

DISINFORMATION DOCTORS LICENSED TO MISLEAD



About the de Beaumont Foundation

The de Beaumont Foundation creates and invests in bold solutions that improve the health of communities across the country. Its mission is to advance policy, build partnerships, and strengthen public health to create communities where everyone can achieve their best possible health. For more information, visit debeaumont.org.

About No License for Disinformation

No License for Disinformation is a non-partisan grassroots coalition of physicians, nurses, parents, and disability advocates who came together during the pandemic to protect the public from the threat of medical disinformation. Its mission is to urge state medical boards to hold physicians and health care professionals accountable for spreading medical disinformation and violating their professional oath. For more information, visit nolicensefordisinformation.org.

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Table of Contents

Executive Summary.....i

Foreword: State Medical Boards and Disinformation.....1

Introduction.....3

Barriers to Enforcement.....6

Rebuilding Trust: Recommendations for Enforcement.....8

Disinformation Doctors and the Boards That License Them.....11

Conclusion.....18

Additional Reading.....19

Endnotes.....20

Executive Summary

- A small but vocal minority of physicians are intentionally and publicly spreading disinformation about COVID-19 and vaccines. In doing so, they are putting lives at risk and violating their professional oath.
- State medical boards have the authority and responsibility to take disciplinary action against doctors who violate state laws and regulations governing the practice of medicine.
- A recent poll shows that a majority of American adults – nine in 10 – believe that doctors who intentionally spread misinformation about COVID-19 should be held accountable [1].
- The Federation of State Medical Boards, the national organization representing all U.S. state medical boards, issued a statement in July 2021 making it exceedingly clear that dissemination of COVID-19-related disinformation by doctors will not be tolerated [2].
- Despite boards' legal mandate to investigate patient and consumer complaints, discipline doctors who violate the public's trust, and ensure that the public can expect to receive the highest standard of care, state medical boards have taken little to no action against doctors who deliberately spread disinformation.
- The failure of state medical boards to act – and worse, to rubber-stamp the medical license renewal of doctors actively spreading dangerous and unfounded conspiracy theories – creates a COVID-19 force multiplier, leading to overwhelmed and understaffed hospitals and unnecessary suffering and death. Just as doctors have a duty to act in their patients' best interest, state medical boards have a duty to act in the public's best interest.

The Problem:

Three primary factors contribute to state medical boards' failure to hold doctors accountable when they do not meet generally accepted professional standards:

1. In responding to complaints, state medical boards have significant discretion over the investigative and disciplinary process, with limited public accountability and no transparency into how investigations are conducted or when disciplinary actions are implemented.
2. State medical boards have no proactive capacity to monitor doctors outside of formal and cumbersome complaint processes.
3. Ongoing investigations are not a matter of public record and often take months or years to resolve. During the investigative period, doctors under scrutiny are free to continue to spread disinformation and abuse their medical credentials without restraint.

- State medical boards must act immediately to support the overwhelming, evidence-based medical consensus, stop the attack on science and medicine, and most importantly, prevent further unnecessary COVID-19 deaths.

Seven Actions to Restrict the Flow of Disinformation from Doctors



Deliver sunlight and accountability:

Increase transparency and improve oversight.



End the complacency:

Medical boards should be explicitly authorized to take proactive action in the interest of public health.



Create a uniform reporting process:

Standardize entities required to report to state medical boards.



Give complaints the urgency they deserve:

Standardize expedited timelines to process complaints in the domain of public health.



Bring disclaimers into the 21st century:

Establish, enhance, and enforce disclaimers around non-medical advice, particularly for digital communications.



Work with watchdogs:

Curate public-private partnerships for proactive monitoring and investigation.



Compel detailed disclosures:

Establish consistent public reporting requirements.

Foreword

Most members of the public assume that any licensed doctor will provide them with appropriate, up-to-date, and evidence-based medical care.

To wear the white coat, physicians take an oath to do no harm and to practice medicine in accordance with the highest ethical standards. In adhering to that oath, physicians have worked for years to earn and maintain the public's trust – a level of trust rated higher than most other professionals. An AP-NORC poll revealed that seven in 10 Americans trust their doctors “to do what's right for them and their families [3].” During the COVID-19 pandemic, polling has consistently found that Americans consider their doctors the most credible source of information about the virus.

