

Sawbones 214: The CDC and Medical Censorship

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Intro (Clint McElroy): Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to Sawbones: a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: Um, Sydnee, medicine was in the news this week.

Sydnee: That's right, Justin.

Justin: We always try to address when medicine is in the news. As long as it's an episode we haven't done before. A lot of times, it's one we've already done before. We'll say, "Hey."

Sydnee: We've been doing this for a long time.

Justin: "Look over there, we've been in the game."

Sydnee: But no, unfortunately— I always hate when science and politics start to get intertangled. Intertwined.

Justin: I think you actually very much like it, because you seem to get very worked up about it.

Sydnee: Okay, I do get very worked up about it. I do enjoy that part. But, for me, it's always hard when science becomes political, because there's truth that people don't wanna hear. Because truth is uncomfortable.

Justin: And apolitical.

Sydnee: Yes. But somehow, telling the truth is a political act these days. So I feel like, we're about to enter the holidays, we're in the holiday season, we're about to all, like, take a break for the holidays and everybody's looking for light things and fun, and I promise there will be plenty of that next week and probably in a lot of other podcasts. But this is your last dose of medicine before the holidays.

Justin: Right.

Sydnee: Your last sobering dose of reality. [laughs] Is that okay?

Justin: Yes.

Sydnee: I wanna talk a little bit about the history of the CDC, the Centers for Disease Control and Prevention, and then the elephant in the room, the supposed seven banned words that the CDC was told not to use anymore. Which, I use the term "banned" because that is the term that is appearing widely in the media. There's a lot more to it, obviously.

Justin: Obviously.

Sydnee: So, we'll get into that.

Justin: Alright.

Sydnee: Justin, are you familiar with the CDC?

Justin: Yes, uh, vaguely.

Sydnee: I am familiar with it, obviously because I'm a doctor, but also I really wanted to work there for a very long time.

Justin: Yeah.

Sydnee: Since I was, like, 12.

Justin: Diseases were one of the areas that you sort of interested in first, after you read *The Hot Zone*, right?

Sydnee: Exactly. I was fascinated by the CDC, I used to wanna do Infectious Disease before I became enchanted by Family Medicine. And so, it was always kind of this magical, mythical place to me where...

Justin: I think every little girl or little boy dreams of the magic of the CDC.

Sydnee: [laughs] I did, I did and I always thought someday I'll enter that amazing building in Atlanta and I will work with these brilliant scientists to fight disease across the globe.

Justin: We were just down there, we shoulda gotten over there.

Sydnee: I don't know that... do they do tours? That is—

Justin: I don't— they probably do tours. There's probably other nerds like yourself.

Sydnee: [laughs] That is a fact I did not uncover in my research, whether or not they do tours. But if they did, I would take that tour. So, the CDC, actually the story of the CDC, dates back to 1942. The US military had a big problem, and that was malaria. Other big problems in 1942, I think you could say.

Justin: Yeah.

Sydnee: But the one we're gonna talk about is malaria.

Justin: Right.

Sydnee: [laughs] And it's important to remember, at this point in history— we always think of malaria, I think, in the US as a tropical disease. Something that happens other places but does not happen here. It was very much a problem in the American south.

Justin: Really?

Sydnee: Yes, for a long time. So, in 1942, malaria was an issue definitely in the American south, but it was also an issue for soldiers who were stationed certain places across the globe, because while you're trying to keep your troops in a state of readiness, if they're also getting sick for long periods of time, even if you have appropriate treatments and you're able to, you know, nurse people back to health, so even if you're not losing troops to malaria, you're losing a lot of work days and a lot of time that these people can be healthy and help the cause, so to speak.

Justin: Right.

Sydnee: So, it was a big problem and we needed some sort of coordinated effort to try to fight malaria. Not just treat it, not just, you know, kinda clean up after the problem has started, but to try to prevent so many soldiers from getting malaria. So, that is the origin story, so to speak, of the CDC. The first organization that was created was called the Malaria Control in War Areas.

Justin: Okay. Malaria—

Sydnee: Organization...

Justin: Organ— okay.

Sydnee: [laughs] They were just called that. MCWA. Malaria Control in War Areas. Doesn't really have a...

Justin: It's not like— there's, like, a noun missing.

Sydnee: Right. Isn't there? Like, association? Or...

Justin: Team, squad, something.

Sydnee: Squad. The Malaria Control in War Areas Squad. That would be better.

Justin: Yeah.

Sydnee: So anyway, muck-wah.

Justin: Muck-wah.

Sydnee: Muck-wah. The MCWA.

Justin: As everyone called it.

Sydnee: Muck-wah was created just to focus on preventing and fighting malaria in these areas, largely through mosquito control. So, at this point we knew malaria was spread by mosquitos.

Justin: Hooray.

Sydnee: So, largely through efforts to reduce, like, the grounds in which mosquitos lay their eggs. Meaning, like, standing water. You know, the

presence of lots of things with standing water in them in areas where troops were stationed. As well as spraying to kill mosquitos.

