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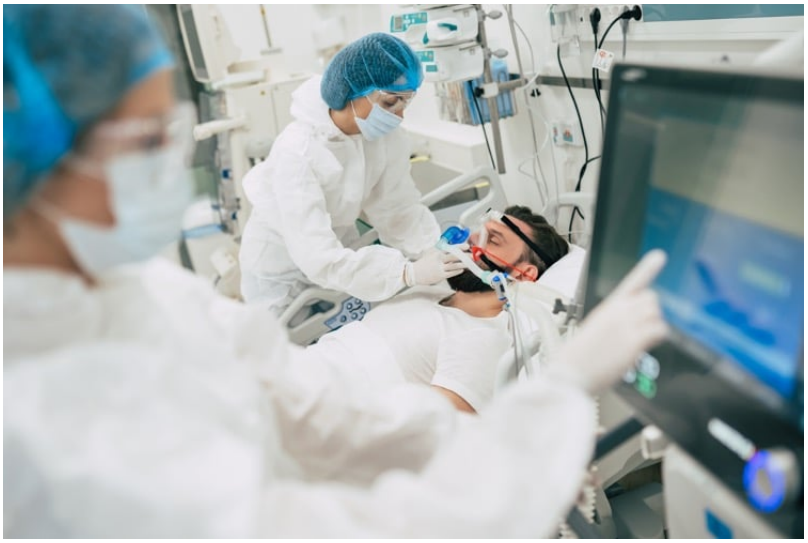
Written by **Selwyn Duke** on January 13, 2022

Killing White People: Biden Admin Takes Medical Racism National

It was in November already that a video emerged of a Texas man being refused COVID treatment because of his race. He was white. Around the same time, now-disgraced then-New York governor Andrew Cuomo advocated anti-white racial preferences in COVID treatment, and more recently the Empire State's health department prioritized blacks and Hispanics over whites in the administration of life-saving monoclonal antibodies. Now Joe Biden — who was billed during the 2020 campaign as a unifier — is taking this medical racism national.



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As Fox News reported this last weekend, "Guidance issued by the Biden administration states certain individuals may be considered 'high risk' and more quickly qualify for monoclonal antibodies and oral antivirals used to treat COVID-19 based on their 'race or ethnicity.'"

As already indicated, this didn't come out of nowhere. And on Tuesday, Fox's Tucker Carlson provided some striking background, stating:

> In the weeks before Joe Biden took office a little over a year ago, federal officials met to decide how they were going to distribute the new COVID vaccines. If you'll think back, you'll remember that December of 2020 was the deadliest month to date in the COVID pandemic. More than 65,000 Americans had died that month.… Then there was no treatment protocol for it. Vaccines seemed like the only hope. So the meeting was very significant.
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> The CDC's chief medical officer, a person called Kathleen Dooling, unveiled her plan to distribute the vaccines nationally. She began by acknowledging that older Americans indeed face the greatest risk, as everyone understood. So logically, if you wanted to save as many Americans as possible from dying, you would give preference the very first shots to people over 65. That's the obvious policy. It might be the only morally defensible policy.
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> But there was a problem with doing that, she explained. Older Americans were too White, [sic] as Dooling put it, "Racial and ethnic minority groups are underrepresented among adults age 65 and older." And this meant, according to Dooling, they could not be allowed to get the first COVID shots, whether they needed them or not.
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> So instead, Dooling recommended giving priority to a group the government started calling essential workers. Their main qualification was not that they were essential, but [that] they were less White than old people.

Given the questionable efficacy and safety of the mRNA therapy agents (MTAs, a.k.a. "vaccines"), many may suppose that, in this case, the discriminatory policy benefited whites. But the precedent had been

set and, again, is now being applied to China virus therapeutics.

At issue is the recently released Food and Drug Administration guidance on a monoclonal antibody called sotrovimab, the only such monoclonal treatment (MT) effective against omicron. "Physicians, the FDA explained, should consider quote race and ethnicity as they administer treatments, and so physicians are doing that across the country," stated Carlson.

Providing examples, the commentator mentioned that under Utah's "scoring system" for determining who'll receive MT, "race often counts more than physical health." While the state "gives two points to anyone simply for not being white," Carlson elaborated, having congestive heart failure only gets you one point. "So if you're a white, congestive heart failure patient, that's not enough for you," he summed up.

Carlson later cited the Washington Free Beacon as informing that in NY, racial "minorities are automatically eligible for scarce COVID-19 therapeutics, regardless of age or underlying conditions." "It doesn't matter what kind of health they're in," the commentator added. "All that matters is their skin color. Whites don't qualify."

This means, unbelievably, that a young, healthy Haitian man could sneak across our border having COVID and receive preference at a NY clinic over an elderly American veteran simply because of their different skin colors, Carlson also pointed out (video below).

Really, this policy is justified with what's a perversion of a legitimate principle. That is to say, group association is often considered in medical care. An obvious example is how while men occasionally develop breast cancer, only women get breast-cancer screenings.

As for race, the late great Walter E. Williams pointed out in 2014 that there's "little-noticed racial profiling in medicine." He mentioned that since Pima Indians have the world's highest-known diabetes rate and Vietnamese-descent women are five times as likely as white women to develop cervical cancer, it's not surprising that doctors are more apt to screen members of these groups for those diseases.

This is entirely different, however, from the Biden administration-advocated discrimination. Profiling is a method used to make decisions based on scarce information when the cost of obtaining more information would be too great (e.g., screening every American, including men, for breast cancer), as Williams had often put it.

Yet when treating an *individual* with a given disease, the fact that his "group" is less likely to suffer from that disease is irrelevant. So that aspect of profiling is over. And the only reason to further consider group association (including race) when allocating scarce resources is if a given group is *inherently* more vulnerable to the disease in question.

For example, while doctors discriminate between the sexes in breast-cancer screenings, they have no business discriminating in breast cancer *treatment* unless resources are scarce *and* one sex is *inherently* more likely than the other to die from the disease.

This is why with COVID, the elderly get priority over the very young: Having weaker immune systems, the former are inherently more vulnerable to the disease. Yet there's nothing indicating that blacks and Hispanics are inherently more vulnerable to it than whites are. Rather, the apparent reason for their worse *group* outcomes is that they're more likely to suffer comorbidities and, in blacks' case, are more often overweight.

Yet China virus patients *already receive preference based on such criteria*; meaning, blacks and

Hispanics will be more likely to receive MT for this legitimate scientific reason alone. Giving them further points based on racial/ethnic criteria has no basis in science and thus constitutes unjust discrimination.

It's just like having a male and female breast cancer sufferer before you and, though the man is no more resistant to the disease, denying him care simply because of his sex.

The kicker is that while the authorities claim they don't have enough MT to go around, they still deny people ivermectin and hydroxychloroquine, simple, inexpensive medications known to be effective against COVID.

So the only question is: If the powers that be were purposely trying to kill people based on race, what would they do differently?

Below is the video of the Texas man refused COVID treatment because he was white.