However, during this ongoing public health emergency that has claimed more than 5 million lives globally, a small minority of physicians have exploited the credibility that comes with their medical licenses to disseminate disinformation to the public. Their lies, distortions, and baseless conspiracy theories have caused unnecessary suffering and death and are prolonging the pandemic.

Throughout the country, state medical boards have the responsibility to uphold medical standards and the authority to issue, renew, suspend, or revoke medical licenses. With severe consequences, state medical boards have failed to uphold that trust. Not only have most boards failed to suspend or revoke licenses, but many have rubber-stamped renewals for doctors who are in clear violation of medical standards, which allows them to do *more* harm with no questions asked.

**Misinformation is a public health crisis,
and 'disinformation doctors' are making it worse.**

Misinformation, or the propagation of false rumors, represents one dimension of the problem. Its subset, deliberately deceptive disinformation, is another. Misinformation is a public health crisis, and “disinformation doctors” are making it worse. Physicians and other medical professionals who spread disinformation are violating their professional oath, tarnishing the reputation of the medical field, and putting lives at risk.

This impacts not only patients with COVID-19, but all who seek care [4]. Nationwide, COVID-19 hotspots have overwhelmed hospital capacity, which in some cases has led to rationing of care [5]. Under these demanding conditions, there have been unprecedented levels of burnout among healthcare workers [6] and hospitals are facing critical nursing shortages [7].

This report documents the urgent need for state medical boards to investigate physicians who are publicly and intentionally spreading false information. The examples in this report are just a small sample, but they have an outsized impact in distorting public perceptions of the pandemic.

State medical boards and other governing bodies must step in to protect patients, the public, and healthcare workers, and to help end the pandemic.

Misinformation vs. Disinformation

Misinformation is false information that is spread, regardless of intent to mislead.

Disinformation is deliberately misleading or biased information; manipulated narrative or facts; propaganda.

Source: dictionary.com

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Introduction

State medical boards, whose members are appointed by state governors, are state-sanctioned government agencies with the legislative authority to license, investigate, discipline, and regulate medical doctors [8]. Each state's medical board is granted its authority by legislation, the Medical Practice Act, which includes legal provisions that set boundaries around the limits of acceptable behavior. While these legal provisions vary from state to state, every state's Medical Practice Act begins with a statement of purpose: "To protect the public from the unprofessional, improper, incompetent, unlawful, fraudulent, and/or deceptive practice of medicine."

Medical Practice Acts

State laws and regulations that govern the practice of medicine and specify the responsibilities of the medical board in regulating that practice.

Source: AMA Journal of Ethics

In the midst of an ongoing pandemic, caused by a highly transmissible, airborne, novel coronavirus,

which has claimed nearly 800,000 U.S. lives [9] and taken a caregiver from more than 140,000 U.S. children [10], a group of contrarian doctors began generating and spreading false, fabricated, distorted, and potentially life-threatening "medical advice."

These efforts are amplified through social media, television appearances, websites, podcasts, blogs, congressional testimony [11], public appearances and nationwide "tours [12]."

Many of their statements regarding the epidemiology, the most appropriate public health mitigation measures, and prevention and treatment of COVID-19 are based on poor-quality studies that do not meet the rigors of peer review, contain inaccurate or fabricated data, or misrepresent the most current medical literature [13].

Doctors who spread COVID-19 disinformation know better. They are creating unnecessary suffering, death and unmitigated strain to the health care system. This raises the question, where are state medical boards during this crisis?

Even worse, many of their claims are not supported by any scientific evidence at all, particularly as it pertains to the safety and efficacy of the COVID-19 vaccines [14].

Doctors who spread COVID-19 disinformation know better. They are creating unnecessary suffering, death and unmitigated strain to the health care system. This raises the question, where are state medical boards during this crisis?

Earlier this year, the Federation of State Medical Boards issued a rare public statement in response to a “dramatic increase in the dissemination of COVID-19 vaccine misinformation and disinformation by physicians and other health care professionals on social media platforms, online, and in the media.” The statement outlined the risk of disciplinary action against physicians who spread COVID-19-related misinformation, including suspension or revocation of their medical license.