Justin: Right.

Sydnee: So, a lot of mosquito population control. And this group was comprised— a lot of engineers and entomologists were really integral to this.

Justin: The entomologists told them how to kill mosquitos, the engineers made the big guns that shot them.

Sydnee: [laughs] It's perfect.

Justin: It's perfect. The perfect team.

Sydnee: It's perfect. You really don't need doctors for that.

Justin: No, not really. Not to kill bugs.

Sydnee: So, we had this organization—

Justin: I wonder if it's hard for an entomologist who's like, focused on, like, eliminating a lot of mosquitos. I wonder if that's an odd position to find yourself in.

Sydnee: I wonder if that is kind of a conflict.

Justin: Like, "Oh yeah, I studied them for a long time. I know how to wipe them out. For sure." Like, oh God. [laughs]

Sydnee: [laughs]

Justin: That's a little grisly.

Sydnee: I guess you just have to imagine that— I mean especially, it was a government-based, like, you were doing it for the cause of the war and for—

Justin: Yeah, I mean, I'm not saying they're like bad people, it's just like—

Sydnee: No, I mean, maybe that drove you to...

Justin: Sure.

Sydnee: I know what you mean, though. So, after World War II ended, it was felt that even though at this point this organization was kind of founded to help with troops who were stationed everywhere because of World War II, it was thought that we probably need to continue some sort of agency—

Justin: To talk about diseases.

Sydnee: Right, to fight disease. And so, from muck-wah, from Malaria Control in War Areas, was born the original CDC. Which used to stand for Communicable Disease Center.

Justin: Oh.

Sydnee: Its title has changed a little bit over time.

Justin: It's a mouthful.

Sydnee: It's all a variation of CDC though. It's always been CDC. Even as the other words, the C-words changed sometimes.

Justin: [laughs]

Sydnee: [laughs] Disease is pretty, like, it's always there. Standard. So, on July 1st 1946, the CDC was founded. And this was on the 6th floor of the volunteer building on Peach Tree Street in Atlanta, Georgia. And they also had a satellite campus in Chamblee, Georgia. So, it was just this one floor of this building was the CDC.

Justin: That place we stayed in Atlanta was on Peach Tree Street, wasn't it?

Sydnee: I think there's...

Justin: Sounds familiar, anyway.

Sydnee: I think it's a big street. I also think there might be more than one Peach Tree Street.

Justin: Hey y'all, is that confusing? Seems like it'd be confusing for you all.

Sydnee: Maybe. I feel like that's a common... anyway, I think it's also a really big street.

Justin: Alright.

Sydnee: So, the initial director was a Joseph Walter Mountin, MD. He was a long-time member of the United States Public Health Service. So, he was a really good guy, let me say that to begin with. His job was to go wherever he was sent to take care of people, and he was one of the early believers in, like, universal healthcare and health equity and taking care of people who couldn't take care of themselves, so—

Justin: Alright, so a good egg.

Sydnee: So, a good guy. And like I said, the initial CDC was just this one floor of this building. And Atlanta was chosen for this, to house this new organization, this new government agency, for a couple of reasons. One, the MCWA was already there.

Justin: Okay.

Sydnee: So, it seemed like a good place to just, "Let's just take that floor."

Justin: "We've already got all of the posters with picture of germs."

Sydnee: [laughs] That's what you need. So we'll just turn it into the CDC. And the other reason is that, as I already mentioned, malaria was still a big problem in the American south, so it made sense to station this communicable disease fighting office—

Justin: Right there on the front lines.

Sydnee: Right. In the south. And initially, they focused largely on malaria. They did expand, as they were called the CDC, they did expand to things like typhus, and other sorts of infectious diseases, but the majority of their efforts were still focused very much on malaria at first. In 1947, it actually, because they realized pretty quickly this one floor of this building is probably not gonna be enough.

Justin: There's a lot of diseases.

Sydnee: Yeah, well heck, there's a lot of malaria, to start with. And then also, yes, there are many other diseases. So it actually, the way that the CDC expanded, was in 1947 they collected money from the employees to gather \$10, so not a lot. Everybody chipped in—

Justin: Ten bucks.

Sydnee: No, everybody didn't chip in ten bucks.

Justin: Everybody collectively chipped in \$10.

Sydnee: Collectively chipped in. I mean, I imagine everybody chipped in a few cents.

Justin: Yeah.

Sydnee: That was 1947 money.

Justin: Yeah.

Sydnee: But anyway, they collected \$10 from the employees and paid Emory University for 15 acres of land on Clifton Road. And this is where the CDC still stands today and it was obviously where they could build—

Justin: Real estate prices back then must have been pretty good.

Sydnee: [laughs] Ten dollars for 15 acres?

Justin: Ten dollars for fifteen... yeah.

Sydnee: Well, no. That's not really the reason this happened. There's a reason why they got all this land so cheaply and were able to, at this point, build all the labs they needed, train a lot more employees, hire a lot more people, expand their scope to different diseases, and serve the needs of the entire country as opposed to just malaria and the south. The reason that this happened was because of Robert Woodruff.

