**Did the Covid-19 Pandemic Usher the Death of Medical Science?**

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The global COVID-19 response was not just flawed. It was fundamentally misguided. Policies like lockdowns, universal masking, and mass vaccination campaigns with poorly evaluated experimental genetic interventions were implemented with sweeping authority but without adequate scientific scrutiny. Mounting evidence suggests that these strategies not only failed to prevent widespread transmission but also introduced new, long-term risks to public health. Critical decisions were made hastily despite early warnings about the dangers of targeting the full spike protein, a viral component with known homology to human tissues. These misled decisions raised serious concerns about autoimmune consequences.

Even more troubling was the coordinated dismissal of viable alternatives and the suppression of dissenting data. Well-documented early treatments were sidelined in favor of a singular, experimental platform. Government regulatory bodies fast-tracked approvals while relying solely on industry-submitted data in order to bypass essential safety evaluations. As adverse outcomes emerged—from immune system exhaustion to cancer relapses—there was a code of premeditated silence. Scientific transparency was nowhere to be found because the pandemic playbook prioritized compliance over caution and viable dissenting medical expertise.

The global response to the COVID-19 pandemic, particularly in the United States and United Kingdom, represents a moment of grave misjudgment and systemic failure across multiple layers of government and public health leadership. Drawing from decades of experience in oncology, virology, and immunology, Dr. Angus Dalgleish, a professor emeritus of oncology at the University of London and a co-discoverer of the CD4 receptor as the major cellular receptor for HIV, is a dissenting voice who early in the pandemic became disillusioned with the decisions that shaped American and British pandemic strategies. Dr. Dalgleish asserts that the lockdowns, mask mandates, and mRNA vaccines not only failed to mitigate the crisis but also introduced new health risks that are turning out to be lethal.

Dalgleish was one of a small number of medical professionals who became aware of COVID-19 well before its official recognition. As early as November 2019, he spoke with individuals who displayed symptoms that, in retrospect, were classically consistent with COVID-19. His early concern was driven by the potential of a widespread outbreak; however, it was not until the SARS-CoV-2’s viral sequence was released that a scientific alarm truly sounded.

What is particularly disturbing about Dr. Dalgleih’s story is that it exemplifies the pandemic of psychologically deranged hubris and near criminal behavior among our medical officials and the private pharmaceutical sector eager to profit from human misfortune. As the pandemic was underway, he was collaborating with Berger Sørensen of Bynor Pharma in Norway. Together they were developing a promising HIV vaccine with robust clinical data showing it could significantly reduce viral load in treated patients. However, their methodology diverged from the mainstream method of using an entire viral envelope, which involves thousands of antigens. Repeatedly these mainstream efforts were proven ineffective. The Dalgleish-Sørensen team on the other hand focused on a few specific viral epitopes to yield successful results. Despite their efforts, the major global health organizations such as the government health agencies and the Bill Gates Foundation, dismissed their results outright. This work could have been a precedent when the COVID-19 genetic sequence became available. Rather our public health officials made the decision to repeat the same immunological mistakes. The mainstream strategy targeted the virus’s full spike protein that interacts directly with ACE2 receptors. This is what makes the current Covid-19 vaccines so hazardous. Dr. Sørensen's research found that 79 percent of the spike protein shares homology with human proteins. This is why the Covid-19 vaccines are high-risk for autoimmune complications and evidence now shows this to be the case with certainty.

Drs. Dalgleish and Sørensen communicated their findings to the UK’s Chief Medical Officer Christopher Whitty, Her Majesty’s Government Chief Scientific Adviser Sir Patrick Vallance, and the former head of the British Secret Intelligence Service Sir Richard Dearlove. The British government ignored their warnings. Even a well-documented immune stimulant, which Dr. Dalgleish had successfully used for cancer patients to strengthen innate immunity and protect against viral infections, was dismissed on the pretext of insufficient animal studies. This was despite the stimulant’s proven track record in humans.

