

The Collapse of the COVID Narrative: A Brief Strategic Window to Regain Our Democracies

Dedication: To the convoy truckers of Canada to whom we owe so much

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Introduction

The COVID narrative is falling apart,[i] and the great post-pandemic cover-up has begun.

On Saturday January 22, 2022, Canada’s Globe and Mail ran a retrospective on the pandemic by well-known psychiatrist and author, Dr. Norman Doidge – entitled “Vaccines are a tool, not a silver bullet.”[ii]

The next day the article was tweeted to me:



Kyle Farquharson @kylefarq · Jan 23

...

Exceptional essay, yet infuriating at the same time. How many lives might have been saved had the public health establishment allowed scientific debate on early treatments instead of suppression & inciting legacy media disinfo campaigns against candidate drugs? Cc [@Abettervision](#)



The Globe and Mail @globeandmail · Jan 22

Vaccines are a tool, not a silver bullet. If we’d allowed more scientific debate, we would have realized this earlier [theglobeandmail.com/opinion/articl...](#)

Curious, I read over what turned out to be a 7,113-word limited hangout[iii] justifying the Covid-19 response – and shared Mr. Farquharson’s anger about what had *not* been addressed.

This may be the first serious media attempt to gloss over mounting evidence that the world was made to endure the prolonged Covid-19 disaster unnecessarily.

Why did the *Globe and Mail* publish a near book-length rationale^[iv] for a two-year horror show in which the media and Big Tech systematically suppressed all expert medical divergence from the official public health narrative?

Coincidentally, the *Globe* article appeared the same day, January 22, as a two-hour podcast entitled “Collapse of the Public Health Narrative, & the Gathering Storm,” featuring two of the organizers of the Worldwide Freedom March that was to be held the next day in Washington DC.

These organizers, Dr. Bret Weinstein and Dr. Chris Martenson, are two very concerned evolutionary biologists.

Scheduled to speak at the Washington rally were a group of practising, highly successful early treatment doctors – including Dr. Pierre Kory, Dr. Paul Marik, and Dr. Peter McCullough, along with pathologist Dr. Ryan Cole and vaccinologist Dr. Robert W. Malone.

Dr. Malone, who holds some of the earliest patents for mRNA technology, had earlier become known to Americans during a drug safety interview with Dr. Weinstein and philanthropist Steve Kirsch in a June 2021 podcast that went viral.^[v]

Many Malone interviews followed, and on the last day of 2021 he was heard by 50 million people in a 3-hour interview with Joe Rogan, who is more popular than CNN.

They discussed one of the most mysterious aspects of the official narrative: why is a cheap, safe, and plentiful early treatment drug like ivermectin, listed by the WHO as an essential medicine, so maligned as “horse paste?” And why, given its strong evidence of efficacy with Covid,^[vi] are doctors prevented from prescribing it?

This growing controversy was threatening to spill over into the mainstream, which needed a famous psychiatrist to cool things down before the Freedom March and the truck convoys began.

We will turn first to the *Globe’s* marathon op-ed, and then to its coincident same-day antithesis, the Weinstein-Martenson podcast.

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Part I: The Globe

The *Globe* reports that in April 2020 (early in the pandemic), following WHO financier Bill Gates’ emphatic statement that “the *only thing* that really lets us go back completely to normal and feel good...is to create a vaccine,”

“we put our faith in the vaccines, while other approaches – such as drugs for early treatment, or a role for our natural immunity, or lowering our personal risk factors, for instance – got comparatively less attention.”

Indeed these “other approaches” received virtually no attention. Successful early treatments were entirely suppressed during the eight months the world waited for rushed

clinical trials that would usher in the experimental mRNA vaccines by late December 2020.

“Our personal risk factors”, such as obesity and Vitamin D deficiency, which between them were present in at least 78% of US hospitalizations,[vii] were never mentioned by NIH’s Dr. Fauci or the media.

The vaccines were the only thing that could help us. All we could do was lock down and maintain six feet while we endured the long lonely months of 2020. If we got sick, we were to wait until we couldn’t breathe, then go to emergency.

