingly not that much to convince them that that was an act of goodness, to kill that baby with disability. And that says a lot.

And ... and doctors, from what I hear, in Nazi Germany were very, very highly represented in the Nazi Party.

Dr. Meryl Nass:

Yes.

Tessa Lena:

They were joining in high numbers and other professions. And these were educated people who well, presumably, joined the profession in order to help people. So, what can be done to human head with ideology is just horrifying and stunning. And just ...

Dr. Meryl Nass:

Tessa, there is a ... there is a very disturbing movie ... there have been rumors about euthanasia in the UK, during the pandemic. And there's a disturbing movie called "A good death" that has just been released, about the fact that doctors and nurses in hospitals in the UK have been injecting patients with COVID, with a mix of midazolam, which is like Valium, but stronger, and morphine, and sometimes other drugs, to give them also a good death, as quick and easy death.

And it's very disturbing, there are documents showing that the UK bought a couple of years worth of midazolam, this drug, like Valium, that is used for euthanasia, and ... at the beginning of the pandemic, and went through this two years stockpile in a couple of months, two or three months, and then wound up buying some more.

I can't vouch for the total veracity of this, but it is extreme ... there are many families interviewed ... It's very disturbing. And one can see that under ... again, in the UK, in the US under the guise of protecting the National Health Service or protecting our hospitals, you know, people had to put off their surgeries had to do various things, so they wouldn't disturb the hospital so they could take care of COVID patients.

And if you're in a hospital, and you run out of beds, it may make sense that you have to kill off the older COVID patients. So you have room for the younger ones, or something like that. These are, you know, the obviously against the law, very troubling.

One of the ways that this can be ushered in is if drugs or if drugs or ventilators are used that are emergency use authorized, all liability is taken away from the doctors, nurses and others who are making use of these products. So if you give a patient, for example, Remdesivir was authorized, now it's approved, or monoclonal antibodies, and the patient dies, you can't be sued. If the patient's injured, you can't be sued, the manufacturer can't be sued, the hospital can't be sued.

Everybody has had their liability waived as long as you're using one of these experimental products. And when you go into the hospital with COVID, those experimental products are what the doctor has been told to use. So this is a legal mechanism that enables very bad things to happen in a way where nobody is afraid they will be punished afterwards.

Tessa Lena:

That is a frightening thought. And I've also heard about it, I haven't seen the documentary, so thank you for mentioning, I will definitely watch it. But it is stunning to think about the slide towards evil.

Like, it does not have to start with a person desiring to do evil, it can start in an entirely different place. And then, by peer pressure, and just seeing evil happening and gradually normalizing it in own head, somebody who started with the greatest intentions, can become a messenger of evil without even realizing that, and then it's too late. And it's really, really stunning to think about it.

Like I know, for example, that after the fall of the Soviet Union, what was happening in the hospitals there, I don't know about euthanasia or anything like that, but I know for a fact that they would sometimes tie a patient to a bed or not allow relatives to come in, and then the person might die, and things like that that are just unthinkable cruelty.

And this is something I've been thinking about for years just because of my family history over there, and it stunned me back then. And it seems like now, it is almost the norm in hospitals. I don't want to say "the norm," it's too scary, it's too dark ... maybe not. But at least much more of a norm. And ...

Dr. Meryl Nass:

It actually is the norm. Most hospitals will not let family in anymore. What someone told me, I don't know if this is true, either. They said the family was only led in once they had agreed basically to let the patient go. Once they agreed to disconnect them from a ventilator, then the family was allowed in to say their goodbyes ... Sorry ...

Tessa Lena:

I don't know ... I am like, what is happening to people's heads? Because the concept of medical murder, I think, is something that is so hard for many average citizens, and I mean, "average" as in, just like normal people ... so hard to accept.

Because if you think about, say, an American, a regular American who had a somewhat successful career, or very successful career, they made money, they had their prime time, they went to parties, they had relationships, they, I don't know, gave interviews ... they did all those things that are glorious and pleasant.

And then all of a sudden, they're old. And they're locked in the hospital room. And all of a sudden, they see the face of the machine, and that's it. And their families are not allowed in, and they're being murdered. And maybe they even realize at that point, in those last few days, that they're being murdered, or maybe not, but that that is it. And nobody sees that. Talking about it is suspicious, it makes you sound crazy because it just "can't be happening." And that is a horrifying thought.

And so many people had even their family members who died from COVID in the hospital. And then that was used to frighten everybody else, and to justify all the draconian measures, and ...

Dr. Meryl Nass:

Or the families who begged the hospital to give their family member ivermectin, and they won't. And then ... and then they have to bring in a lawyer and sue the hospital. And the hospitals are paying lawyers to fight back to not give patients a drug that could be life-saving. Who is who is paying the hospital, to spend money to try to prevent patients from getting a perfectly safe drug that might be life-saving?