The consequences of American and British health official denials were on full display when lockdowns were implemented. From the outset, these flawed pandemic measures would prove to be catastrophic. Moreover, there was no credible analysis of the collateral damage such rules would cause. Numerous physicians and healthcare workers witnessed an immediate decline in patient care, such as delayed diagnoses, interrupted treatments, and postponed surgeries. Perhaps cardiovascular patients suffered the most neglect. For Dr. Dalgleish, and now many other health professionals, these actions seemed less like emergency responses and more like elements of a pre-determined script, especially when policies such as universal masking were based on flawed logic.

The most egregious scientific failure, however, was the wholesale commitment to mRNA vaccine platforms developed by Pfizer and Moderna. Every deployed vaccine relied upon the full spike protein. This is precisely the approach Dalgleish and Sørensen warned against. A more effective strategy would have been using four conserved viral epitopes to create cross-protective immunity and to eliminate concerns about viral mutation. Nevertheless, this alternative model was ignored in favor of a one-size-fits-all vaccine race conducted at “warp speed.”

Efforts to develop a coronavirus vaccine have been made for over 20 years and none ever demonstrated durable efficacy. None got past animal trials. Worse, these earlier efforts often induced a phenomenon known as antigenic sin or immunological imprinting, wherein the immune system becomes fixated on an outdated version of a virus that will undermine future immune responses. This effect is compounded by antibody-dependent enhancement (ADE), which is when our antibodies not only fail to neutralize new viral variants but actually facilitate their entry into host cells. This is why we are observing individuals receiving multiple mRNA boosters becoming more susceptible to Covid infections.

Equally alarming is the suppression of T-cell responses. Dr. Dalgleish’s laboratory data showed that the mRNA vaccines do not adequately activate T-cells, which are crucial for viral and cancer immunity. Repeated vaccine boosters actually exhaust T-cells. This phenomenon was documented in late 2022 by the oncology division at the Health Research Institute of San Carlos in Spain and subsequently corroborated by others.

During our interview with Dr. Dalgleish, he noted that he became particularly worried when stable melanoma patients began to quickly relapse after mRNA boosters. Upon investigation, the only common factor was that they had received a third or fourth COVID vaccine dose. Despite presenting his findings to the medical authorities, he was told to remain silent so as not to “upset” patients. However the findings circulated globally, and more and more clinicians have been forthcoming to report similar patterns.

Turbo-cancers, which are unexpected aggressive metastasizing tumors, also began appearing in vaccinated patients. Young people with no history of disease developed sudden autoimmune disorders, strokes, and cardiac failure. Stillbirths and miscarriages spiked and these tragedies were still ignored or suppressed by major health institutions.

We now know that patients with chronic conditions, such as cancer, cardiovascular disease, Alzheimer’s, diabetes, etc, were among those most vulnerable to vaccine-induced harm. The lipid nanoparticles used to deliver the spike protein do not degrade as claimed. They persist in the body and we now know they trigger continuous immune activation. The result is systemic inflammation, immune system exhaustion, and in many cases organ failure. Studies have now shown these spike proteins can continue replicating 800 days after injection. This is a catastrophic scenario for individuals with autoimmune susceptibility.

One of the most chilling discoveries came not from hospitals but mortuaries. British undertakers began reporting unprecedented white, rubbery clots obstructing arteries that prevented embalming. Some clots were six feet long. These are not normal post-mortem findings. When morticians and pathologists around the world began comparing notes, a terrifying consensus emerged: the mRNA vaccines were producing self-organizing, persistent clots capable of killing without warning.

Adding to the concern is the underlying technology of mRNA vaccines. Dr. Dalgleish is also a former board member of CureVac, a pioneering mRNA company; therefore he has deep insight into the limitations of the mRNA platform. These drugs are improperly classified as vaccines, although none have ever successfully passed clinical thresholds even in oncological vaccine development. To deploy them under emergency authorization, without resolving their many problematic issues related to stabilization and immune dysregulation, was blatant recklessness. These formulations can persist in the body for long periods of time, and their immunogenic effects can be profoundly deleterious.

