

# Scientism, Not Science, Rules the Roost

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*The way things look right now, the gatekeepers to the scientific priesthood don’t seem to have any intention to open its doors to outsiders and independent thinkers. If anything, they’re trying to massively increase their control over the information we’re allowed to see and share, even to the point of proposing the creation of certifying boards to police physicians’ sharing of medical opinions*

*The idea that a group of people can be the sole arbiters of “truth” is irrational. Individual biases always creep in, and the greater the influence of such a group, the more ingrained and dogmatic those biases will become, until the system is corrupted to the core. One could argue that dogmatic faith in nonexistent scientific consensus is the reason for why we are where we are today*

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Science has long been regarded as a stronghold of logic and reason. Scientists don’t draw conclusions based on emotions, feelings or sheer faith. It’s all about building a body of reproducible evidence. Well, that’s what it used to be, but as technocracy and transhumanism have risen to the fore, it has brought with it its own form of science — “scientism” — which is basically the religion of science. Sheldon Richman with The

Libertarian Institute writes:<sup>1</sup>

“The popular slogan today is ‘Believe in science.’ It’s often used as a weapon against people who reject not science in principle but rather one or another prominent scientific proposition, whether it be about the COVID-19 vaccine, climate change ... to mention a few ...

The clearest problem with the admonition to ‘believe in science’ is that ... well-credentialed scientists — that is, bona fide experts — are found on both (or all) sides of a given empirical question ... Moreover, no one, not even scientists, are immune from group-think and confirmation bias ...

Apparently, under the believers’ model of science, truth comes down from a secular Mount Sinai (Mount Science?) thanks to a set of anointed scientists, and those declarations are not to be questioned. The dissenters can be ignored because they are outside the elect. How did the elect achieve its exalted station? Often, but not always, it was through the political process ...

But that’s not science; it’s religion, or at least it’s the stereotype of religion that the ‘science believers’ oppose in the name of enlightenment. What it yields is dogma and, in effect, accusations of heresy. In real science, no elect and no Mount Science exists.

Real science is a rough-and-tumble process of hypothesizing, public testing, attempted replication, theory formation, dissent and rebuttal, refutation (perhaps), revision (perhaps), and confirmation (perhaps). It’s an unending process, as it obviously must be ...

The institutional power to declare matters settled by consensus opens the door to all kinds of mischief that violate the spirit of science and potentially harm the public financially and otherwise.”

Technocracy News also added a comment<sup>2</sup> to Richman’s article, noting that “Scientism is at the root of both [technocracy](#) and [transhumanism](#), indicating that the revolution waged against the world is religious in nature.”

Whether the war against humanity is truly underpinned by religion or not is open for debate and interpretation. But what is clear is that something has shifted science away from its conventional foundation into something that very much resembles religious faith. In other words, it’s a belief even in the absence of evidence, or in the face of contrary evidence, and this is a very serious problem.

## Scientific Gatekeeping as a Priesthood

In “Against Scientific Gatekeeping,”<sup>3</sup> published in the May 2022 issue of Reason magazine, Dr. Jeffrey Singer argues that “science should be a profession, not a priesthood.” Indeed, yet that’s basically what it has become. Singer starts out by reviewing the early discovery of hydroxychloroquine as a treatment against COVID-19, and the subsequent demonization of anyone who supported its off-label use.

He then goes on to discuss the scientific priesthood’s intolerance to new ideas while, simultaneously, “search engines and the digitization of scientific literature have forever

eroded their authority as gatekeepers of knowledge.” He writes:<sup>4</sup>

“Most people prefer experts, of course, especially when it comes to health care ... But a problem arises when some of those experts exert outsized influence over the opinions of other experts and thereby establish an orthodoxy enforced by a priesthood. If anyone, expert or otherwise, questions the orthodoxy, they commit heresy. The result is groupthink, which undermines the scientific process.

The COVID-19 pandemic provided many examples. Most medical scientists, for instance, uncritically accepted the epidemiological pronouncements of government-affiliated physicians who were not epidemiologists. At the same time, they dismissed epidemiologists as ‘fringe’ when those specialists dared to question the conventional wisdom ...

The deference to government-endorsed positions is probably related to funding ... President Dwight Eisenhower ... warned that ‘we should be alert to the ... danger that public policy could itself become captive of a scientific technological elite.’ Today we face both problems ...

It is easy to understand why the scientific priesthood views the democratization of health care opinions as a threat to its authority and influence. In response, medical experts typically wave the flag of credentialism: If you don’t have an M.D. or another relevant advanced degree, they suggest, you should shut up and do as you’re told.

But credentials are not always proof of competence, and relying on them can lead to the automatic rejection of valuable insights ... Scott Atlas, a former chief of neuroradiology at Stanford Medical School, has published and critically reviewed hundreds of medical research papers. He is a member of the Nominating Committee for the Nobel Prize in Medicine and Physiology.

