Dr. Lee Merrit, Wakefield Wannabe

By Chuck Dinerstein, MD, MBA — February 4, 2021

The views of Dr. Merrit, a physician, on COVID-19’s origin story, biologic effects, and organized medicine’s response is classic misdirection and misinformation. It is time to debunk the distortions that cast more shadow than light.

Several of our readers have written in to ask us our view of Dr. Merrit. I was initially inclined to share my thoughts directly with those readers rather than give her name and misinformation a larger platform. But the drumbeat of the readers’ comments made me rethink that view, let me share some of my concerns.

Her views can be found on YouTube; I will spare you the link. If you just have to listen yourself, you know how to search. The search will lead you to a 30-minute video, time you will never be able to reclaim, and will pollute your “recommendations” with more of the same for a week or two.

Dr. Merrit did her medical training in the military and, as befits her training, uses a military lens in describing COVID-19 and our global response. She views this as a type of asymmetric warfare and weaponizing medical care. Both words carry more significant emotional connotations than actual meaning – a technique that allows your emotions to outweigh your rational response.

Asymmetric warfare is between two very unequal forces, but China, one of her several villains, is hardly unequal to the US military. Weaponizing medical care, I suppose, refers to public health measures or her more bizarre beliefs about vaccination. But both asymmetric warfare and
weaponizing bring forth images of terror, 9-11, and anthrax.

**Misinformation and Misdirection**

- She describes coronaviruses, as a class of organisms, as benign but highly transmissible. SARS and MERS, both members of the class, are not benign at all – they are highly infectious and lethal. Now she may have misspoken, but her words are factually wrong.
- She points out that isolating and barriers, she refers explicitly to plastic, but let's thrown in masks, will not prevent the spread of this highly transmissible disease. That is true; their purpose is to decrease the rate of transmission. While her words are correct, like a good magician, she is misdirecting you.
- She argues that the mRNA vaccine creates “millions of pathogens,” her words, in your body. This is absolutely untrue. These vaccines cause our body to produce a protein associated with COVID-19, proteins which are not alive and cannot replicate. We can argue whether vaccines will confer the same immunity as exposure to the attenuated virus, but these statements are just wrong. Being a physician does not guarantee veracity; eminence is not evidence.
- She verbally repackages supplements, like Vitamin D and anti-inflammatory agents, ranging from hydroxychloroquine (as a side effect) to dexamethasone, as treatments. Here science is less clear with studies demonstrating efficacy as well as a lack of efficacy. In these circumstances the truth is that these vitamins and medicines have, at best, a small impact – certainly not a “standard of care” or cure. There is also a breakdown in her understanding of our immune system or the more current findings with respect to COVID-19. Science tells us that our immune system, boosted by Vitamin D or not, may well turn us into asymptomatic carriers, stealthily increasing transmission while simultaneously greatly reducing the severity of our illness.
- Her most telling point is that there is no need for a vaccine in the presence of adequate treatments. She cites smallpox and polio, neither of which have effective therapies. Of course, the real underlying medical principle would be that prevention is better than treatment. The evidence so far is that the COVID-19 vaccines create a “treatable” disease and significantly reduce the risk of your dying. A vaccine is of more relative value than having effective treatments - I would prefer both, wouldn't you?

**Conspiracy – Is it time to break out the aluminum foil hats?**

At some point in the interview, she switches from proper nouns like China to they, another emotionally charged but ambiguous choice of pronouns. It is unclear who “they” are, although she repeatedly mentions China, Dr. Fauci, and the NIH. At one point, she references academic medicine’s questionably ethical behavior in studying lethal viruses, noting that funding to Wuhan’s Insitute of Virology came from our NIH and its putative leader, Dr. Fauci. There are several legitimate reasons for that funding, if for no other reason than to gain access to what they are studying. But Dr. Merrit ties them all together by association rather than factual linkages. The ambiguity of guilt by association allows you to fill in the blanks with your most feared enemy.

Finally, she presents a theory that the vaccine is a bi-modal poison – that a constituent, like the Manchurian candidate, will be injected and lie in wait until activated in the future. The possibility
that members of China's scientific community embedded within Pfizer and Moderna have been able to create this poison without anyone noticing makes me feel the need to cover my head with aluminum foil to stop the madness.

Unlike Dr. Merrit, I will not make assumptions about her intent, and I will take her thoughts at face value. I find small, sometimes irrelevant truths scattered about, connected by falsehoods and misdirection – I see a version of Andrew Wakefield, a man who has brought more sorrow to families with autism than any degree of help or healing. Caveat emptor – let the buyer, in this instance of ideas, be aware.