Even the suppression of common sense vitamin D supplementation was another missed opportunity. Data from Spain showed dramatic differences in Covid-19 mortality based on vitamin D levels, yet the medical authorities only recommended minimal dosages that were grossly insufficient for immunological benefit. According to Dr. Dalgleish, our advisory committees were stacked with “useful idiots” rather than experts; this was to ensure that inertia and groupthink would prevail over innovation and sound clinical evidence. There was a deliberate disregard for safer alternatives and the suppression of dissent can only be described as criminal incompetence.

In the face of a global crisis like COVID-19, one would expect the finest traditions of science, defined by healthy skepticism, transparency, and open inquiry, to rise to the forefront. Instead, the world witnessed the systematic erosion of these values being replaced by a culture of a fundamentalist dogma, censorship, and blind allegiance to authority. Many physicians and scientists, like Dr. Dalgleish, with decades of medical research and clinical experience, watched in horror as genuine medicine was discarded in favor of a rigid narrative. Nowhere is this more exemplified than in the actions of prominent healthcare bureaucrats like Dr. Anthony Fauci whose influence not only misdirected public health policy but caused irreparable harm.

One of the earliest red flags was the concerted effort to dismiss the lab-origin theory of SARS-CoV-2. Despite overwhelming indications that the virus had been artificially manipulated, including the presence of six engineered inserts around the receptor binding domain, the dominant narrative clung to the notion of a natural bat spillover. Two of these inserts were previously documented in publications from the Wuhan Institute of Virology. Dalgleish and Sørensen examined the molecular structure of the virus and found highly unnatural clusters of positively charged amino acids designed to facilitate human cell entry. These modifications function like magnets that dramatically increase infectivity. If the virus had a natural origin, it would have been an evolutionary leap that is implausible without deliberate engineering.

Despite such clear evidence, the scientific community controlled by the CDC and the British Royal Society refused to even examine the sequence data. As author Matt Ridley later confirmed during his own investigation for the book *Viral*, not only was there no evidence for zoonotic transmission, there was active resistance to explore the lab-origin hypotheses. This deliberate refusal to engage with evidence represents one of the darkest betrayals of scientific integrity in modern medical history.

Dr. Dalgleish speaks of his personal interactions with Anthony Fauci during the early years of the HIV crisis and his habit of obfuscating scientific evidence that challenge his personal narratives. He was struck by Fauci’s superficial understanding of viral pathogenesis. In critical discussions about how HIV caused disease, Fauci demonstrated a fundamental lack of comprehension. Moreover, he believes that Fauci’s incompetence was not just scientific but also ethical. Whether driven by ideology, personal gain, or a larger agenda, Fauci’s decisions defied both reason and responsibility. Fauci has long cloaked himself in the mantle of scientific authority yet his record, especially during the COVID-19 response, reveals a trail of incompetence, misjudgment, and potentially deliberate malfeasance.

The revelations in Robert F. Kennedy Jr.'s *The Real Anthony Fauci* confirm Dr. Dalgleish’s suspicions. Fauci’s career is best characterized as an irresponsible alignment with pharmaceutical financial interests. Kennedy meticulously documents Fauci’s involvement in gain-of-function research and his suppression of safer treatment options like ivermectin. The claim that it was merely a “horse dewormer” was a calculated act of propaganda. The truth is that if drugs like ivermectin, hydroxychloroquine, and mega-Vitamin C and Vitamin D supplementation had been supported instead of sabotaged, there may have been no need for mass deployment of experimental gene therapies masquerading as vaccines.

In the past, we have reported extensively that the suppression of alternative therapies cleared the way for mRNA vaccines to dominate the government’s response strategy. Fauci’s role in this cannot be overstated. Under emergency authorizations, the mRNA vaccines were rushed into the arms of hundreds of millions, perhaps billions, including healthy populations at very low risk from COVID-19.

Another illustrative example is Fauci negligence is the NIAID’s misuse of the PCR test. The late Dr. Kary Mullis, the Nobel laureate inventor of PCR technology, repeatedly warned against using it as a diagnostic tool for infectious diseases. Mullis frequently stated that his technology was unsuitable for identifying active viral infections such as HIV. He emphasized that PCR only detects genetic material, including genetic debris. Nevertheless, the PCR tests became ubiquitous during the first two years of the pandemic. Threshold settings of 35-40 cycles, and sometimes higher, guaranteed massive numbers of false positives. Yet Fauci’s agency relied on inflated testing thresholds in order to justify draconian lockdowns, vaccine mandates, and again to stoke public fear with junk data devoid of any reliable scientific rigor.

