

How Political Meddling Threatens Your Health and Medical Freedom

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STORY AT-A-GLANCE

- › Doctors who reported success with early COVID-19 treatments like ivermectin faced severe backlash and censorship from medical and government authorities
- › Many hospitals refused early interventions that some doctors said had worked for their patients. Those doctors argue this put patients at unnecessary risk of severe illness
- › According to Dr. Mary Talley Bowden, about 38,000 deaths following COVID shots have been reported to the Vaccine Adverse Event Reporting System (VAERS) — reports she says health authorities have downplayed rather than acted on
- › Health care professionals, including Bowden, faced medical board action after advocating patient-centered treatments and sharing their clinical observations
- › Taking control of your medical freedom means knowing your rights, documenting your decisions, and actively choosing doctors who prioritize your health over politics

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Trust in hospitals and health institutions has declined sharply since the COVID-19 pandemic, and many people trace that loss of trust to how the health care industry handled it. From forced treatments to draconian lockdown mandates, people all over the world suffered greatly. Even doctors who reported success with early treatments they believe helped save lives were vilified for spreading "misinformation."

One such case is Dr. Mary Talley Bowden, a Texas-based physician who has treated COVID-19 patients during the height of the pandemic. In her outpatient private practice, she observed firsthand how patients recovered quickly using treatments such as ivermectin and monoclonal antibodies. All of this, and more, was discussed in her interview with Tucker Carlson featured above.

Why Vaccine Safety Suddenly Became a Political Battlefield

Getting vaccinated was once viewed as a straightforward part of health care. You'd go to your doctor, get your shot, and move on with life, confident you'd done the right thing for your health. While many have criticized vaccinations and their adverse effects on human health, the arrival of the SARS-CoV-2 virus put the entire field under the watchful eyes of the public.

Now, getting the shot isn't just a health care choice — it's deeply entwined with politics.

Doctors who tried treating their patients with methods outside the official rules faced intense backlash. Bowden shares her side of the story:

- **Early treatment is crucial, in Bowden's experience** — She treated thousands of COVID-19 patients and reports that those given drugs like ivermectin and monoclonal antibodies early turned around quickly. Recounting her experience with monoclonal antibodies:

"[M]onoclonal antibodies came about, and those worked great. I mean, I could get as many doses I wanted. I'd get them the next day. I'd just contact the manufacturer, say, I need 200 doses to be at my doorstep. Great. They worked wonderfully. People turned around very quickly."

- **Authorities pushed back against treatments Bowden saw working** — In her view, one reason is that these early treatments undermined the vaccine-focused public health strategy. Powerful organizations insisted vaccines were the only real

solution, dismissing alternatives. If patients could recover without the vaccine, she argues, fewer people would rush to get vaccinated, and Big Pharma wouldn't like that.

"So this is following the rollout of the COVID shots. The government is upset because people are not buying it. People are not getting them. There's very low uptake, very low interest. There's suspicion of these shots," Bowden says.

"So in March, they started their PR campaign. The government, they went after ivermectin. The FDA put something on their website about, you can't use ivermectin for COVID. Biden doled out \$11.5 billion to groups around the country. Initially, it started with 275.

It went up to 17,000 influencers, church groups, sports leagues, all sorts of people just funneling out taxpayer money to go after doctors like myself that were spreading 'misinformation' and to push people to get these COVID shots."

Bowden Saw Better Outcomes with Early Treatment, but Many Patients Couldn't Get It

In Bowden's view, one of the tragedies of COVID is how many lives may have been lost because early treatment wasn't offered. She observed that untreated patients often took a sharp turn for the worse around day eight of their illness.

In her experience, patients who didn't get early treatment often became seriously ill in the second week. But instead of acting early, she says, many primary care doctors told patients to let the virus run its course and go to the emergency room only if they couldn't breathe. At this point, it was often much harder to turn things around.

- **Bowden's experiences illustrate the same tragedy** — She tells the story of a sheriff's deputy in Texas who became severely ill with COVID-19. His wife went to court to get the hospital to allow ivermectin, **a drug with decades of use that Bowden describes as very safe.**

"This is a man that has served for 29 years trying to protect and save the public. Father of six. And he contracted COVID. And this was in the fall of 2021. And that was the third and the largest surge of the pandemic. That's when this was following the rollout of the COVID shots.

So, this was eight months following the rollout of COVID shots, and they clearly weren't working. And this man, he got sick. He tried to get ivermectin. He couldn't find a doctor willing to prescribe it. He ended up in the hospital, and he went downhill like so many people did," Bowden said.

- **Early treatment made a difference in her practice** — Bowden says every one of her patients who got early treatment survived, and that she was able to help even some who came to her very sick in the second or third week of illness. She shares one story of a former patient:

"Everybody that got early treatment survived. I even had some really, really sick people come in in the second and third week. So, second, third week is when the inflammatory cascades set in and people get really sick.