Justin: The reporter?

Sydnee: No.

Justin: Oh.

Sydnee: The president of Coca-Cola at the time.

Justin: Oh. He wasn't a reporter.

Sydnee: No.

Justin: That would have been a very heavy workload, honestly.

Sydnee: [laughs]

Justin: To do a Watergate, but also to, uh...

Sydnee: Also to run Coca-Cola?

Justin: Run Cocoa-Cola. That'd be tough.

Sydnee: [laughs] And he was a graduate of Emory, and he was a huge donor and benefactor to Emory university. As you may imagine, he had a lot of money. He ran Coca-Cola.

Justin: Yup.

Sydnee: Pretty big company. And he had noticed that malaria was a huge problem, because he had a huge hunting ground area there... I'm assuming not in Atlanta, but Atlanta-adjacent.

Justin: Probably not in the city limits, yeah. Nearby.

Sydnee: But he had these huge hunting grounds and he noticed that on his hunting excursions that malaria was a big issue. A lot of people would end up with malaria. And so, he recognized through this activity, through his kind of hobby, what a big problem malaria was. And so, he had, from that, developed this strong desire to do whatever he could to personally fight malaria.

Justin: See, this is why we need the 1% so bad, people decry it, but sometimes the 1% will be on their hunting expedition on their private hunting grounds and they'll notice that there's a problem with the common man.

Sydnee: [laughs]

Justin: We just have to— that's like, the more tax cuts we give them, bigger hunting ground, the more problems they'll spot, the more problems they'll fix. It's trickle-down economics, Syd! It's obvious.

Sydnee: Okay. I think this is an exception and not the rule. That being said, I still think we can give ol' Robert Woodruff a little bit of credit, here.

Justin: No, I'm just— I'm not giving my boy a hard time.

Sydnee: [laughs]

Justin: Like, I very much appreciate all the funding and what-have-you, for sure.

Sydnee: And so, he used his influence—

Justin: Charity's charity.

Sydnee: Exactly. With all the money that he had given to Emory in the past—

Justin: His tax write-off.

Sydnee: [laughs] Stop with your cynicism.

Justin: There's no cynicism here.

Sydnee: We don't do cynicism over here. That's not our thing. So anyway, so he had given so much money to Emory he had a lot of influence there, as you can imagine, and so he was part of the reason that Emory decided to give so much land to the CDC for so little money. Does that make sense?

Justin: Yes.

Sydnee: Does that explain why this happened?

Justin: Yes.

Sydnee: Okay.

Justin: I think it still sucks that they— if they were gonna do, like, a grand gesture of like, 15 acres, I think it sucks that they still made employees take up a donation. [laughs]

Sydnee: [laughs] I don't— and let me say this, I don't know that they were forced to do so, or if it was just a, like... and I think it was also one of those token things. It's sorta like, you know when you're gonna give

somebody your car but you have to pretend like you sold it to them, and so you sell it to them for a dollar?

Justin: Yeah.

Sydnee: I still don't understand why you have to do that, but I know that that's a thing. I feel like it was like that, except it was 15 acres of land, so we'll make it \$10.

Justin: Right.

Sydnee: But I think it was really just like, "Who's got ten bucks? Let's gather that up and here you go, okay, great. Now we can build the CDC." And as I said, in the early years they were still pretty focused on mosquito control, largely through the spraying of DDT. That was kind of one of the big things that the CDC did back then. They were, again, still largely, uh, the employees were still largely made up of engineers and entomologists, and they did a lot of spraying of DDT. Actually, like, six and half million homes were sprayed with DDT by the CDC in the early years. And they actually, they were so— and half of their staff was engaged in the fight against malaria. So, half of the CDC's business at that point in time was just malaria.

Justin: Bet they were the real hotshots.

Sydnee: Probably.

Justin: Wearing the cool bomber jackets and everything.

Sydnee: Right. They were the cool entomologists.

Justin: Top guns.

Sydnee: The ones that were fighting malaria. And then they even, actually, at the time, had an organizational chart drawn of the, you know, of the structure of the agency, in the shape of a mosquito.

Justin: Oh, that's fun.

Sydnee: [laughs] I think it's pretty cool.

Justin: You would, yeah. [laughs]

Sydnee: [laughs]

Justin: That tracks.

Sydnee: I think that's very neat!

Justin: That tracks with what I know of you, yes.

Sydnee: [laughs] Now, of course over time, the CDC's work expanded from malaria because there were a lot of other infectious diseases for them to spend their time on, and because malaria has since disappeared, from the American south at least. We don't see cases of malaria there anymore.

Justin: What what!

Sydnee: So, that's good. Now, obviously malaria, I don't want to— and we've done a whole episode on malaria before, and I don't want to say malaria isn't a problem. Malaria's a huge problem throughout the world. We don't— it's not a problem in the US anymore, but it is a huge cause of morbidity and mortality throughout many other parts of the world, large parts of Africa, definitely India, so malaria's still a huge health concern, and the CDC's still involved in that, obviously. But they are not 50% involved in malaria anymore.