But despite the Federation’s warnings, in the five months since the statement was issued, only a handful of doctors have faced such consequences.

In a survey of the Federation’s 70 state medical board members, more than two-thirds reported an uptick in complaints, and yet just 12 medical boards reported taking any disciplinary action against a doctor for spreading “false or misleading information” (though the Federation has not clarified the level of discipline and whether the disinformation was related to COVID) [15].

Public health officials have blamed COVID disinformation for prolonging the pandemic; 50% of the Americans who refuse to get vaccinated cite a piece of disinformation as their reason [16].

A study conducted by the Associated Press in May reported that 98% to 99% of American COVID-19 deaths were among the unvaccinated [17].

Data released by the Centers for Disease Control and Prevention (CDC) in November showed that unvaccinated adults were five times more likely to test positive and 14 times more likely to die from COVID-19. State medical boards must recognize the gravity of this crisis and act now to protect the public from the dangers of misinformation.

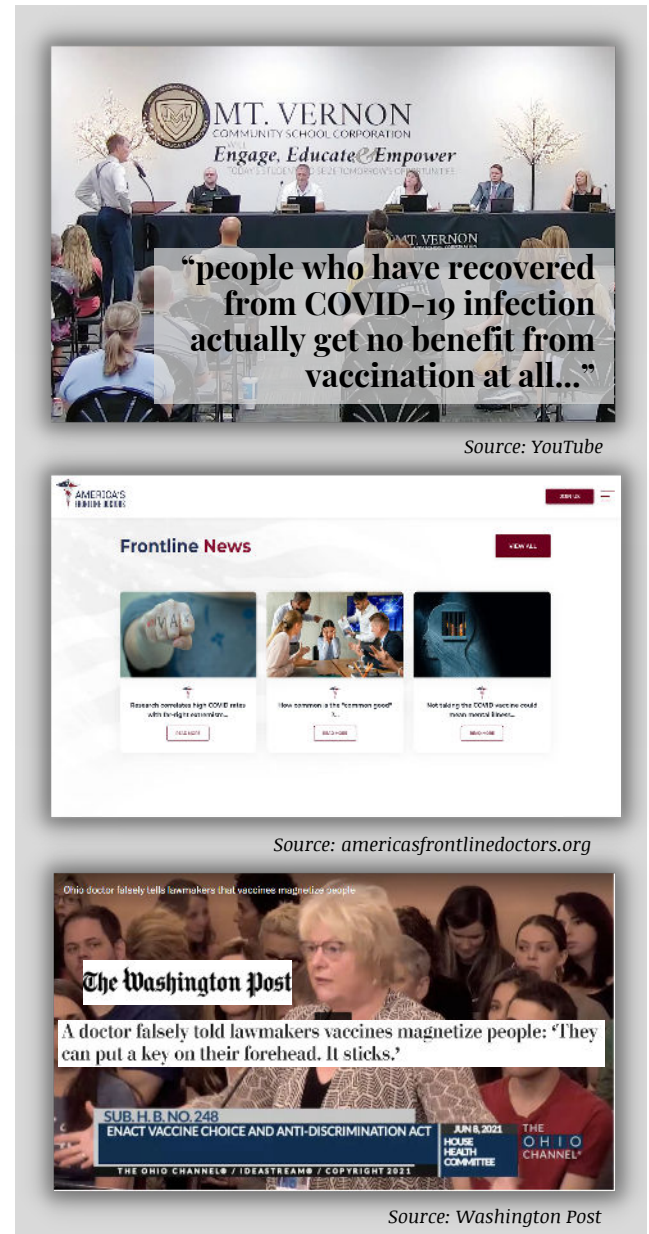
Statement by the Federation of State Medical Boards

“Physicians who generate and spread COVID-19 vaccine misinformation or disinformation are risking disciplinary action by state medical boards, including the suspension or revocation of their medical license. Due to their specialized knowledge and training, licensed physicians possess a high degree of public trust and therefore have a powerful platform in society, whether they recognize it or not. They also have an ethical and professional responsibility to practice medicine in the best interests of their patients and must share information that is factual, scientifically grounded and consensus-driven for the betterment of public health. Spreading inaccurate COVID-19 vaccine information contradicts that responsibility, threatens to further erode public trust in the medical profession and puts all patients at risk.”