Yet when Atlas commented on COVID-19 issues, the priesthood and its journalistic entourage derided him because he is ‘not an infectious disease expert’ — as if a 30-year career in academic medicine does not provide enough background to understand and analyze public health data. Why? Because this physician had the temerity to contradict the public health establishment.”

## The Need to Reassess Dogmatic Thinking

Singer reviews several other examples of bonafide experts who got thrown under the proverbial bus by the medical priesthood during the years of COVID, and highlights instances where we can now, rather conclusively, prove that public health officials made bad calls.

Several studies have concluded that lockdowns had no beneficial impact on infection rates and COVID deaths, for example, while disproportionately harming the young and the poor. Yet no one has publicly admitted this strategy was an unwise one that should be permanently abandoned and never repeated.

Many studies have also demonstrated that natural immunity is better than the COVID jab, yet no changes have been made to the official recommendation to inject everyone, whether

COVID recovered or not.

“Just as public health officials must abandon a ‘zero COVID’ strategy and accept that the virus will be endemic, the science priesthood must adapt to a world where specialized knowledge has been democratized,” Singer writes.<sup>5</sup>

“For scientific knowledge to advance, scientists must reach a rapprochement with the uncredentialed. They must not dismiss lay hypotheses or observations out of hand. They must fight against the understandable desire to avoid any hypothesis that might upset the health bureaucrats who control billions of research grant dollars.

It is always useful to challenge and reassess long-held premises and dogmas. People outside of a field might provide valuable perspectives that can be missed by those within it.”

## Effort to Muzzle Doctors Continues

The way things look right now, the gatekeepers to the scientific priesthood don’t seem to have any intention to open its doors to outsiders and independent thinkers.

If anything, they’re trying to massively increase their control over the information we’re allowed to see and share, even to the point of proposing the creation of private medical certifying boards to police physicians’ sharing of medical opinions online and elsewhere. In a May 31, 2022, Substack article, independent medical journalist Paul Thacker writes:<sup>6</sup>

“This of course, is laughable. We have plenty of evidence that medical boards are incapable of regulating physician behavior simply by looking at the history of drug scandals in America, none of which could have occurred without the complicity of corrupt doctors — few if any of whom were later sanctioned by their own profession.

Anyone notice a medical board going after Duke University’s Dr. Ralph Snyderman for aiding the Sacklers’ opioid scheme and helping spread disinformation that these highly addictive drugs are NOT ... highly addictive?

Of course not. Snyderman built up Duke University into the 3rd most prestigious medical school in the States. Despite spreading disinformation about opioids that killed tens of thousands of Americans, he’s obviously a great doctor ...

Oddly enough, one of the most prolific tweeters on COVID-19 vaccines is Baylor University’s Dr. Peter Hotez. And while Hotez has spread disinformation about vaccines — in one example, stating that vaccines mandates were never going to happen and were just a dog whistle by anti-vaccine groups — don’t expect any state medical board to come after him.

The reality is that, during the pandemic, the medical profession has become cheerleaders for vaccines, not skeptics. So when a couple MDs write an essay in the NEJM saying we need to confront COVID-19 vaccine misinformation, you automatically know they don’t mean someone like Hotez who has tweeted vaccine misinformation, but who has also religiously promoted COVID-19 vaccines.”

Thacker goes on to detail the history of Dr. Edward Michna, who has spent a large portion of

his career promoting and defending the use of opioids for several different drug companies. He's also conducted several pain trials involving opioids, and despite having received many tens of thousands of dollars from opioid makers, he didn't disclose those competing interests.

"In coming months, documents will be released, further explaining what the opioid manufacturers did. But nothing ... NOTHING will happen to Dr. Edward Michna for defending these companies," Thacker writes.<sup>7</sup> "That's why nobody should believe ... the idea that doctors can regulate doctors. Doctors have had forever to do this, and they continually fail."

## Without Free Discourse, Science Dies

It seems the moral of all these stories is that without free discourse, science cannot flourish and falsehoods become harder to weed out. Free speech is a requirement for any well-functioning system, whether we're talking about politics, medicine, science or anything else.

One could argue that dogmatic faith in nonexistent scientific consensus is the reason for why we are where we are today. Gatekeepers to the scientific priesthood have already allowed science to be corrupted to the point its barely recognizable. The answer, then, is not more of the same, but less.

The idea that a group of people, no matter how well-intended, can be the sole arbiters of "truth" is irrational on its face, because who among us can claim to know all there is to know? Individual biases always creep in, and the greater the influence of such a group, the more ingrained and dogmatic those biases will become, until the system is corrupted to the core.

One could argue that dogmatic faith in nonexistent scientific consensus is the reason for why we are where we are today. Gatekeepers to the scientific priesthood have already allowed science to be corrupted to the point its barely recognizable. The answer, then, is not more of the same, but less. We need less censorship and more open-minded sharing of viewpoints, opinions and interpretations.