Justin: Got it.

Sydnee: So, they now include all infectious diseases as well as non-communicable diseases.

Justin: So they changed the name.

Sydnee: No.

Justin: Oh.

Sydnee: Well, yeah. I mean, they did change it from the original, now it's the Centers for Disease Control and Prevention.

Justin: They took the "communicable" out, that's what I'm saying.

Sydnee: Yes, yes, exactly. I gotcha. I thought you meant recently. I was like, no.

Justin: No.

Sydnee: Yeah, so they control disease and they added the prevention because that really is, in a lot of cases, what they're trying to do. It's not just— I mean, when you talk about something like vaccines, there's the disease control element because if one sick person enters a herd of vaccinated people, they're not all going to get sick, so that's control of the disease. But it's also prevention of disease.

Justin: Right.

Sydnee: Which is why the CDC does do research and create policy statements on things that are not infectious diseases. I think that's a— I've seen that argument a lot in the wake of this recent, kind of, scandal. Controversy, so to speak. Is that, "Why does the CDC need to talk about certain things? Those aren't infectious diseases." And that's a misunderstanding of what the CDC does.

They are involved in injury, environmental health, health statistics, occupational health, all of those things now fall under the blanket of the CDC. And the CDC, in case you didn't realize, answers directly to the Department of Health and Human Services. It's like a branch of the HHS. And also, I thought this was kinda weird, the land that the CDC is on is gonna be officially annexed by the city of Atlanta on January 1st. It's not actually in Atlanta.

Justin: Oh.

Sydnee: It is right there—

Justin: I mean, it's right there.

Sydnee: But it's not. It's in the county, I guess, but it's going to be part of the city in a couple weeks.

Justin: They just wanna put it in the brochures.

Sydnee: I guess. I dunno.

Justin: It's good timing.

Sydnee: I'm sure that there are financial reasons.

Justin: Sure, yeah.

Sydnee: I don't really understand that kinda thing. Anyway.

Justin: Police and fire, maybe.

Sydnee: Now, that's really interesting. I think the history of the CDC is really cool and interesting. But what everybody wants to hear about is the controversy today.

Justin: Alright, let's go!

Sydnee: I'm going to tell you about that, but first we're gonna go to the billing department.

Justin: Ah, got me again. Alright, let's go.

[ad break]

Justin: So Syd, you were gonna tell me about censorship.

Sydnee: So, the reason that there's so much controversy right now is the idea that the CDC— or scientists, I think when we talk about big organizations we kinda lose the meaning of this— scientists who are supposed to be doing scientific research, which means an unbiased search for truth, have been told not to use certain words. Which could limit the... truth. Truthiness.

Justin: Truthiness.

Sydnee: [laughs] Which could limit how honest the results are, if you find yourself trying to do some sort of language dance instead of just saying what you found out. And my question, before I started kinda posing what my thoughts on this were, my question was, "Is there a precedent for this?"

Justin: Mm hmm.

Sydnee: Is this common? Do presidential administrations commonly sit down with people from the CDC and tell them what words they think they should or shouldn't use? Does this happen? So, I started to look into kinda the history of medical censorship. And it's hard, because there isn't a lot, especially in modern times, of this direct interference, you know, kind of actually stating what you want to the scientific community.

Now, if you go back in history, of course you're going to find a lot of censorship based on religious and moral grounds, depending on what era we're talking about. So, you know, in times when the church and the state were closely linked, obviously things like sex and contraception and discussing things like abortion of sexually transmitted infections, all of those things were censored, largely by, you know, if your practitioner, if the doctor you were seeing was also a priest. You can imagine that you're only getting certain information. So, this kind of— I don't wanna say it's indirect censorship because it was quite direct, but it wasn't independent scientists being told not to do something, it was just the nature of the profession. And it was set within that culture and time. Does that make sense?

Justin: Uh huh. Yeah.

Sydnee: Pregnancy was like that for a long time. Where lot of things weren't spoken of, or you didn't talk about it, you didn't reference it, because it was kind of taboo to even acknowledge.

Justin: Yeah, you just say somebody's "in the family way", right?

Sydnee: Yeah, exactly. That kinda thing. And so, it wasn't direct censorship as much as it was just culturally not spoken of.

Justin: Sure.

Sydnee: A good example of this, I think, closer to modern times, because if we go through ancient history, obviously a lot of things are different depending on where and when you're talking about. So, let's go for a slightly more recent example. The Comstock Laws.

Justin: What are those?

Sydnee: So, in 1873, Congress passed a law that made it illegal for the United States Postal Service to distribute any kind of sexual material. Now, this was kind of posed as "we don't want you mailing porn".

Justin: Right.

Sydnee: Right? [laughs] That was the, that was probably—those were probably the speeches that were given, right? "We don't want our young people exposed to pornographic material".

