

MERYL L. NASS, M.D.
TIMELINE OF EVENTS

I. GOVERNMENT REACTION TO PANDEMIC

Licensee Ex.

LE 173F **3/12/20** Siri Bennett, State Epidemiologist to Dennis Smith
BOLIM: Send to all licensees “Do not send patients
to ER for testing.”

A. HIPAA Relaxed

LE 38 **3/17/20** HHS OCR will exercise its enforcement discretion
and will not impose penalties for non-compliance
with regulation requirements under HIPAA Rules . . .
in connection with the good faith provision of
telehealth during the COVID-19 nationwide public
health emergency.

B. Governor Promotes Telehealth

LE 17 **3/20/20** Governor Mills’ Executive Order Suspending
Provisions of Certain Health Care Professional
Licensing Statutes and Rules in Order to Facilitate
Treatment and Containment of COVID-19

WHEREAS, due to the highly contagious nature of
COVID-19, the ability of physicians, physician
assistants and nurses to provide services by
telemedicine or telehealth is of sufficient importance
in reaching a greater number of patients without the
risk of contagion presented by face to face encounters
as to support the suspension of health care privacy and
confidentiality laws to the limited degree necessary to
the provision of such services; and

D. Mandatory supervision or collaborative practice
requirements for otherwise qualified physician
assistants and advanced practice registered
nurses who are assisting or will assist in the
health care response to COVID-19 are
suspended during the public health emergency.

F. All physicians, physician assistant and nurses licensed in Maine or authorized to perform services pursuant to this emergency order shall be allowed to perform health care services through the use of all modes of telemedicine or telehealth, including video and audio, audio-only, or other electronic media to treat the residents of Maine for all medically necessary services. The enforcement of state patient privacy and confidentiality laws to the contrary are hereby suspended for the purposes of responding to the COVID-19 emergency.

C. BOLIM Enforcement Authority

LE 23 BOLIM Spring 2020 Newsletter:

A rule is adopted by the Board following proper procedure is enforceable by the Board and a court. In this sense, a duly adopted Rule is similar to a law. In contrast, Board policies and guidelines are advisory and informative and promote consistency, but not enforceable by the Board or the courts.

D. BOLIM Targets Hydroxychloroquine

LE 174.11 4/14/20 Joint Statement of Board Osteopathic Licensure and BOLIM on Prescribing Chloroquine, Hydroxychloroquine and Azithromycin

3/28/20 FDA authorized (donated) EUA HCQ for hospitalized adults

Prescribing for prophylactic use may be considered unprofessional conduct

May negatively impact drug supply

*You must adhere to evidence-based standard

[This is classic misinformation by BOLIM since there is no such RULE.]

LE 1, ¶ 14
Second Amended
Notice Hearing

6/15/20

FDA revokes EUA for donated chloroquine phosphate and HCQ based on belief HCQ not effective

[This is again regulatory misinformation by BOLIM since the FDA has no authority to limit use of licensed medication off-label uses.]

E. **MaineCare Telemedicine for Pharmacy Services**

LE 36

6/15/20

Michelle Probert, Director MaineCare Services:
Adopted Rule 10-144 C.M.R. Chp. 101 Sec. 4
Telehealth Services

CONCISE SUMMARY: This adopted rule implements increased access to all pharmacy services, and particularly substance use disorder (SUD) services, through the removal of the blanket prohibition against the provision of Pharmacy Services (Section 80) via telehealth. On March 16, 2020, the Department implemented these changes on an emergency basis due to the COVID-19 health threat, in an effort to limit face-to-face contact, expedite these services to members, and mitigate disease transmission. The Department now seeks to make these changes permanent, in part because they will ensure delivery of SUD services more quickly and broadly to members, in hopes of helping to stem the opioid crisis. Additionally, the changes will be generally preemptive against any future spread of communicable disease threat or outbreak by decreasing in-person contact for pharmacy services, as medically and situationally necessitated.

Additionally, this rule removed two prohibitions within the Telehealth rule, and adds five new definitions to the rule, including Consultative Physician, Established Patient, Requesting Physician, Specialist, and Treating Provider.

