

# Are You a Scientist? So What?

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**By Dennis Prager**

LOS ANGELES, Calif.—A caller to my radio show yesterday, a physician, took strong issue with me regarding covid-19 therapeutics. He accused me of not believing in science. His last words before we had to go to a commercial break were, “I’m a scientist.”

Given that I am not a scientist, he assumed that comment would persuade me—or at least persuade many listeners—that I was not qualified to disagree with him.

If that was his assumption, he was wrong.

“I don’t care,” I responded. “It’s irrelevant. Scientists have given science a bad name.”

I would not have said that as recently as three years ago.

But in recent years, and especially in the past two years, some basic suppositions of mine have changed.

I no longer assume when I read a statement by a scientist that the statement is based on science. In fact, I believe I am more committed to scientific truth than are many scientists.

The American Medical Association advocates the removal of sex designation from birth certificates. If many doctors or other scientists have issued a dissent, I am not aware of it.

“Assigning sex using binary variables in the public portion of the birth certificate fails to recognize the medical spectrum of gender identity.” Those are the words of the author of the AMA report, Willie Underwood III, M.D.

Sarah Mae Smith, M.D., an AMA delegate from California, speaking on behalf of the Women Physicians Section, said, “We need to recognize gender is not a binary but a spectrum.”

When the American Medical Association and a plethora of physicians tell us that human beings, unlike every other animal above some reptilian species, are “not binary,” i.e., neither male nor female, the assertion “I am a scientist” becomes meaningless.

In mid-2020, at the height of the covid-19 pandemic, when the medical community was demanding physical distancing, mask wearing and the lockdown of businesses and schools, more than a thousand health care professionals announced that the protests against racism then taking place—events with no social distancing, often no masks, plenty of yelling, and people “coughing uncontrollably” (*New York Times* description)—were medically necessary.

Jennifer Nuzzo, a Johns Hopkins epidemiologist, tweeted, “We should always evaluate the risks and benefits of efforts to control the virus. In this moment the public-health risks of not protesting to demand an end to systemic racism greatly exceed the harms of the virus.”

Over 1,000 health-care professionals signed an “open letter advocating for an anti-racist public-health response to demonstrations against systemic injustice occurring during the covid-19 pandemic.”

The letter said, among other things, “Do not disband protests under the guise of maintaining public health for covid-19 restrictions” and labeled “pervasive racism . . . the paramount public health problem.” That’s a left-wing cant, not science.

Now you can better appreciate why “I am a scientist” no longer means what it once did.

How about the cruelty of not allowing the dying to be visited by loved ones—even if they wore a hospital mask, even if they agreed to wear a hazmat suit? Did that enhance your view of scientists’ medical judgment?

Then there was the American medical community’s opposition to therapeutics, dismissing hydroxychloroquine and ivermectin (both used with zinc) as frauds despite the testimony of numerous physicians that they saved covid-19 patients’ lives when used appropriately.

State medical boards around the country threatened to revoke the medical license of any physician who prescribed these drugs to treat covid-19—despite these drugs being among the safest prescription drugs available.

As early as July 2020, Harvey Risch, M.D., Ph.D., professor of epidemiology at the Yale School of Public Health, wrote in *Newsweek*: “I myself know of two doctors who have saved the lives of hundreds of patients with these medications, but are now fighting state medical boards to save their licenses and reputations. The cases against them are completely without scientific merit.”

As a result of the American medical community’s opposition to therapeutics, Risch wrote, “tens of thousands of patients with covid-19 are dying unnecessarily.”

Doctors throughout America were essentially telling covid-19 patients, “Go home, get rest, and wait to see if your covid-19 gets worse. If you can’t breathe, come to the hospital, where we can put you on a ventilator.”

Ventilators, it quickly became clear, were a virtual death sentence for covid-19 patients. And then they died alone.

Another example of the decline of seriousness about science among scientists was National Institutes of Health Director Francis Collins urging his colleagues to boycott any “high-level” scientific conference that doesn’t have women and underrepresented minorities in marquee speaking slots.

And another: Heather Mac Donald reported that in 2020, “The NIH announced a new round of ‘Research Supplements to Promote Diversity in Health-Related Research.’ Academic science labs could get additional federal money if they hire ‘diverse’ researchers; no mention was made of relevant scientific qualifications (*italics added*).”

How many scientists protested the shutting down of schools for nearly two years?

Some did, like those who signed the Great Barrington Declaration, but for the most part the scientific community was silent.

In other words, scientists helped ruin millions of American children’s educations, not to mention abetted the unprecedented increase in depression, drug use and suicide among young people.

These are only a few of the reasons not to take “I am a scientist” as seriously as we once did.

But there may be two consolations.

- One is that the same rule now applies to ‘I am a professor,’ ‘I am a teacher,’ ‘I am a rabbi,’ ‘I am a priest,’ ‘I am a pastor,’ ‘I am a journalist,’ and ‘I am a doctor.’
- The other is that there are exceptions. Thank God.