Justin: "Or our mail people."

Sydnee: "Or our poor mail people. Unless they want to."

Justin: Yeah, but like, they shouldn't be forced to look.

Sydnee: [laughs] They shouldn't be forced to. But what this was expanded to do was to censor any kind of contraceptive information, information about safe sexual practices, information about sexually transmitted infections, perhaps information related to abortion. Anything like this was also censored by the Comstock Laws. And at first I thought, "So you just can't mail them?" but it wasn't exactly like we had the internet. So how else were you going to distribute this information? Especially to people who were living in more rural areas. If you were living in a big city, I could see that you might have access to this kind of information directly in other ways. But for a lot of people who might need this information, well, which, everybody, right?

Justin: Everybody.

Sydnee: Pretty much everybody who needs this information. They're not going to have access to it if you can't mail it. This even in some cases interfered with the mailing of anatomy texts to medical students.

Justin: Wow, really?

Sydnee: There were cases where they weren't, they weren't receiving anatomy textbooks.

Justin: Cool law, cool law.

Sydnee: Because they were sexual? Can I, on a side note, can I tell you I have looked at a lot of anatomy textbooks in my career. They're not sexual. At all.

Justin: Yeah, yeah. Yeah.

Sydnee: They're not.

Justin: A lot of bisected humans.

Sydnee: Yeah. They're not sexual. I have seen anatomy texts, I have seen pornography in my life. I don't know that I would ever confuse the two.

Justin: Fair, fair.

Sydnee: Uh... [laughs] So, I think this is a really— and obviously the Comstock Laws are not still in effect, but I think this is a really good example of, you know, this censored medical communication very clearly. Again, this is largely based on, like, moral kind of, "Ah, we don't want people seeing naked people!"

Justin: Right.

Sydnee: [laughs] "They're all naked at home, but we don't want them to see it."

Justin: [laughs]

Sydnee: In more recent years, the censorship is more subtle. There's not so much the overt medical censorship that you see, like, from monarchs or churches or governments or that kind of thing throughout ancient history. There are a lot of large studies, especially to, like, the efficacy of a new drug, that are funded by drug companies. They have to be, they have the money.

Justin: Right.

Sydnee: I mean, a lot of this is practicality. A small research lab that develops a new drug is gonna have a lot of difficulty doing the kind of clinical trials that they need to do to prove the drug is safe and efficacious. So, you need the money from big pharma to fund that.

Justin: Okay.

Sydnee: Which— and let me be clear. That doesn't mean that the drug company is gonna mess with that data. That's a huge critique to level, to say that every time a drug company sponsors a drug study, you can't trust the data. Well, no. It does mean you need to think critically about the study that you're given, which is something that we're taught. Is to not just read the conclusion of a medical study and go, "Well, that must be it". We're taught a lot of boring statistics so that we can read the entire paper and say were their methods appropriate, did they show bias

in the way that they collected information or what information they decided to get rid of during the study, who they didn't mention, who they didn't include in the data?

And we have to disclose things like conflicts of interest. Even when I give a grand round speech, I would have to stand up and say if I was getting money from a drug company or something, or a medical equipment company or something like that. I'm not. But, I would have to disclose that kind of thing. And you can find that at the end of any published article. Here are all the conflicts of interest of everybody who was involved in this. Including who paid for it.

Justin: Right.

Sydnee: Right. So, there is this suspicion and this general... I don't wanna say skepticism, but you look at everything with a critical eye, because obviously if you are a drug company who has invested millions and even billions of dollars into the creation of what is supposed to be a ground breaking medication, you really hope that data shows that it works.

Justin: Right, right.

Sydnee: And we would all be naïve to say there isn't going to be an interest in that. So, that is one thing that if we're thinking about medical censorship that we look at with a critical eye. The other thing is that journals chose which articles to print, and so you could level criticism at the board of different medical journals and say, "Why did you choose to print that article that would sway opinion this way, but you didn't choose to print this article that would sway opinion a different way?" But again, these are more theoretical kind of— there's no evidence that there's direct censorship of medical information going on in any of these cases. These are just ideas, kind of, if you're worried about the truth of the—

Justin: It's more like selection bias, than it is censorship, really.

Sydnee: Exactly. And it's important to note that the term "medical censorship", as I was trying to research this in recent times, the term "medical censorship" has also been used to describe the decision not to report information that is not true.

Justin: Okay.

Sydnee: So, what I mean by this let's say that a, um, Medline, which hosts a lot of different medical journals. They do not host certain journals. For instance—

Justin: And what's Medline?

Sydnee: It's a site that hosts a bunch of different medical journals.

Justin: Okay, it's a site.

Sydnee: So, they don't host, for instance, Fluoride, which is the journal of the International Society for Fluoride Research.

Justin: Good title though, I will give them that.

Sydnee: Because it is not generally accepted that all of this information is evidence-based. So, they don't host it. Same thing for the Journal of the American Physicians and Surgeons, which is the Association of American Physicians and Surgeons. That sounds like a harmless organization, correct?