II. EVOLVING RESEARCH: OUTPATIENT TREATMENT WITH HCQ/IVM

- LE 50 **12/30/20** McCullough, P., *et al.*, *Multifaceted highly targeted sequential multi-drug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19)*; National Library of Medicine
- 23 countries use early home-based treatment via telemedicine using Chloroquine / Hydroxychloroquine and Ivermectin*
- LE 51 **January 2021** McCullough, P., *et al.*, *Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infections*; American Journal of Medicine, Vol. 134, Issue 1, pp. 16-22.
- LE 1513 **6/17/21** Risch, Harvey, Professor of Epidemiology, Yale School Public Health, *Hydroxychloroquine in Early Treatment of High-Risk COVID-19 Outpatients – Efficacy and Safety Evidence*
- 44% reduction hospitalization
 - 75% reduction mortality
- See Also, LE 47, 48, 49, 52, 53, 54

III. CITIZEN CALLS BOLIM JOINT STATEMENT OUTDATED

A. Information from FOAA Request

- LE 174 **4/7/21** Jean Fuentes to Jessica Gowell, Maine Board Pharmacy, *“The joint statement is outdated” (HCQ)*.
- p. 27
- The argument not effective; needs to be reconsidered noting 278 studies, See <https://c19hcq.com>, 205 peer reviewed.
- LE 174 **4/7/21** Jessica Gowell to Pharmacy Board, Board of Pharmacy, Jean Fuentes
- p. 28
- Your e-mail was forwarded to me for response. No action taken.

LE 174
pp. 7-10

8/26/21

CDC Health Advisory,

- Ivermectin used to treat parasites
- Rapid increase in Ivermectin prescription and reports (2) of severe illness associated with products containing Ivermectin to prevent or treat COVID-19--although neither patient obtained their ivermectin by a prescription
- Ivermectin not authorized or approved by FDA for prevention or treatment of COVID

[This is more government misinformation since FDA has no regulating authority to limit off-label use of licensed medications.]

LE 89

FDA “Why you should not use Ivermectin to Treat or Prevent COVID-19.”

- No approval for use to treat or prevent COVID-19
- Animal formulations – never use
- Ivermectin Products for Animals are Different from Ivermectin Products for People

[FDA illegally reinforcing erroneous message that it has regulatory authority over licensed drugs for off-label purposes and that ivermectin is not a human drug. More misinformation.]

IV. MORE EMERGENCY LEGISLATION PROMOTING TELEHEALTH

LE 40

6/21/21

Governor signed LD791, an Act Regarding Telehealth Regulations, in Law P.L. 2021, c. 291. Emergency legislation effective immediately.

Sec. A-6 MRSA §4316, sub-§3, ¶G is enacted to read:

G. The carrier may not place any restriction on the prescribing of medication through telehealth by a provider whose scope of practice includes prescribing medication that is more restrictive than any requirement in state and federal law for prescribing medication through in-person consultation.

Sec. A-4 24-A MRSA §4319, sub-§1

B-2 “Synchronous encounter means a real time interaction conducted with interactive audio or video connection between an enrollee and the enrollee’s provider or between provider regarding an enrollee.”

V. BOLIM ADOPTS UNENFORCEABLE STATEMENT OF FEDERATION OF STATE MEDICAL BOARDS REGARDING COVID-19 MISINFORMATION

LE 24

Fall 2021 BOLIM Fall 2021 Newsletter:

Maroulla S. Gleaton, M.D., Chair

The Federation of State Medical Boards (“FSMB”) issued the following statement in response to a dramatic increase in the dissemination of Covid-19 vaccine misinformation and disinformation by physicians and other health care providers:

Physicians who generate and spread COVID-19 vaccine misinformation or disinformation are risking disciplinary action by state medical boards, including the suspension or revocation of their medical license. Due to their specialized knowledge and training, licensed physicians possess a high degree of public trust and therefore have a powerful platform in society, whether they recognize it or not. They also have an ethical and professional responsibility to practice medicine in the best interests of their patients and must share information that is factual,

scientifically grounded and consensus-driven for the betterment of public health. Spreading inaccurate COVID-19 vaccine information contradicts that responsibility, threatens to further erode public trust in the medical profession and puts all patients at risk.