Source: fsmb.org, July 29, 2021

Disinformation spread by physicians has been widely reported throughout the pandemic. **Disinformation generated by such doctors is reaching an audience that numbers in the hundreds of millions.** The following represent just a few examples that demonstrate their reach:

- A viral video of a licensed Indiana physician spreading disinformation at a school board meeting received over 100 million likes and shares on Facebook and more than 10 million views on other mainstream social media platforms [18].
- The website for America's Frontline Doctors, an organization with which many disinformation-disseminating doctors associate, has received 6.8 million visits from May to October 2021, according to data compiled on Dec. 2, 2021, using the online tool Semrush.com.
- Disinformation-riddled testimony [19] from a licensed Ohio physician went viral and appeared on late-night television [20]. While this coverage was unfavorable, her audience grew significantly and Google searches related to one of her most spurious claims spiked to its highest level over the pandemic, according to data from Google Trends.



The need to act is clear, and Americans agree. A recent poll conducted by Morning Consult for the de Beaumont Foundation revealed that **nine in 10 American adults believe that doctors who intentionally spread misinformation about COVID-19 should be held accountable [1].**

Barriers to Enforcement

Given the rampant and dangerous disinformation that licensed doctors are generating on podcasts, websites, and social media, it is clear that state medical boards have the grounds to take disciplinary action based on state Medical Practice Acts [8]. But almost two years into the pandemic, the boards have largely failed to take action against these doctors. This problem has three primary causes.

1

State medical boards have significant discretion, limited accountability and no transparency.

The first step in most states' complaint process is an evaluation of whether the complaint should be authorized for investigation. Because complaints that are under investigation are confidential and complaints that are closed without action are not public records, most state medical boards have no public accountability for the number or validity of decisions around complaints that they close without taking action. Placing the burden for this accountability on a complainant is irresponsible.

In an interview for an August 2021 article on WebMD, Dr. Humayun Chaudry, president of the Federation of State Medical Boards, stated that in some cases, boards have contacted physicians and have persuaded them to voluntarily refrain from making false public statements, without taking disciplinary action [21]. Such action does nothing to repair prior harms or undo the real-world impact of doctor-disseminated disinformation. And while physicians contacted in this way may change their public behavior, one cannot assume that they'll also modify their practice to uphold standards of care.

2

State medical boards do not have capacity for proactive monitoring.

In an October interview given to CNN, Dr. Chaudry acknowledged that while boards have received "a lot" of complaints about physicians spreading misinformation about COVID-19, "state boards simply do not have the resources...to monitor what's happening on the internet or what's going on even in an individual patient encounter [22]."

As the sampling of examples in this report demonstrates, this burden on the complainant, combined with a cumbersome complaint process, means that the current system is failing to address clear violations of state Medical Practice Acts.

3

The process to investigate complaints is monolithic and time-consuming.

The fraction of complaints to state medical boards that are referred for investigation generally take months – and sometimes years – to reach a conclusion. And because complaints under active investigation are confidential, doctors who are disseminating disinformation are free to continue touting their medical credentials as a reason to believe their pseudoscience, half-truths, or flat-out lies over the period of the investigation.

Rebuilding Trust: Recommendations for Enforcement

To rebuild trust and better enable state medical boards to hold doctors accountable for their roles in disseminating lies relating to COVID-19, the following actions should be taken immediately to protect the public. In all cases, boards can and should enforce their state's Medical Practice Act.

1

Deliver sunlight and accountability: Increase transparency and improve oversight.

Boards have a tremendous amount of discretion over whether complaints are referred for investigation and what level of action is taken as a result of investigations. In many states, there is no accountability or visibility for complaints filed if they're not referred for investigation or if they don't result in action against the licensee. In addition to aggregate reporting, there needs to be more granular oversight where questionable decisions or disproportionate levels of inaction can be reviewed and referred to the entity that oversees the state medical boards for review. State legislatures, inspectors general or attorneys general could play this role.

2

End the complacency: Medical boards should be explicitly authorized to take *proactive* action in the interest of public health.