The real scandal, however, lies in the global regulatory response. In Australia, for example, the Therapeutic Goods Administration (TGA), the equivalent to the FDA and British MHRA, claimed due diligence to approve the mRNA vaccine. However, it was discovered through Senate inquiries that they had outsourced the actual safety studies. No genotoxicity or carcinogenicity tests were ever performed. Like the FDA, the TGA relied on data submitted by Pfizer and Moderna who had obvious conflicts of interest. In fact, it was only due to an American court order that the Pfizer trial data were released; initially our federal health authorities intended to keep Pfizer’s data sealed for 75 years. If science were truly guiding policy, why would evidence be hidden? The reason is glaringly certain. Buried within Pfizer's own trial documents were over 1,000 documented side effects, including autoimmune disorders, microvascular clotting, neurological degeneration and obstetric complications such as miscarriage. These are the documented findings our government and Pfizer were determined to keep hidden from the public.

Statistical analysis of the Vaccine Adverse Event Reporting System (VAERS) database, conducted by medical experts, including those in Dr. Dalgleish’s advisory circle such as Sir Richard Dearlove, revealed alarming patterns. If you experienced three or four adverse effects from the mRNA vaccines, your risk of death rose to over 3 percent. This is in contrast to the 0.085% risk of dying from COVID-19, which is largely limited to those over 80 years of age. This is not science. It is the abandonment of science in favor of an agenda.

Worse still, Fauci’s favored pharmaceutical interventions went beyond vaccines. He aggressively promoted remdesivir; this was a drug withdrawn during Ebola clinical trials due to its 53 percent mortality rate. Despite this, remdesivir became the standard of care for hospitalized COVID-19 patients. In the US, hospitals were reportedly given financial bonuses for prescribing it. It became known among medical staff as “run death is near,” a morbid nickname that tragically captures the reality of its use. The drug was toxic and added more harm than benefit. Nevertheless, Fauci’s endorsement ensured its widespread distribution.

In every corner of this pandemic response, real science was buried under a cascade of deception. Safety signals were ignored. Dissenting doctors were silenced. The public was manipulated with fear porn. Physicians who dared to challenge the consensus, such as Drs. Pierre Kory, Paul Marik, Peter McCullough and Meryl Nass, were vilified, silenced and their medical licenses were threatened.

Dr. Dalgleish is also the co-authored of the book *The Death of Science*, which gives a critical account of the Covid-19 response during the pandemic. The book’s title captures a defining moment when science, once a noble pursuit of truth, became a weapon for ideological control. In retrospect it is the apogee for what should now be properly recognized as the Anthony Fauci Era in modern medicine: the years between November 1984 and December 2024 when Fauci held the directorship of the **National Institute of Allergy and Infectious Diseases and scientific medical integrity eroded research. The Fauci Era marks the time when our federal health agencies most betrayed basic scientific principles and drastically swerved off course to morph into a perverted tool to enforce public conformity.** Under Fauci’s technocratic overreach, when questions did arise, they were met not with answers but censorship and coercion.

If we do not confront the profound lessons of this crisis, we risk repeating its worst mistakes. There must be a reckoning. Just as the world once held trials in Nuremberg to confront the horrors of unethical experimentation and medical complicity, we must now confront the reality that our modern health systems have been corrupted by power, profit and ideology. Entrusting global health policy to bureaucrats promoting unproven technologies and unchecked pharmaceutical interests has been shown to be a path to systemic abuse. No matter how credentialed the messenger, no health authority deserves blind obedience. The future of public health depends on a renewed commitment to truth, transparency and scientific humility. If we are to rebuild public trust and ensure that such betrayal is never repeated, we must pursue justice with the same vigor that once defined the best of medicine and science. No amnesty. No forgetting. Only accountability.