The *Globe* continues:

So why hasn’t treatment focused more on repurposed drugs?

First, because the master narrative, once it took hold, directed our attention away from this possibility. Second, in North America, the first repurposed drug that came to public attention was hydroxychloroquine. When it was endorsed by then-president Donald Trump it became highly politicized. People’s opinions about it often had more to do with their political affiliation than whether they had read any of the (now) 303 studies. Third, agencies that regulate drugs, such as the U.S. Food and Drug Administration and Health Canada, mandate that any drug they evaluate have a sponsor, usually a drug company agreeing to assume liabilities for the drug. It’s an extremely expensive process. If an old, cheap generic drug shows promise for repurposing, it still needs a sponsor to get approved for that. But drug companies have no financial incentive to do so. So usually there are no sponsors, and the drugs languish.

Yes, there was indeed a master narrative, managed and policed by the *Trusted News Initiative’s*[viii] early warning system and an army of vigilante fact-checkers.

But in other respects, the *Globe* claims in the paragraph above depart from well-known facts:

1. Public political affiliations have little to do with the WHO/FDA/CDC drug approval process;
2. The FDA regulators had long approved hydroxychloroquine (HCQ) and ivermectin (IVM), both of which have been on the WHO list of essential medicines for decades. *Neither needed a sponsor.*
3. There was never any need to approve physician off-label prescriptions for Covid. Instead, the FDA recommended *against* prescribing of hydroxychloroquine to outpatients in June, 2020,[ix]causing untold thousands of deaths while the world awaited the experimental injections.
4. The drugs did not languish. They were actively suppressed by state pharmacy boards, medical regulating bodies, medical journal editors, leading public health agencies, the media, and Big Tech.[x]

**New Covid Pre-print:
Drs Ioannidis & Axfors at Stanford**

Age	Infection Survival Rate
0-19	99.9973%
20-29	99.986%
30-39	99.969%
40-49	99.918%
50-59	99.73%
60-69	99.41%
70+	97.6% (non-inst.)
70+	94.5% (all)

1

The *Globe's* psychiatrist then devoted 5,000 words to the psychological state of being *at war* with the virus – the need to *fight nature* with a weaponized vaccine – rather than allowing natural processes, such as inborn immunity – to heal the 99% of infected under-70-year-olds whose immune systems had worked perfectly well.

Towards the end of the piece, from his January 2022 perspective, Dr. Doidge concludes:

“What is called for is not more scapegoating and coercion, but healing, and more early treatment for both groups, now that we have it...”

...as if thousands of doctors had not been shut down, losing their licenses, and watching patients die unnecessarily for two years for want of hydroxychloroquine or Ivermectin. Professor Paul Marik MD was brought to tears by his frustration during January 2022 testimony.[xi]

Next, the *Globe* acknowledges the ridicule – *without identifying the deadly mainstream hecklers*[xii] – against the Great Barrington Declaration’s traditional public health wisdom, written by top epidemiologists, to provide focused protection for the vulnerable:

More and more officials are saying openly what the authors of the Great Barrington Declaration[xiii] (the ridiculed view of 60,000 public health scientists and physician signatories) said some time ago: Our goal is not eradication of the virus, or a one-size-fits-all policy, but lessening of deaths in the vulnerable through focused protection, and focused vaccination. The immunity we have will be a mix of vaccine immunity and natural immunity, depending on the person.”

And ending with a psychiatrist’s acquittal:

It’s been a blow to our Baconian narcissism to be upended by nature these past two years. That thin-skinned Baconian within seems almost offended to admit that protection has come not only from scientific advances, but from natural immunity. Others might see this as a reassuring reminder that natural processes are not always and only the enemy. We shall find out, as we observe the unvaccinated, to what extent natural immunity, accumulating in waves of infection over time, does or does not protect, for the current or future variants.

Till then, let's give infallibility the day off.[xiv]

So the whole two-year misery was due to narcissistic fallibility. No wonder my Twitter friend was upset.