I had a man come in with oxygen saturation in the 60s, and he was not a healthy guy. He had a history of a heart attack. He had a history of throat cancer. He was a veteran ... But I had nurses that could do IVs, so we gave him high-dose steroids and IV.

We gave him antibiotics, breathing treatments, high-dose IV, vitamin C. We gave him high-dose ivermectin and we brought him in every day as an outpatient because I didn't have a hospital bed in my office. He survived. And I had a lot [of patients] like that."

[Editor's note: This is Bowden's account of one patient who received a combination of treatments, including high-dose intravenous vitamin C, under her direct medical supervision. It reflects her clinical experience rather than a controlled study, and it isn't possible to say which part of the regimen made the difference.]

- **Few hospitals were open to these treatments** — Bowden shared that Houston's United Memorial Medical Center allowed ivermectin, and she credits the critical care doctor who used it there, Dr. Joseph Varon, with saving a lot of lives. Bowden notes that Varon now heads the Independent Medical Alliance, formerly known as the Front Line COVID-19 Critical Care Alliance (FLCCC).

"This hospital, UMMC, allowed him to use ivermectin. There was a whole protocol called the MATH+ protocol, started by FLCCC, which is now Independent Medical Alliance.

It included high-dose steroids, high-dose ivermectin, high-dose vitamin C, breathing treatments — all these very basic, not dangerous things that weren't being done elsewhere. He saved a lot of lives. He worked crazy hours — I think he worked over two and a half years straight without even a break. I was fortunate to have him as an ally," she says.

[Editor's note: The treatments Bowden lists here, including high-dose vitamin C, were given in a hospital as part of a critical care protocol directed by physicians — not as self-care measures.]

Why would hospitals deny these treatments? **Many critics believe the answer is profit.** Under federal COVID-19 relief rules, hospitals received additional payments for treating COVID-19 patients, and critics argue these incentives encouraged strict adherence to federal treatment guidelines, which did not include drugs like ivermectin. In their view, that funding outweighed openness to treatments individual doctors were reporting success with.

Doctors Who Speak Out Face Harsh Consequences

Bowden says she has seen plenty of what she believes are vaccine-related injuries firsthand — by her count, 7% of her new patients in the two years after the rollout came to her for severe injuries. Many patients reported symptoms they'd never had before, such as tremors and other neurological problems, persistent rashes, postural orthostatic tachycardia syndrome (sudden swings in blood pressure and heart rate), and severe fatigue. However, the system fought hard to suppress her right to free speech.

- **Authorities pursued disciplinary action against Bowden** — Bowden, despite the patient outcomes she reports, found herself portrayed as irresponsible or even dangerous. She shares with Carlson:

"I'm still fighting to keep my license. I mean, I still have the Texas Medical Board coming after me ..."

Later in the interview, Bowden clarified that she doesn't believe the board is trying to take her license, but rather to fine her and mark her record — a settlement offer she refused.

[Editor's note: After this interview, in October 2025, the Texas Medical Board issued Bowden a public reprimand over the 2021 ivermectin case and denied her request for a rehearing that December. Bowden has since challenged the reprimand in court.]¹

- **Big Tech amplified censorship** — Companies that ran social media platforms banned doctors who spoke about their COVID treatment experiences. Like many others, Bowden was banned from then-Twitter. Even Carlson says his show still faces censorship on YouTube when it covers COVID shots. He says:

"So, one of the primary platforms we use for distribution is YouTube, which, in general, has been great, actually, if I'm being honest. A lot less censorship than I got in any television job I ever had. So, we're really grateful to YouTube. I never thought I'd say that."

But the one area where we get censored by YouTube is when we talk about COVID shots, which I think is really interesting. So, this will probably be censored on YouTube."

- **Safety data was supposed to be for the public's protection** — Instead, Bowden says, it was largely ignored. The Vaccine Adverse Event Reporting System (VAERS) has historically served as an early warning system, and spikes in reported adverse reactions are meant to prompt investigation.

That said, regulators did act on some early COVID signals — pausing the Johnson & Johnson shot in April 2021 over rare blood clots and adding myocarditis warnings to the mRNA shots that June — but Bowden argues that the overall surge in reported injuries never led them to pull the shots. Bowden shares her experience:

"According to VAERS, there have been 38,000 deaths from these COVID shots. So, under normal circumstances, the FDA would have pulled it, but instead they've doubled down. They put the shots on the childhood vaccine schedule. All babies are expected to get three COVID shots by the time they're 9 months old."