The Maine Board of Licensure in Medicine (“BOLIM”) supports the position taken by the FSMB regarding Covid-19 vaccine misinformation spread by physicians and physician assistants. The Board also applies this standard to all misinformation regarding Covid-19, including non-verbal treatments and preventative measures. Physicians and physician assistants who spread Covid-19 misinformation, or practice based on such misinformation, erode public trust in the medical profession and may endanger patients.

What happened to the First Amendment right to speech in opposition to governmental misinformation?

VI. DR. NASS TELEMEDICINE CONSULTATION WITH PATIENTS 1, 2, and 3

A. Telemedicine Rules

BE 116

Joint Rule Regarding Telehealth Standards of Practice

6. LICENSEE-PATIENT RELATIONSHIP

A. A licensee who uses telehealth in providing health care shall establish a valid licensee-patient relationship with the person who receives telehealth services. The licensee-patient relationship begins when:

- (1) The person with a health-related matter seeks assistance from the licensee;

- (2) The licensee agrees to undertake examination, diagnosis, nursing assessment, consultation or treatment of the person; and
- (3) The person agrees to receive health care services from the licensee whether or not there has been an in-persona encounter between the licensee and the person.

7. MEDICAL HISTORY AND PHYSICAL EXAMINATION

Generally a physician, physician assistant, and advanced practice registered nurse shall perform an in-person clinical interview and physical examination for each patient. However, the clinical interview and physical examination may not be in-person if the technology utilized in a telehealth encounter is sufficient to establish an informed diagnosis as though the clinical interview and clinician examination had been performed in-person. Prior to providing treatment, including issuing prescriptions, electronically or otherwise, a licensee who uses telehealth in providing health care shall interview the patient to collect the relevant medical history and perform a pertinent physical examination as defined by the standard of care for the purpose of the visit, when clinically necessary, sufficient for the diagnosis and treatment of the patient. An internet questionnaire that is a static set of questions provided to the patient, to which the patient responds with a static set of answers, in contrast to an adaptive interactive and responsive online interview, does not constitute an acceptable clinical interview and physical examination for the provision of treatment, including issuance of prescriptions, electronically or otherwise, by the licensee.

BE 9

9/2/21

Patient 2: Dr. Nass Medical Records:
Prescription for Ivermectin

BE 28	9/21/21	Patient 3: Dr. Nass Medical Records: Prescription for HCQ active symptoms after testing positive for COVID-19. Patient 6 mos. pregnant
BE 9	9/28/21	Patient 1: Dr. Nass Medical Records: Prescription for Ivermectin at sign of first symptoms

VII. THE MAINE BOARD OF PHARMACY ATTEMPTS TO RESTRICT IVERMECTIN
STATEMENT ON DISPENSING IVERMECTIN

LE 174 p. 7	4/26/21	CDC Health Advisory Rapid Increase in IVM Prescriptions
LE 174 pp. 12-13	8/27/21	Matthew Marston to Board Pharmacy requests Board Issue guidance like HCQ (4/14/20)
LE 174 P. 14	9/28/21	Statement of Maine Board Pharmacy on Dispensing Ivermectin #01-2021 <ul style="list-style-type: none"> • Not FDA approved • Rise poison control calls • Take appropriate steps to verify prescription issued for “legitimate medical purposes.”
LE 174 p. 15	9/19/21	Jessica Gowell – Board statement #01-2021 sent to all licensees and posted to website

A. Dr. Nass Appears Before Board of Pharmacy

LE 13C	11/4/21	Dr. Nass appears before Board of Pharmacy to advocate for reconsideration of Board Statement #CI-2021 on Dispensing Ivermectin
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B. Attorney General Surveillance of Dr. Nass: BOLIM FOAA Response

LE 13D 11/5/21 AAG John Nichols to Michael Miller, BOLIM AAG Counsel-

Below are my notes of Dr. Nass's comments before Board of Pharmacy last night

11/5/21 AAG Michael Miller forwards AAG John Nichols notes of Mr. Nass "to be included in Dr. Nass complaint file."

So Dr. Nass' advocacy is to be used against her by the BOLIM.