Urgent, Important Issues the Globe did not Address

1. Unprecedented changes in public health policy: The common cold is usually either a coronavirus or a rhinovirus, and often moves to the lungs as pneumonia. According to the World Health Organization, this particular SARS-2 coronavirus kills only 0.23% of those infected.[xv]

However, coronavirus lockdowns are unprecedented. Passports are unheard of. And the words "pandemic," "vaccine," and "herd immunity" were redefined to support this global Covid-19 coronavirus policy.[xvi] These aberrations must be reversed to regain standard public health practise.

2. The *Globe's* absolution does not address the *origin* of the virus: the US-sponsored gain-of-function research and resulting Wuhan laboratory leak that was confirmed by a startling FOIA document from the US military a week before its article was published.[xvii] Nor does the *Globe* mention Dr. Anthony Fauci, head of the NIAID research-sponsoring agency, located within the US National Institutes of Health.
3. Nor does the *Globe* mention the unprecedented numbers of mRNA injection injuries and deaths that have been posted to the US, UK, and EU vaccine adverse reactions databases[xviii] – or the number of world class athletes who have collapsed or died following injection.[xix]

There are so many omissions and inaccuracies in this easy comfortable acquittal of public health policy that one wonders what is being hidden – was it simply mismanagement, or incompetence, or something more sinister?

One thing is certain: if we hadn't been saved from the two-year furor by the relatively gentle omicron variant, which as of January 22, 2022, constituted 99.9% of the circulating strain,[xx] the boosters chasing the variants and the accompanying repressive mandates may have continued indefinitely.

Let us now turn to Dr. Martenson and Dr. Weinstein, who explore the murky underside of this massively coordinated public policy assault on humanity, and why it is essential to identify and investigate its architects – *at this particular moment in time, before it gets further glossed over – so that it never happens again.*

Part II: The Weinstein-Martenson Podcast, January 22, 2022[xxi]

Who are Dr. Martenson and Dr. Weinstein?

Chris Martenson, PhD in pathology/toxicology (Duke), MBA (Cornell), is an economic researcher and futurist specializing in energy and resource depletion, and distillation of the interconnected forces in the Economy, Energy and the Environment. His insights are used by institutions such as the UN, the UK House of Commons and US State Legislatures.[xxii]

Brett Weinstein, PhD in biology (Univ. of Michigan) is a theoretical evolutionary biologist focused on adaptive patterns within complex, dynamic systems, and former professor of evolutionary theory. He has an interest in the evolution of wisdom and moral self-sacrifice. His main focus is on a current path that we will not survive – on “a way of living on the earth that evolved, and if we are to change it, we must take evolution from autopilot and into our own hands.”[xxiii]

We see that they share not only long-term biology backgrounds, but a strong interest in patterns and interconnections – which gives them mutual perspective as both specialists and generalists.

The theme is set early in the podcast by Dr. Weinstein: “My sense is that something is over, but something else is about to begin – and I think people need to see it clearly so it doesn’t catch them off guard.”

Their discussion is informed by the people who have “stared down the stigmas that were thrown at us to enter a much better, smarter conversation than what the public is being exposed to.”

These people are, among other things, “the global resistance to the fervor for mandates.”

What specifically are they resisting?

Dr. Weinstein: “In the resistance movement, everybody knows that all-cause mortality is an important thing that is rarely conveyed” – whereas PCR tests and hospitalization data are notoriously unreliable.

“We know that we want autopsies done, because autopsies tell you something we can’t find out otherwise, and we know that the level of autopsies has been artificially reduced, and that suggests that there is an obvious desire not to know what kind of harm is being done” by the injections.”

Dr. Martenson: Every single time if there was something favourable that they didn’t like, e.g., the [British] data Dr. John Campbell was talking about where there were 17,300 people in the whole Covid experience, all two years, who had died of Covid specifically, who weren’t burdened with a comorbidity – that came out because of a freedom of information act request. It was shocking. That data had to be pried out – and that should have been put out there and broadcast by that same organization, if they were doing the right thing, but instead they had to pry it out.