Justin: Yep.

Sydnee: This is an ultra-conservative organization that has, in the past, endorsed such beliefs as autism is linked to vaccines, HIV doesn't cause AIDS, there's a link between abortion and breast cancer, and being a gay man reduces your life expectancy by 20 years.

Justin: Does not seem like a good squad.

Sydnee: They are considered a fringe medical organization. Their journal is not hosted because we cannot trust what they are publishing, because we feel it is more politically-motivated than scientifically-based. And people who believe in those kinds of things will decry medical censorship, because their journals aren't getting time.

Justin: Right, right. They also won't publish Different Bones People Don't Know About, which is a journal that I publish monthly where I talk about some of the bones that science doesn't wanna acknowledge that are in there. And I've been squelched by the entire, sorta...

Sydnee: Medical-industrial complex.

Justin: Medical-indus— thank you, Sydnee, I forget the name of it sometimes because I get so worked up about my great journal. It's called Bones People Don't Know About for Kidz, with a Z, because there's lots of pictures and stuff, too. But they won't even talk to me about hosting it. Or print it for me or write it for me.

Sydnee: It's The Man.

Justin: I know.

Sydnee: The Man's always holding you down.

Justin: Classic.

Sydnee: On an interesting note, Tom Price, the shortest serving HHS Secretary in history, I'm only gonna refer to him that way from now on. He's no longer the Secretary of...

Justin: Right.

Sydnee: Because of the jet thing.

Justin: Yeah.

Sydnee: Okay. He was a member of this Association of American Physicians and Surgeons.

Justin: Cool! Cool. Cool times!

Sydnee: Just on a side note.

Justin: Not my publication. [laughs] It should be noted.

Sydnee: [laughs] No. The recent –

Justin: The one that didn't, um... the one that held all those fun beliefs, yes. On their team.

Sydnee: Right. The recent FDA announcement that it's gonna crack down harder on certain homeopathic products, especially stuff that is harmful or things that are touted as, I don't know, cancer cures— so, the FDA has recently announced that they are going to regulate this stuff more strictly. I guarantee you that this is gonna be spun as medical censorship by some groups.

Justin: Yes. Thank you to the people that tweeted that story at us, by the way. It was like a breath of fresh air to read some, like, not totally horrific news coming out of a government organization.

Sydnee: Yes. Yes, thank you. So all of this is to say that as far as I can tell, the recent news that a meeting took place between administration officials and people at the CDC, analysts and officials of the CDC, that provided them with some words that were actually written down, I guess, and then some words that were spoken in the meeting. So, not all seven words were actually— I don't think it was a printed list, is what everyone is saying. It was some were written and then some were just said. That you should not use these words in budget requests. As far as I can tell it's fairly unprecedented.

Every political administration chooses their language carefully. It would be a lie to say otherwise. Every politician, I mean, it's why you get the difference in the Affordable Care Act and Obama Care, which are the same thing, but Affordable Care Act was largely supported and Obama Care was not by many people who didn't realize they were the same thing. But that's why that kind of language exists, is to create division and to trick people into believing what you're saying.

Justin: Got it.

Sydnee: Death tax, estate tax. Et cetera, et cetera. But I cannot find evidence that this has been done before in terms of scientific research. The seven words that were mentioned in this meeting, that were suggested not to be used in budget requests for funding of research were fetus, transgender, diversity, vulnerable, entitlement, science-based and evidence-based. So, I think if you look at this list, you can see where some of this is coming from the same place that, like, the Comstock Laws came from, right?

Justin: Right.

Sydnee: It's like this perversion of morality. "My religious beliefs are such, so I believe I will censor everyone else from using these terms or from discussing these things." But, I mean, the problem with that is the word fetus— and I can only imagine this was discouraged because of the thought that it would be linked to abortion research— the word fetus is a term.

Justin: It's a thing.

Sydnee: It's a thing. I have on inside me currently.

Justin: What?!

Sydnee: [laughs] It's a fetus. That's what it is. It's a word.

Justin: "Congratulations, Mr. McElroy. It's a fetus." [laughs]

Sydnee: We're not gonna get any funding now, because I said it.

Justin: Great.

Sydnee: But we have a fetus. I mean, that's a word, that's a medical term. The word transgender means something. If you use other words, if you try to skirt the word transgender, what you're doing is erasing the existence of transgender people.

Justin: Yes.

Sydnee: That's what you're doing by eliminating that word.

Justin: And I don't even think we should do that, honestly.

Sydnee: [laughs] No.

Justin: If we're voting. And we did, I guess. We did vote, and it didn't go great.

Sydnee: Because I was reading different articles about this, and as one scientist said, if you start asking me to say things like, "men who now dress and live as women" or something like that, that's not the same thing.

Justin: That's not the same thing!

Sydnee: That isn't what transgender means and it negates the existence of a transgender individual. And it prevents you from doing research into transgender populations because you can't submit anything with the word transgender in it.