The mission of state medical boards includes an obligation to protect the public. Protection requires a proactive capability, and state medical boards currently exist in a statutory framework that only allows them to consider action in response to a direct complaint. This is an outdated framework that must be updated for the digital age.

3

Create a uniform reporting process: Standardize entities required to report to state medical boards.

Across the states, there are 15 different types of entities, ranging from federal agencies and courts to professional societies and peers, that are required to report possible violations to state medical boards. However, there are inconsistent reporting requirements in every state, and not all states require physician misconduct to be reported to the licensing state's medical board.

There is an urgent need to establish standardized reporting for any of these entities that encounter physician behavior that should be referred for potential investigation. This will ensure that state medical boards can respond in cases where doctors' potentially violating behaviors have been identified outside of the context of a direct complaint to a board. Some, if not all of these entities' reporting requirements should be standardized across all states.

4

Give complaints the urgency they deserve: Standardize expedited timelines to process complaints in the domain of public health.

Medical misinformation and disinformation directly impact public health in a matter of days. Complaint review processes that take months or years are completely insufficient.

5

Bring disclaimers into the 21st century: Establish, enhance, and enforce disclaimers around non-medical advice, particularly for digital communications.

Consumer protection agencies have already established that information that could be perceived as medical advice must be disclaimed as opinion, but the same requirement currently does not appear to extend to content on social networks.

- **Establish** a requirement for disclaimers from doctors who are taking positions that they don't want to be considered medical advice. This will serve to protect both doctors and consumers.
- **Enhance** the requirement for visibility of these disclaimers – buried at the bottom of websites or at the end of long posts or videos is not protecting the consumer.
- **Enforce** the presence and visibility of these disclaimers with substantive, license-based action that is under the purview of state medical boards.

6

Work with watchdogs: Curate public-private partnerships for proactive monitoring and investigating.

The Federation of State Medical Boards has stated that boards are not staffed to be "out there looking" for misinformation and disinformation online [22]. There are plenty of organizations that are out there doing exactly that, but boards aren't currently willing or able to utilize that data or information.

7

Compel detailed disclosures: Establish consistent public reporting requirements.

In recent years, many state medical boards have reduced the number of metrics they report on annually, removing visibility to the number of complaints filed as well as more granular views on what happens to complaints that are referred for investigation. These metrics need to be standard requirements that state medical boards report to the public and the state.

Disinformation Doctors and the Boards that License Them

Through a review of social media posts, websites, live and virtual conferences, podcasts, interviews, and testimony, No License for Disinformation collected the following examples of statements by doctors intentionally and publicly spreading disinformation about COVID-19. These doctors are able to point to their medical license for credibility, while continuing to spread COVID-19 lies with no repercussions.

These doctors' role in spreading misinformation is well documented, but even with the Federation of State Medical Boards' statement, little action has been taken, and none of these doctors have had their licenses suspended or revoked. With this lack of accountability, they've become further emboldened, and their disinformation continues to prolong the pandemic and put more lives at risk.

While the lack of transparency and glacial pace of the investigatory process leave researchers and the public unable to assess the specific reasons for inaction, this section of the report is intended to highlight the need for this capacity with examples of COVID-19 disinformation and misinformation that state medical boards have allowed licensed physicians to spread throughout the pandemic. While we do not take a position here on any specific instance, these are the kind of statements that illustrate the need for stronger investigation and accountability from medical boards.

America's Frontline Doctors

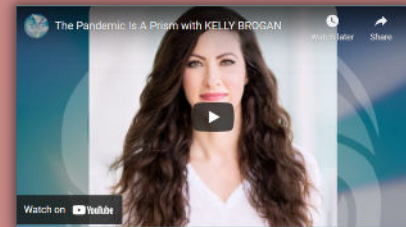
America's Frontline Doctors (AFLDS) appeared on the steps of the Supreme Court in July 2020 dressed in white coats and invoking their medical credibility and anecdotal experiences to make claims about the efficacy of COVID treatment using repurposed drugs without peer-reviewed research or regulatory approval. Throughout the pandemic, doctors aligning themselves with AFLDS have been high-visibility sources of disinformation about COVID treatments and their efficacy. AFLDS co-founder Dr. Simone Gold stated publicly that the group was making hydroxychloroquine available "to the entire nation." Gold went further and stated "You can consult with a telemedicine doctor, and whether you have COVID or you don't have COVID, or you're just worried about getting COVID, you can get yourself a prescription and they mail it to you."