VIII. THE TARGETING OF DR. NASS FOR HER CONSTITUTIONALLY PROTECTED SPEECH: ALLEGED MISINFORMATION

A. BOLIM's FSMB Support (Fall Newsletter) Draws First Complaint: Complaint of Stephen Demetriou

BE 40 10/6/21 Complaint Stephen Demetriou
Dr. Nass spreading COVID misinformation

BE 37 10/7/21 BOLIM Notice of Demetriou Complaint to Dr. Nass

BE 40 10/11/21 Steven Demetriou to BOLIM
Transcript of Dr. Nass interview with Regis Tremblay

BE 43 10/14/21 BOLIM to Dr. Nass

The basis of the Board jurisdiction is that there is alleged unprofessional conduct, particularly where you have communicated in your capacity as a physician in the interview and on the website that could allow patients and the public to view the information you provide as misleading and/or inaccurate.

- BE 48 **10/15/21** Dr. Nass forwards Nebraska Attorney General Opinion No. 21-017 “Prescription of Ivermectin and Hydroxychloroquine as Off-Label Medicine for the Prevention and Treatment of COVID-19.”
- Physicians can’t be disciplined for prescribing HCQ or IVM

B. Complaint of Katherine Moors

- BE 49 **11/7/21** Dr. Nass spreading Covid misinformation on Twitter
- BE 56 **11/16/21** BOLIM investigation N. Alexander – interviews Ms. Moors
– asked to identify Dr. Nass patients but Moors not familiar with any patients
- BE 58 **11/23/21** Dennis Smith e-mails AAG Miller regarding Dr. Nass 11/22/21 e-mail to BOLIM – Dr. Nass states;
- “I am concerned about the use of the terms ‘misinformation’ and ‘disinformation’ and the new threat to physician licenses issued by the Board today for undefined behaviors.”
- BE 60 **12/10/21** Dr. Nass to BOLIM
- “Everything I say in public is accurate.”

C. AMA Ethical Duty to Seek Change

AMA Principles of Medical Ethics I, III, VI

Principle III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interest of the patient.

Chp. 1 Opinions on Patient–Physician Relationships

1.1.7 Physician Exercise of Conscience

Physicians are expected to uphold the ethical norms of their profession, including fidelity to patients and respect for patient self-determination

1.2.10 Political Action by Physicians

Like all Americans, physicians enjoy the right to advocate for change in law and policy, in the public arena, and within their institutions. Indeed, physicians have an ethical responsibility to seek change when they believe the requirements of law or policy are contrary to the best interests of patients. However, they have a responsibility to do so in ways that are not disruptive to patient care.

1.2.11 Ethically Sound Innovation in Medical Practice

Innovation in medicine can span a wide range of activities. It encompasses not only improving an existing intervention, using an existing intervention in a novel way, or translating knowledge from one clinical context into another but also developing or implementing new technologies to enhance diagnosis, treatment, and health care operations. Innovation shares features with both research and patient care, but it is distinct from both.

LE 31

AMA Journal Ethics; Orr, Robert, MD, CM
Autonomy, Conscience and Professional Obligation,
March 2013, Vol. 15, Number 6:244-248

“Questioning the right of conscience in medicine has to date relied on a . . . b. an invalid presumption that a licensing body has authority to mandate a physician’s scope of practice. . . .”

IX. POLITICS KICK IN

BE 18

12/11/21

Dr. Nass Self Report

Self-report by Dr. Nass – told pharmacist Lyme disease to obtain HCQ prescription for Patient 2

Dr. Nass was ethically justified to misinform the pharmacist (Dr. Nass said treating for Lyme Disease) in attempt to procure potentially life-saving medication for Patient 2

Ex. 175 p. 18	12/14/21 1:02 pm	Gov. Mills to B. Beausang (others) <u>E. Baldacci</u> , Gov. Mills Deputy Chief and Staff “K cites Robert Kennedy’s blog. Gosh! Where does she get breakthrough statistics. Don’t make sense.”
Ex. 175 p. 24	12/14/21 2:13 pm	Michele Meyer to Jackie Beausang enclosing Negative links to presenters, including Dr. Nass
Ex. 175 p. 50	12/14/21 4:08 pm	Ryan Fecteau – Speaker Maine House Representative To: Elise Baldacci Gov. Mills’ Dep. Chief Staff Re: Keim’s email and some experts re misinformation and RFK vaccination <u>propaganda</u>
E 174 p. 14	12/14/21 4:43 pm	Lise Baldacci to R. Fecteau “Then sounds like all efforts have failed”
LE 174 p. 21	12/16/21	National Association of Boards of Pharmacy to <u>ALL</u> state Boards Attached 12/13/21 FDA letter re Ivermectin