I mean, we're in a very, very dark situation. As I said, the medical industry is being used to bring in the new normal, and the new normal is not looking very nice.

And people don't really know what's going on, even I don't know, I'm not working in a hospital any longer, so I don't know what's happening. But I do have people call me,

begging me to help, you know, get their relative medications. But once you're in the hospital, I can't help.

I can help as a ... I could have helped as an outpatient ... I cannot now do anything. But before, you can treat patients as long as there are outpatients ... once they enter the hospital. You have no ... no say over them. It's the doctors who are assigned to them there.

Tessa Lena:

It is frightening. I know one good story where a friend's relative in her 90s was in the hospital for another reason ... she developed pneumonia, then she was diagnosed with COVID. And nobody knows whether COVID was the reason or what but she ended up surviving, and they treated her as a human being, as in ... I don't think they were giving her COVID medications per se, but that probably wasn't even the reason, so they treated her with care.

And they treated her pneumonia properly, and she survived, and she was out, and she's fine. So that is one story because I was terrified when she was in the hospital. But there are so many stories that are the opposite of that, unfortunately. So the hospital ...

Dr. Meryl Nass:

You know, another thing that happened early on, and I ... I wrote widely about this mean, I probably wrote the seminal article, was that there were several clinical trials, which gave patients excessive doses of hydroxychloroquine that were potentially lethal.

And one of these trials was done throughout the UK and enrolled 1600 people in the arm of the trial that gave a dose of hydroxychloroquine that was several times higher than normal. It's ... that those has never been used therapeutically before for anything. There was no justification for it. And 25% of the patients in that trial died.

They ... WHO had a trial, and they enrolled about 1000 patients, and they overdose hydroxychloroquine arm, and a bit over 100 patients died.

These trials persisted even after a Brazilian trial had overdosed people on the cousin of hydroxychloroquine, which is Chloroquine ... had shown that they had an enormous number of deaths, 40% in in a small trial of overdosed Chloroquine, and they, the Brazilians told the world about it, they immediately reported it, it was published in the Jama in April of last year, as soon as it happened – and yet the UK trial, and the WHO trial persisted and continued until June, and the WHO trial only stopped three days after I had written to Tedros and others at the WHO and told them, If you have not disclosed to your subjects that you're giving them a potentially lethal dose of this drug, you will be liable. And then the trial stopped.

But the fact that, you know, many doctors in different countries were involved with these trials, and none of them apparently bothered to look up the dose and find out that they were giving a borderline lethal dose to patients ... when you think about it ... think of ...

I mean, over 2600 people in these large clinical trials in multiple countries were overdosed with hydroxychloroquine, apparently, for the purpose of making the ... giving the drug such a bad name, that nobody would use it. And this is April, May 2020.

Tessa Lena:

I remember when you just wrote about it, I was stunned. And the fact that the medication that is so old, and, I don't know, people at the WHO didn't know the correct dosage? With the doctors, they probably just complied, even though it would have helped to read about the dosage, but ... stunning.

Dr. Meryl Nass:

So ... you can't ... you can't make a mistake, I don't think you can make a mistake like this when the WHO had committees designed to figure out what those to use, right? And the Bill and Melinda Gates Foundation had people on all the committees of the WHO, determining what drugs and doses should be used to ... in the trials for COVID, early on, starting in March, two years ago.

And Bill and Melinda Gates Foundation has a group of scientists who work on malaria drugs, Chloroquine, hydroxychloroquine are malaria drugs. So this group actually models dosing for malaria drugs, and members of this group were in the group at WHO determined the doses. So I don't think this was a mistake.

Tessa Lena:

It is so dark. Because then, there is no other explanation than murder. And it is so dark. And even when the evidence points at that ... it is like, even for me, and I write about those things, I research those things, it is very hard to accept. Something in me wants to find another explanation, there has to be another explanation ... it's just too dark!

Dr. Meryl Nass:

I don't think there were too many people who actually knew, I think. I think most people in, you know, Western Europe, In the UK, they don't deal with malaria, right. I've had malaria. I have familiarity with these drugs. I spent six months in Africa, six months in India. So I know all the malaria drugs, but most doctors don't.

I think a few people came up with the dosing, for whatever reason, and everybody else simply went along, they were all busy, it was the beginning of the COVID pandemic, right? Everybody was scratching their heads, trying to figure out what to do, didn't have PPE, everybody was frightened out of their wits, the doctors and the nurses were wearing garbage bags instead of PPE. And everybody did what they were told.

And these trials were set up, certainly the WHO trial was set up, such that the, the doctors and nurses did not select the doses, you just typed in a little bit of demographic information on the patient, and then WHO would say which drug to be used, and the dose, so it kind of took those decisions out of the hands of the local doctors.