Justin: I do actually, would kinda like to see the sort of, like, backflips they have to do to avoid fetus. Like, "So, um, this study is about small... inside babies." [laughs] Pre-babies.

Sydnee: Well, do you see what word you just used several times?

Justin: Babies.

Sydnee: That's why fetus is included. They want you to say "unborn child".

Justin: Right.

Sydnee: Because that is a politically-charged term that makes it harder to justify abortion, if you say baby. That is why fetus is in there.

Justin: But this is in budget requests, right?

Sydnee: This is in budget requests.

Justin: Which is like, not a public-facing thing typically, right? Like, it's more like...

Sydnee: I mean, you can find these grant requests that are put, well, they're put before Congress and the administration. And in the current Congress and administration—

Justin: Maybe Trump's administration was trying to help them out. Like, "listen, we got a lot of creepazoids in there and here's some terms you're gonna wanna avoid if you wanna get any funding."

Sydnee: Well, I mean, that is the argument that's being made, is that they were just saying the current administration and Congress are not going to be receptive to budget requests that have these words in them, so don't. But they included in there, first of all, the word diversity, which...

Justin: [laughs] I mean...

Sydnee: I don't even know where to start. Obviously, aside from the racist overtones of that—

Justin: Of which there are many.

Sydnee: Yes. The word diversity also means things. There's genetic diversity. There's words that we use that mean things in studies. Vulnerable and entitlement, I mean, the idea that you can not talk about vulnerable populations in terms of different disease research, that's ludicrous. Of course you do.

Justin: And if they can't say entitlement, how are they gonna do any research on millennials?

Sydnee: [laughs]

Justin: [laughs] Millennials, you know I'm just having some fun, okay? I'm just trying to lighten the mood a little bit, millennials. We're having a lot of fun here, okay?

Sydnee: We just learned that we qualify as "x-ennials", so you know.

Justin: Yeah, we're xennial.

Sydnee: Xennials, or whatever the heck we are.

Justin: It's just a joke, millennials, don't @ me.

Sydnee: And then finally, the hidden thing in here was the science-based and evidence-based. I didn't see them getting quite as much play, initially, in the announcement. But the idea that we can't say that something is science-based or evidence-based. First of all, it undermines everything I do. My entire career is based on—

Justin: The idea of science. I mean, it undermines, let's just call it what it is, it undermines the idea of science.

Sydnee: Yes. And that's the only way we know what's true and what we can trust. If something isn't evidence-based— now, again, there are lots of things I'll tell patients, especially when it comes to supplements and things, "I don't have any evidence. I don't have the science. Nobody's done the study. So, I can't look at you and say that doesn't work, but I can't tell you it does and I can't tell you it's safe, because we have no evidence. This, I've got evidence for." That is the nature of science, is to find the truth and then hopefully be able to share what that is. If you can no longer say that something is evidence-based, there is no truth. There is no untruth. It is all...

Justin: It's weird, it's almost like a—

Sydnee: Mist of uncertainty.

Justin: It's almost like it's a systemic attempt to dismantle the idea of truth and make it a malleable thing.

Sydnee: People have used the word "Orwellian" a lot in the last year.

Justin: Yeah.

Sydnee: I think sometimes it's a bit of an overstatement. I think that perhaps it may apply here. Now, of course, I would be remiss if I didn't say the HHS and the CDC has said that this is a mischaracterization, this is not what the meeting was about, the Washington Post got it wrong. This was reported by the Washington Post, by the way. It's been picked up by every organization since then. But they've said that no one directly told them that these words were banned. Nobody said these words were banned.

Which is probably true, I don't think anybody walked in the room and said, "Here are your banned words. Don't say these words." That would be, I mean, especially made a list of them. Then you just publish that and that's a big scandal. So, they said it's a mischaracterization. The director of the CDC, Brenda Fitzgerald— which by the way, that is a position that is appointed by the President and is not subject to congressional approval.

Justin: Got it.

Sydnee: Just throw that out there. Stated that, "As part of our commitment to provide for the common defense of the country against health threats, science is and will remain the foundation of our work. CDC has a long-standing history of making public health and budget decisions that are based on the best available science and data and for the benefit of all people, and we will continue to do so." That in no way refutes any of the story.

Justin: Right.

Sydnee: Other than she did come out later and tweet, because Twitter is how we communicate important public policy now, she did tweet that the CDC has not banned any words. So, again, no words were "banned". They

were suggested that they do not use them if they wanted to get their research funded. Which is as good as— I mean, that's a—

Justin: Yeah, that— this will— I mean, this—

Sydnee: Yeah. It's sorta like that lie where they say, "Oh, you'll always have access to healthcare," you just won't be able to pay for it.

Justin: Right.

Sydnee: But it is access, cause there is, like, a doctor in your city, so that counts as access, even though there is no way you could ever afford it. It's like that lie.

Justin: Got it.