X. MORE FOAA INFORMATION FROM BEHIND THE SCENES:
BOLIM ENFORCEMENT

LE 157A	1/4/22	E-mail Maroulla Gleaton to D. Smith BOLIM Executive Director
LE 173C	1/3/22	Kenj, Saito, MD BOLIM to Nirav Shah CDC Re: expert review for BOLIM physician factual errors and COVID-19

XI. DR. NASS SUMMARILY SUSPENDED WITHOUT A HEARING FOR MISINFORMATION

BE 5	1/11/22	Order Directing Evaluation The Factual Predicate for Order Directing Evaluation: Misinformation ¶ 2 October 26 (sic, actually October 6) The Board received a complaint alleging that Dr. Nass was engaging in public dissemination of
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“misinformation” regarding the SARS Co2 pandemic
...

¶ 3 Dr. Nass questioned the Board’s authority

¶ 4 “November 7, 2021 Board opened complaint that Dr. Nass spreading COVID and COVID vaccination information on Twitter. . . .”

A. BOLIM Withdraws All Misinformation Grounds for Discipline

BE 1	1/24/22	Notice of Hearing 17 Grounds for Discipline
	3/22/22	Amended Notice Hearing 19 Grounds for Discipline
	9/26/22	Second Amended Notice of Hearing 13 Grounds for Discipline

Withdrawn Grounds:

- III. AMHCME Opinion 1.2.11 Ethically Sound Innovation in Medical Practice
- X. AMACME Opinion 3.3.1 Management of Medical Record
- XV. AMACME Principle II to be honest in all professional interactions
- XVI. 32 M.R.S. § 3282-A(2)(F) AMACME Disruptive Behavior
- XVII. 32 M.R.S. § 3282-A(2)(F) AMACME 2.3.2 Professionalism in Use Social Media

Withdrawn Alleged Facts:

- #17 AMACME Opinion 1.2.11
- #21 October 24, 2021 Dr. Nass stated on Twitter. . .

#23 AMACME Opinion 2.3.2 Professionalism
in Use Social Media

#24 AMACME Opinion 3.3.1 Management of
Medical Records

9/30/22 Third Amended Notice of Hearing

Withdrawn Alleged Facts:

#16 AMACME Principle II: Physician shall be
honest

#19 2021 interview of Dr. Nass by Regis
Tremblay

#20 9/30/21 Dr. Nass posts to her blog

LE 172D **6/28/20** Meryl Nass, M.D. website
Truth in the age of COVID

How a false Hydroxychloroquine narrative was
created, and more

LE 9 **2/11/22** The extraordinary story of how patient access to
COVID treatments was denied, eventually involving
witch hunts of physicians who dared to treat patients.

First came the Chloroquine and Hydroxychloroquine Suppression

In 2020, I compiled a list of over 50 ways authorities and pharma companies in multiple countries stopped the use of chloroquine drugs for COVID. This was (and is) a stunning collection, which has been widely read and reproduced on many websites. When you read it, you are astounded to learn that all the US (and many international) public health agencies took many different actions to *increase* deaths and destruction from COVID and prolong the pandemic. “Avoiding the Trump drug” served as a great cover story. Taking hydroxychloroquine for COVID was equated to drinking bleach.

But here’s the kicker: the authorities knew all about chloroquine and other treatments for COVID before there was a COVID ... because they had figured it out for the 2003 SARS epidemic and the 2012 MERS epidemic, both caused by related coronaviruses. But they hushed it up.

Five **CDC (US government)** scientists published a paper, along with three **Canadian government** scientists, showing that chloroquine was an effective drug against SARS coronaviruses, in **2005**. European scientists had shown the same thing in 2004.