There also was ... was not formal, informed consent in that WHO trial. They claimed that they ... some of the consent was obtained afterwards, and that they'd given the informed consent forms to the patient. Well, of course, you don't do that. You'll have to keep them for the trial. It's a legal document.

They say they gave them to the patient, so ... they did not get informed consent from ... for the patients in the WHO clinical trial. I don't know ... it's a very difficult time. There are a few bad people and a lot of people who don't know any better. They probably don't know what the laws are. They don't know how the system works and they're, you know, putting one foot in front of the other.

It's very hard to be a doctor today. You don't have very much autonomy, you don't have much authority, everybody's looking over your shoulder. And they're, I think most of them are just trying to keep their nose clean and just keep on marching until they can retire.

Tessa Lena:

That is so sad. And now, switching towards philosophy for a second, I remember the time prior to the pandemic, a few years before the pandemic, when there were so many warnings, saying that if algorithmic thinking and algorithmic technology takes over medicine or aviation, it's not going to be pretty, because eventually doctors are going to be slaves to the algorithm, and they're going to be afraid for their licenses, because they're going to be sued if they step a little bit away from the algorithm, and they're going to be trapped, and not really practicing medicine anymore. But a few years ago, it was just philosophy, kind of, a conversation over a glass of wine.

Dr. Meryl Nass:

Right. Exactly. Theoretical,

Tessa Lena:

Theoretical. And ... and I had those conversations, and I even led some of those conversations – and I could not imagine in my wildest dreams that this would be happening in 2020 and on. It is really scary.

Dr. Meryl Nass:

Well, so ... so you can see. I mean, from my perspective, when all these things are happening, it makes sense that you have to stand up and say no, you know, I can't be a

silent German. Whatever the risk, you know ... you have to say enough is enough.

Tessa Lena:

Good for you! And I actually suspect that when the darkness passes, which it will, even though we don't know when, but those doctors who are compliant, many of them might be thrown under the bus. Because that's how it usually works in history.

Dr. Meryl Nass:

Yeah ... I mean, I ... I'm not so sure that's what happens in history. I think the ... the obedient people continue to be obedient and usually get by, but I, I have nothing ... you know, I think everybody is doing their best.

I think there's very few people who have the background I have, who have ... you know, I've consulted for the Director of National Intelligence here in the United States. And I've consulted for the Ministry of Health in Cuba. You know, as I said, I've traveled to many countries. I've seen how things work. And I, you know, so I have a broader perspective.

I know ... I know, the law because I was very much involved with the legal work around the anthrax vaccine for years. So I learned what the law was regarding drugs and vaccines, and almost no doctors have that kind of background.

So when ... when a board tells them they can't, you know, spread "misinformation," they assume the board has the authority to say that, and they assume they better not spread "misinformation." And they, you know, try ... try to do the right thing, so ...

I don't have ... I'm, I'm not really angry at anyone, I think this is a combination of a lot of ignorance, and a few bad actors. And I do hope the bad actors will be, you know, taken to task. But I think for the rest, we need to start teaching people the Constitution, the law, you know, your ... your country has guaranteed you rights, and you must not give them up.

You know, a lot of people fought and died for these rights, and you can't walk away from them. And freedom of speech is the First Amendment as is freedom of religion. The

states are not allowed to take these rights away from you, that's the 14th amendment.

So, hopefully, people will learn, they'll learn what their rights are, they learn what the right thing is, and they'll learn that there's something sacred about the doctor patient relationship. It's not the doctor patient government relationship, or the doctor patient pharma relationship. It's the doctor patient relationship. And unless the patient is the only thing the doctor cares about, that trust is broken, and the whole edifice of medicine will collapse.

Tessa Lena:

Well, thank you for being so wonderful and courageous. I really admire you as a human being and your work and your stance. It is really, really admirable. And I hope that a lot more people will follow in your footsteps, and stop complying if they're compliant today, it is very important.

Dr. Meryl Nass:

Thank you, Tessa. Thank you. Good to meet you.

Tessa Lena:

Good to meet you, too. So, is there anything that you want to add before we wrap up, and also where can people find you? I'm sure people know, but just the mention it here.

Dr. Meryl Nass:

So I have two blogs. The one I update most frequently is anthraxvaccine.blogspot.com. My other blog is merylnassmd.com. And if I have time, I will make a Substack. Thank you.

Tessa Lena:

Oh thank you. And good luck! I hope you win very very soon and gloriously.

Dr. Meryl Nass:

I appreciate it, thank you, bye-bye.

Tessa Lena:

Bye-bye.

About the Author

To find more of Tessa Lena's work, be sure to check out her bio, [Tessa Fights Robots](#).