[Editor's note: VAERS is a passive reporting system — anyone can file a report, and a report records that a death followed vaccination rather than confirming the shot as the cause. Bowden also points out that the system is widely considered to be underreported. In addition, the childhood recommendation has changed since this interview: in May 2025, HHS moved COVID-19 shots for healthy children from a routine recommendation to "shared clinical decision-making" between parents and their doctors.]²

Take Control of Your Medical Freedom

Why is silencing a dissenting doctor a matter of concern? Because this puts your health at risk. When a doctor is unable to openly discuss innovative treatments, your ability to make informed health decisions will suffer.

If you're concerned about how politics continue to interfere with health care practitioners, you're not alone. Fortunately, there are ways for you to take control of your medical freedom. Here's what I recommend you do to protect yourself and your loved ones:

- 1. Educate yourself about your rights** — Learn exactly what you're entitled to when you visit hospitals or doctors. You have the right to refuse any medical treatment and to ask detailed questions about all options. Know these rights well and clearly state them whenever you seek care. Your decisions will guide doctors toward your desired health goals — not theirs.
- 2. Document everything clearly** — Keep accurate records of your medical history, conversations with doctors, and treatments you're receiving or refusing. If you're ever hospitalized, having these detailed records helps ensure your decisions are respected. Clearly documented notes make it harder for medical providers or hospitals to ignore your wishes. Bowden makes a related point in her interview:

"If you have to go to the hospital, be prepared. Have somebody with you ... There is a patient bill of rights. You have rights in the hospital. Make sure you know those rights."

I encourage you to print out the Caregivers and Consent document so hospital staff know your wishes about what they can and cannot do to you. You have a legal right to informed consent and to refuse treatment, though how a specific document is honored can vary by state and facility. For more information on this topic, read "[How to Save Your Life and Those You Love When Hospitalized](#)."

- 3. Build relationships with doctors who respect your choices** — Find health care providers who openly discuss all treatment options and not just those officially approved.

If you're someone who's skeptical about certain medical advice, find a doctor who listens, respects your concerns, and works with you. A good relationship with an open-minded doctor helps you feel safer and makes you less vulnerable to pressure

from hospitals or authorities.

- 4. Seek alternative care options when necessary** — If you're being denied care that you believe will help you, don't hesitate to look elsewhere. Find independent clinics, direct primary care doctors, or specialists like Dr. Bowden who advocate for patients first.

Being proactive and choosing providers who prioritize patient-centered care helps you avoid hospitals that may prioritize political or financial incentives over your health.

- 5. Stay informed and speak up** — Educate yourself about medical news, research, and treatment options, particularly from doctors who report success with their patients but are often censored. Share credible information you've learned with your friends and family and speak out clearly whenever you encounter misinformation or censorship.

Your voice matters — speaking up helps protect everyone's right to medical freedom and accurate health information.

Frequently Asked Questions (FAQs) About the Politicizing of Health Care

Q: Why is trust in hospitals declining?

A: Trust in hospitals has declined sharply since the pandemic, and many people point to the handling of COVID-19, including forced treatments, strict lockdown mandates, and suppression of early treatment approaches some doctors reported success with. Critics like Bowden argue that hospitals prioritized federal funding and vaccine mandates over individualized patient care, and believe this cost lives that might otherwise have been saved.

Q: Were early COVID-19 treatments effective?

A: According to Dr. Mary Talley Bowden, her patients did well with early treatment, and she reports that all of those who received it survived. Her regimens, given under her direct medical supervision, relied on prescription drugs such as ivermectin, monoclonal antibodies and steroids, and for some severely ill patients also included breathing treatments and high-dose intravenous vitamin C.

These are her clinical observations rather than results from a controlled study, but she sees them as pointing to the importance of early intervention.

Q: Why did authorities discourage treatments like ivermectin?

A: According to Bowden, authorities discouraged ivermectin and similar treatments because these low-cost alternatives threatened the jab-focused strategy promoted by government and Big Pharma. She argues that authorities actively suppressed these treatments to maintain demand for COVID-19 shots, spending substantial public resources to label alternative treatments as misinformation.

Q: What consequences did doctors face for speaking out about alternative treatments?

A: Doctors advocating for alternative COVID treatments faced intense backlash, censorship, threats to their medical licenses, and public smears. Big Tech platforms banned doctors who discussed these treatments, and doctors like Dr. Bowden faced medical board investigations — which critics see as evidence of coordinated censorship between the government and Big Pharma.

Q: How can I protect my medical freedom?

A: You can protect your medical freedom by educating yourself about patient rights, documenting medical decisions thoroughly, building relationships with doctors who respect patient choices, seeking alternative care when needed, and speaking out against misinformation and censorship.

This article is for informational purposes only and does not constitute medical advice. Consult a qualified health care provider before making changes to your health regimen.

Sources and References

- ¹ [Houston Chronicle, October 17, 2025](#)
- ² [HHS, October 6, 2025](#)