XII. IS THIS MEDICINE OR POLITICS?

R. State Laws, AG Opinions, First Amendment Law

LE 121	10/14/21	Peterson, D., AG, et al, <i>Prescription of Ivermectin or Hydroxychloroquine as Off-Label Medicines for the Prevention or Treatment of Covid-19</i> , Office of AG, Lincoln, NE
	A.	2/11/22 Wilson, A., AG, letter to SC Senator Shane Martin and Rep. Bill Taylor re “off-label use medication’ for treatment or prevention or COVID-19
	B.	2/23/22 Attorney General, Indiana, Off-label Prescription HCQ, IVM Within Standard of Care
	C.	3/24/22 Attorney General, Kansas, Off-label Prescription HCQ, IVM
	D.	12/7/21 Missouri, A.G. Guidance Re: <i>Robinson v. Missouri Dept. of Health and Senior Services</i> (Cole County Cir. Ct. Nov. 22, 2021) Public Health Orders Void Unless APA Compliance
LE 122		NH Legislation re Rebuild NH bills HB 1466-Off-label Prescribing; HB 1495 Prohibiting Requests for Vaccine Documents HB 1439 Patient Family Member HB 1604 Exception from Vaccination HB 1455 Prohibits Enforcement Federal Vaccine Mandates
	A.	Niceley, H., et al., State of Tennessee, Public Chapter No. 908, Senate Bill No. 2188
	B.	State of Missouri, House Bill No. 2149 Professional discipline excludes HCQ and IVM prescriptions

- C. Indiana Code Ann. § 25-1-20-4, Professional discipline excludes using medicine not approved by FDA
- D. North Dakota Cent. Code, § 43-17-31.2, Limitation on disciplinary actions, IVM prescribing
- E. South Dakota Codified Laws § 21-68-4, Immunity for Off-label prescribing
- F. Tex. Civ. Prac. & Rem. Code § 148.001, Immunity for medicines unapproved use

LE 188B

Federation State-Medical Boards

31 States considering legislation either restricting Board activity explicitly, allowing for off-label treatment of COVID-19, or both.

States: Alaska, Arkansas, Alabama, Arizona

Colorado

Florida

Iowa, Idaho, Indiana

Kansas, Kentucky

Louisiana

Maryland, Michigan, Minnesota,
Missouri, Mississippi

North Carolina, North Dakota, New
Hampshire, New Jersey

Ohio, Oklahoma

Pennsylvania

Rhode Island

South Carolina, South Dakota

Tennessee

Virginia

Wisconsin, West Virginia

**XIII. ON-GOING LITIGATION REGARDING COVID TREATMENTS
SUPPRESSED NATIONWIDE**

LE 90 **6/2/22** U.S. District Court, Texas So. Dist. No. 3:22-cv-184

Robert L Apler, MD, FACEP; Mary Talley Bowdan, MD and Paul E. Marik, M.MED, FCCA, FCCP v. Department of Health and Human Services, Xavier Becerra, Food & Drug Administration, Robert M. Calif, M.D., MACC

¶ 4 FDA has unlawfully taken formal, unequivocal and condemning actions to prohibit or otherwise interfere with use of IVERMECTIN to treat COVID-19 . . .

¶ 7 The Government interfered with practice of medicine

¶ 53 None of these provisions authorize the FDA to prohibit, direct, or advise against off-label uses of drugs approved for human use

LE 152Q **7/29/22** U.S. District Court Eastern District California
Case No.: 2:22-cv-01203-JAM-KJN

Plaintiff First Amended Verified Complaint

Parties: *Douglas Mackenzie, MD and Physician for Informed Consent v. Nillin J. Prasifka Ex. Dir California Board of Medicine v. John and Jane Doe (who violated Plaintiffs clearly established First Amendment Rights)*

¶ 40 Federation State Board July 29, 2021

Press release threatening physician with disciplinary action for those who spread COVID-19 vaccine misinformation

¶ 43 California Medical Board support FSMB July 21 statement for COVID-19 misinformation

Count I – Violating of Plaintiffs’ Free Speech Rights
42 U.S.C. Section 1983

LE 160A

8/2/22

U.S. District Court for Western District of Louisiana
Case No.: 3:22-cv-01213-TAD-KDM

Parties:

State Missouri, State of Louisiana, Dr. Jayanta Bhathacharyr, Jill Hines, Jim Hall, Dr. Aaron Kheriaty and Dr. Martin Kulldorff v. Joseph Biden, Jr., Xavier Becerra, Secretary HHS Department of Health and Human Services, Dr. Anthony Fauci, et al.

First Amended Complaint

¶ 3 Government censorship of dissenting voices
“misinformation,” “disinformation”