Source: <https://rumble.com/vd3aur-dr-simone-gold-the-truth-about-the-covid-19-vaccine.html>

COVID-19 Virus Disinformation

Almost two years and millions of deaths into this pandemic, there are licensed doctors who still make public claims that SARS-CoV-2 or its variants are a hoax or simply do not exist. For example:

- One Florida-licensed physician featured prominently as a guest on mainstream podcasts has gone even further to claim that through her own research she has "come to question whether viruses exist [23]."



Source: www.agatheringofstories.com

More common are statements that intentionally and falsely downplay the severity of COVID-19 without evidence. For example:

- A Texas-licensed physician claimed in a publicly available interview that reinfection with COVID-19 is "impossible [24]."
- A California-licensed physician claims publicly in support of a herd immunity strategy that COVID-19 doesn't represent a danger to "younger, healthier people [25]."
- An Illinois-licensed physician claims on his website that "children are safe from COVID-19 [26]."



Children Are Safe From COVID-19

Analysis by [Dr. Joseph Mercola](#) [✓ Fact Checked](#)

STORY AT-A-GLANCE

- > A recent study that looked at deaths occurring in children in the U.K. during the first 12 months of the pandemic found 99.995% of children diagnosed with COVID-19 survived

Source: mercola.com

COVID-19 Vaccine Disinformation

There is no scientific evidence to support the claim that any COVID-19 vaccine is capable of causing COVID-19 or other diseases. This claim, however, is particularly popular among disinformation-spreading doctors. For example:

- A California-licensed physician has publicly claimed that COVID vaccines are “all using the spike protein, but the spike proteins are what we doctors call pathogenic, meaning they’re disease-causing [27].”
- An Indiana-licensed physician who claims in a video of his public statements at a school board meeting that COVID vaccines “had suddenly managed to make an outbreak of COVID-19 happen in the middle of the summer [28].”

“[The COVID vaccines] are all using the spike protein. Spike proteins themselves are what we doctors call pathogenic, which means they’re disease-causing.”



Source: CNN

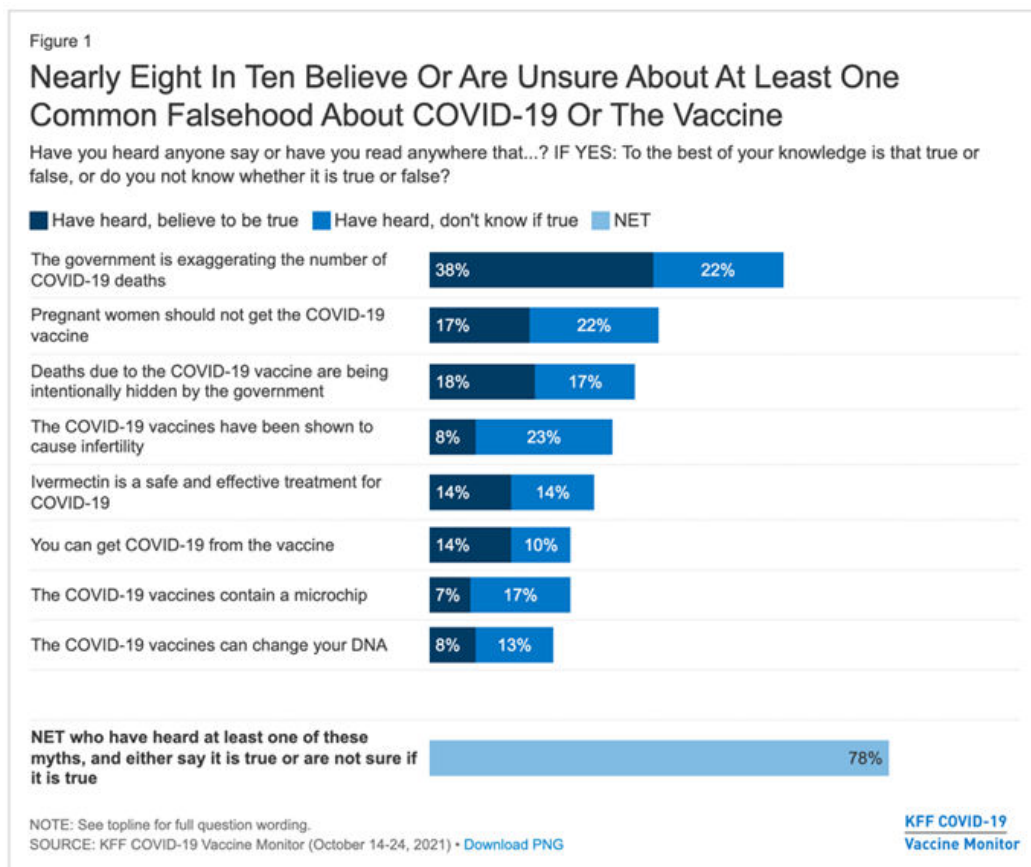
Another popular thread of COVID-19 vaccine disinformation centers around the side effects of the various vaccines. In its most extreme form, doctors have represented this disinformation with claims that COVID-19 vaccines cause death. A sample of these claims include:

- A North Carolina-licensed physician claimed in an interview on CNN that “the COVID vaccine has killed more people than COVID [14].”
- A New York-licensed physician has published a publicly available report claiming that “scientific data shows how *millions* have died from the covid injections [29].”
- A Texas-licensed physician claimed in the course of an interview given to Fleccas Talks that “in May we have over 4,000 vaccine-related deaths and over 10,000 hospitalizations. [...] this is far and away the most lethal toxic biologic agent ever injected into a human body in American history [30].”



Source: www.stopworldcontrol.com

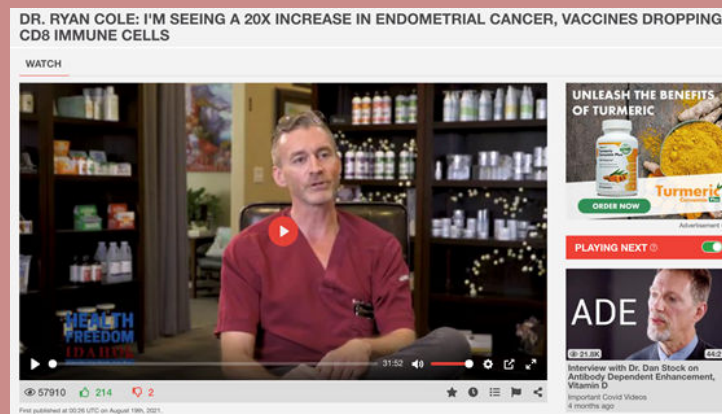
Disinformation around less severe, but still jarring side-effect claims were shown to be points of public confusion in a poll conducted in October by the Kaiser Family Foundation [31]. The poll found that 76% of Americans has heard at least one common falsehood about COVID-19 such as "the COVID-19 vaccines can change your DNA," "the COVID-19 vaccines have been shown to cause infertility," and "pregnant women should not get the COVID-19 vaccine."



Source: Kaiser Family Foundation

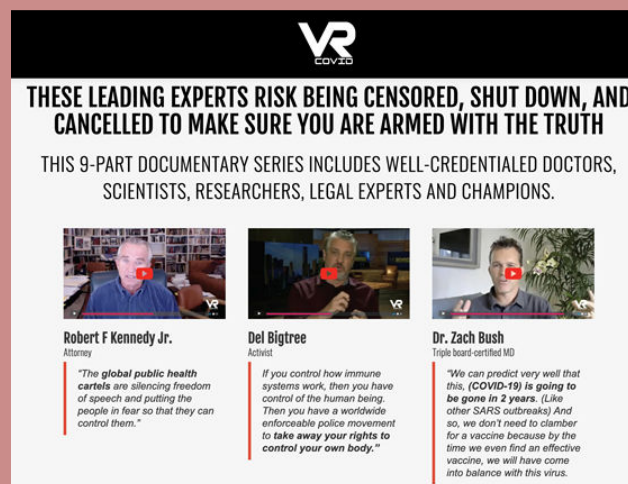
Despite the lack of scientific evidence for any of these claims, they are common claims supported by disinformation-disseminating physicians. A sampling of publicly available examples includes:

- An Idaho-licensed physician who claimed in an interview given to Health Freedom Idaho that the COVID vaccine harms fertility, long-term immune health, and increases the risk of cancer [32].