And when it comes to creating medical boards to police medical "misinformation" shared by doctors, we already know how that would work out. While Thacker doesn't mention this, many doctors have been targeted by various professional boards, including state medical boards, for publicly opposing COVID measures such as mask and COVID shot mandates. I discussed this in "[Medical Boards Hunting Down Doctors Over Mask Mandates](#)."

## Transforming the Health Care System

In his book, "Curable: How an Unlikely Group of Radical Innovators Is Trying to Transform Our Health Care System," Travis Christofferson addresses questions such as: "What has happened to American health care?" and "What are the foundational disruptions or corruptions in the system?"

His book, in some ways, is based on the theory promoted in Michael Lewis' book and subsequent film, "Moneyball." It describes how you can use statistics to massively improve a flawed system.

“Moneyball” showed how, within a simple game of baseball, you can have massive inefficiencies, and by taking away the human biases and just applying statistics to find what is undervalued, you can massively boost the performance of a team.

When I [interviewed Christofferson](#) about his book, he offered several examples of how statistics and removal of human biases can be used in the same way to improve inefficiencies within the medical system. For example, the diabetic drug metformin has “massive repositories of data” suggesting it can be useful against a plethora of chronic diseases, including cancer, and it’s extremely affordable.

The reason it’s rarely prescribed for any of these other indications is because there’s a financial motivation to capitalize on more expensive treatments, even if they don’t work well. By focusing on undervalued treatments and low-cost prevention, health care costs could be driven way down, while simultaneously improving patient outcomes.

Another example comes from Geisinger Health in Pennsylvania. By introducing a Fresh Food Pharmacy for Type 2 diabetics, Geisinger Health was able to reduce its per-year outlays and cost for Type 2 diabetics by a whopping 80%. Patients with prediabetes or Type 2 diabetes are given a prescription for fresh, whole foods, and allowed two free meals a day from the Pharmacy, along with intensive care and educational support.

A third example is Intermountain Health. In addition to paying its doctors a fixed salary plus bonuses based on patients’ health outcomes, they also assess differences between treatments to see which works best.

For example, patients are always given antibiotics before surgery, but it’s never been established when the optimal time to administer the drugs is. Intermountain compared medical records, finding the optimal time was two hours before surgery, which cut their surgical infection rate by more than half.

## Bias Corrupts and Corruption Is Inherently Destructive

These are all examples of how we can effectively and efficiently move medicine forward. By silencing debate and discussion, and by ignoring data and statistics, which has become the norm in this COVID era, the conventional health care system is headed for collapse.

This seems particularly true when you consider hospitals have, over the past two years, completely shredded patients’ trust by mistreating and outright killing COVID-19 patients with the most dangerous treatments available. Rather than collaborating with peers, most doctors have blindly followed financially-driven and politically biased protocols handed down from the reigning “priesthood,” and the results have been nothing short of disastrous.

Speaking of disastrous, California has introduced a bill<sup>8</sup> that will strip doctors of their medical licenses if they express medical views that the state does not agree with, basically reducing medicine to a state-sanctioned one-size-fits-all endeavor. Absolutely nothing good can come of such a plan. I discussed this in “[Bill Seeks to Muzzle Doctors Who Tell the Truth About COVID.](#)”

This bill, AB-2098, was passed by House vote (53 to 20), May 26, 2022, and is currently in the Senate.<sup>9</sup> If this law is passed in California, we will probably begin to see similar or identical bills introduced in other states as well.

If your trust in doctors has already waned, implementation of such a law is sure to carpet bomb whatever trust is left into oblivion, because all you'll be able to get, no matter who you go to, is the state-sponsored opinion. What happens then? How do we care for our health if our doctors are legally prevented from giving us their best advice? This is such a radical departure from sanity and sound practice that it's hard to even imagine what medicine will look like at that point.

The answer, I believe, will be for good, caring medical professionals to start building parallel health care systems, such as those detailed in Christofferson's book, "Curable." We may also have to take on greater responsibility for finding solutions to our own health problems. "Take control of your health" has been my motto and tagline since I started this website, but it's more important now than ever.

In years past, one of the greatest risks a patient faced was a doctor lacking nutritional know-how. In the future, the greatest risk could be doctors outright lying to you, even to the point of sending you to a more or less certain death, just to stay in practice. I hope it won't come to that. But prevent it, we must resist and oppose these kinds of treacherous plots wherever and whenever they crop up.

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#### Notes

<sup>1</sup> [Libertarian Institute July 30, 2021](#)

<sup>2</sup> [Technocracy News August 2, 2021](#)

<sup>3, 4, 5</sup> [Reason May 2022](#)

<sup>6, 7</sup> [Disinformation Chronicle Substack May 31, 2022](#)

<sup>8</sup> [California Assembly Bill AB-2098](#)

<sup>9</sup> [California Assembly Bill AB-2098, History](#)

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