Sydnee: It's the same kinda thing. And they did offer alternative phrasing in certain cases. One of the officials who was present at the meeting said that they said instead of evidence-based or science-based, you could say "CDC bases its recommendations on science in consideration with community standards and wishes".

Justin: Okay. Okay. Okay. Okay. If you are doing— I'm Justin.

Sydnee: [laughs]

Justin: I'm a layman. If we're doing any kind of discussion of science, and at some point, in any context, someone's like, "Can we work wishes in?" I think everyone in the room should just scream, like, scream, scream, scream, real loud until the meeting is over. That's the only thing you could do. Like, wish— I mean, I know that they're not magical wishes they're talking about, but could we not?

Sydnee: [laughs]

Justin: Could we not bring wishes into it?

Sydnee: Well, and I mean this is ridiculous, obviously, from a truth and science standpoint. But also, I wish that bacon was better for you.

Justin: Yeah.

Sydnee: It doesn't make it better for you.

Justin: It's a good protein, you got protein in there.

Sydnee: No, but I mean, there are a lot of people who have been able to quit smoking who really wish that smoking wasn't bad for you because they like doing it, but they know that it was wrong because have evidence that told us, or they know that it was bad, it was dangerous. I don't mean wrong. Not making a moral judgement. But it's dangerous for your body and they knew that, and so they quit smoking. Because no matter how hard they wished that it wasn't bad, it was bad for their lungs, so they did.

Justin: Well, at least we got the head of the CDC to look out for us and keep pushing back against this, right Syd?

Sydnee: [pause] I'll reserve comment on—

Justin: Come on, Syd. [laughs] Trying to goad my wife.

Sydnee: I know, I know, you're trying to bait me. You can do your own research into that. As I said, it is a— the current director of the CDC was appointed in July of this past year by the current presidential administration, and again that is an appointed position, it is not subject to any congressional approval, no one has to—

Justin: As long as we're on about current things, any current, like, ethics investigations or anything, Syd?

Sydnee: Into any stock holdings into major research areas like cancer opioids that you could therefore never make comments on publicly because you hold stocks in those arenas? You can do your own research to figure that out.

Justin: You can do your internet work.

Sydnee: Anyway, so there has been an unnamed Health and Human Services Official who has come out and made more comments. An unnamed source, so take it for what it's worth, but they have made more comments about it and say, "The meeting did take place, there was guidance provided, suggestions, if you will. There are different ways to say things without necessarily compromising or changing the true essence of what's being said. This was all about providing guidance to those who would be writing those budget proposals and it was very much you may wish to do this or say this, but there was nothing in the way of forbidden

words." So, saying basically what we all kinda thought, which is, "We're not telling you not to, we're just telling you you won't get any money if you use them. So... very troubling.

Justin: Cool. Cool, cool.

Sydnee: And if you wanted something, for me, if you wanted an issue that you wanted to talk to your representatives about that concerned you, this would be...

Justin: A good one.

Sydnee: This would be a good one. There's many. Oh, there's so many.

Justin: So many.

Sydnee: Where do we start?

Justin: Mm. What a sumptuous year.

Sydnee: [laughs] I know the tax bill has just passed and you may be feeling a little deflated because that has passed, but here's a new thing.

Justin: Here's a new thing. Variety, they say Syd, is the spice of life.

Sydnee: [laughs]

Justin: Aw God.

Sydnee: But do not trust people who tell you—

Justin: Don't trust anybody, apparently. [laughs] Apparently, the Center for Disease Control is, like, working against our interests. So, I dunno.

Sydnee: We're back to the 70s, is that right? "Don't trust anybody over 30"? Is that us, too?

Justin: Yeah that's us, Sydnee. Don't trust us either! I dunno. All you millennials figure it out. We had our shot. Listen, I'm 37, I had my chance to make things better and it imploded. [laughs]

Sydnee: [laughs] I will promise you this—

Justin: I campaigned for Nader in 2000, I'm sorry.

Sydnee: I will promise you this. Max Fun has never issued to me a list of words I can't use or suggested to me a list of words I shouldn't use. And everything I say, to the best of my abilities, is always evidence-based. So, that's the only— I can promise you that.

Justin: So. Well, that's gonna do— happy holidays, everyone. Hope everyone has a joyous Candlenights, Christmas, Hannukah...

Sydnee: We'll talk about some silly stuff next week.

Justin: Actually, I guess Hannukah's over now.

Sydnee: Hannukah?

Justin: Yeah, I think it just ended.

Sydnee: Did it? Yes.

Justin: I believe so.

Sydnee: But yes, have a joyous holiday season.

Justin: New year, um, let's make this one better than the last. And we will be back with you again next week, I believe. If I understand correctly.

Sydnee: Mm hmm, with our Candlenights episode.

Justin: With our Candlenights episode. So, make sure you join us for that. Thank you to The Taxpayers for letting us use their song "Medicines" as the intro and outro of our program. Thanks to Max Fun for having us on their network. And thanks to you for listening. We love you very much and we will speak with you again next week, but until that blessed time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[theme music plays]

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