Source: <https://www.bitchute.com/video/wGKbPz19ju3V/>

- A Virginia-licensed physician who claimed in a heavily promoted online "docuseries" that the COVID vaccine alters your DNA [33].



Source: <https://revealed.com/eg/covid/trailer>

- A New York-licensed physician who maintains a weekly podcast called "Thinking Critically with Dr. T and Dr. P" and claims publicly that the COVID vaccine can cause miscarriages and stillborn births [34].
- A Montana-licensed physician who claimed in a public Facebook post in February that "you can have a vaccinated man, sleep with an unvaccinated woman... and she will become INFERTILE [22]."

A popular source cited in support of disinformation related to vaccine side effects is the Vaccine Adverse Event Reporting System (VAERS). VAERS states in its own disclaimer that "a report to VAERS does not mean that the vaccine caused the adverse event, only that the adverse event occurred some time after vaccination [35]."

Disinformation doctors choose to ignore this fact and instead frequently claim or imply that these reports represent a causal relationship between the vaccine and the event.

Finally, a small subset of these physicians makes disproven claims about what is in the COVID vaccines and what those ingredients are capable of or designed for. Extreme examples of these claims include:

- An Ohio-licensed physician who claimed in testimony to Ohio lawmakers that vaccines "interface" with 5G cellular towers and that vaccinated people "can put spoons and forks all over them and they can stick, because now we think that there's a metal piece to that [36]."



Source: Washington Post

- A Georgia-licensed physician and member of America's Frontline Doctors who has spoken frequently at in-person and virtual conferences and who stated in a video that the COVID vaccine implants a digital vaccine ID [37].

COVID-19 Prevention and Treatment Disinformation

There is no scientific evidence that supports that any prescription drug or over-the-counter supplement is capable of preventing or curing COVID-19. Misinformation surrounding the use of hydroxychloroquine was one of the earliest instances of an unproven treatment for COVID-19 reaching a mainstream audience – and the overpromotion resulted in a dramatic increase in first-time prescriptions, causing shortages of the drug and depriving chronic autoimmune disease patients access to hydroxychloroquine for daily treatments. [38]

Since the beginning of the pandemic, the Federal Trade Commission (FTC) has issued more than 430 warning letters to companies and individuals for violating regulations around the marketing and selling of products for COVID-19 prevention and/or treatment [39].

For example:

- The FDA issued a warning to an Illinois-licensed physician and his company for selling "unapproved and misbranded products relating to COVID-19 [40]."
- A FTC settlement resulted in a fine for a California-licensed physician for "defrauding customers" and making "bogus health claims" regarding a unproven COVID-19 treatment. [41]



Source: FDA.gov



Source: FTC.gov

Many claims that didn't rise to the level of federal intervention focused on overstating the potential benefits of certain drugs or treatments without providing appropriate information about the associated risks.

The Texas State Medical Board took "corrective action" against a licensed physician who prominently promoted unproven treatments for COVID-19 in October 2021 [42].

While this action was limited in scope, it indicates the possibility that some boards could consider it within their purview to take action based on the promotion of such unproven treatments for COVID-19 – a practice that has no shortage of prominent online examples.

Conclusion

This report documents the urgent need for state medical boards to investigate physicians who are publicly and intentionally spreading false information. Physicians and other medical professionals who intentionally spread disinformation are violating their professional oath, tarnishing the reputation of the medical field, and putting lives at risk. State medical boards have the authority to hold these doctors accountable but have largely failed to do so.

Disinformation generated by these doctors is reaching an audience that numbers in the hundreds of millions. The examples in this report are just a small sample, but they have an outsized impact in distorting public perceptions of the pandemic. The need to act is clear. State medical boards have the opportunity to protect patients and the public – and to save lives.

To learn more or to report a doctor who has spread COVID-19 disinformation, visit nolicensefordisinformation.org/report.

Additional Reading

The Disinformation Dozen: Why Platforms Must Act on Twelve Leading Online Anti-Vaxxers. (2021). Center for Countering Digital Hate.

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