Dr. Weinstein: You go looking for something that isn’t consistently wrong – something that is open to various possibilities and you’ll find that that’s a very vibrant discussion – it’s just that the interesting stuff is on the fringe.

Why? Because it was driven there. Right, the natural people who would be at the head of the conversation of figuring out what’s going on with Covid, and what we should do about it – those people have been driven to the edge. They’ve either been silenced, or they’ve been threatened, or they’ve chosen to self-censor.”

The Earliest Sign of Trouble with the Narrative

To an evolutionary biologist, the sudden appearance of a coronavirus that had seemingly

skipped many generations of natural mutation to become a highly aggressive zoonosis (animal-to-human disease), raised disturbing questions about a laboratory origin.

The lab escape idea first gained widespread attention following a long investigation into the circumstantial evidence of SARS-2 gain-of-function research at the Wuhan lab (“Who Opened Pandora’s Box at Wuhan? People or Nature?”) by former *NYT* author Nicholas Wade in May 2021.[xxiv]

On January 11, 2022, a Project Veritas FOI request confirmed, from the US military’s DARPA files, “that SARS-CoV-2 matches the SARS vaccine variants the NIH-EcoHealth program was making in Wuhan.”[xxv] This research had been financed by the National Institutes of Health under the leadership of Dr. Anthony Fauci.[xxvi]

Dr. Weinstein calls such gain-of-function research – which was made illegal in the US by President Obama in 2014 – “a recipe for disaster.”

He likened an engineered virus lab escape to the introduction of the mongoose into remote and isolated Hawaii, where it thrived, playing havoc with natural evolution, and threatening birds and wildlife. Similarly, a lab-manufactured virus introduces a menacing evolutionary jump:

You’re going to create something in a lab and think that you’re its master... you’re just playing with fire – and what’s more you’re not playing with fire in the way that people used to play with fire. They would just blow themselves up.

You’re talking about the whole world.

Somebody made an error. In fact, people were wise enough to see it coming and they tried to ban this research, but Anthony Fauci decided to override them. That error – Anthony Fauci overriding a gain-of-function research ban – very likely resulted in a particular viral particle escaping off a particular lab bench into a particular human being and then Covid-19. That is the capacity to take a tiny error – literally a microscopic error – and turn it into a global catastrophe.

That’s the power of the process you’re playing with, and if you don’t respect it we’re going to be facing this again and again...

Understanding the laboratory origin of Covid-19 is enormously important for how we go into the future – yet Weinstein said it was very difficult to establish:

“That was a surprise win. I didn’t think we were going to win that...

Having won it there are now two others: there’s the question of early treatment and there’s the question of vaccine safety and efficacy. If the public wakes up on all three of those fronts, suddenly we know something: that the following systems have completely failed to protect us and in fact have steered us into greater danger: the academy, the press, Big Tech, the public health apparatus, and all of the government structures it is plugged into.

The Coordinated Suppression of Effective Early Treatment

What will it will take to put our institutions back on track?

The story of Ivermectin may be the best clue.

In March, 2021, a world-class review paper on Ivermectin (IVM) by prominent toxicologist Dr. Jacques Descotes showed that it is among the safest and most well-tolerated drugs ever introduced to the market.[xxvii]

Indeed, penicillin, aspirin, and ivermectin belong to a select group of drugs that has had the greatest beneficial impact on the health and well-being of humanity. All three are of natural origin and all three led to a Nobel Prize.

Ivermectin has improved the lives of millions of people since its discovery in 1975. Our environmental biologists were astonished by how it was targeted:

Dr. Martenson: From a toxicology standpoint, Ivermectin is literally the safest compound I've ever looked at; its curve between effective dose and lethal dose is SO wide...in 500 studies zero deaths had ever been ascribed to it.

Then we watched the Pharma campaign come out where all of a sudden it was horse dewormer everywhere because somebody had decided that's what needed to happen now – some people sat in a room and said, “look we can't get this on safety – what do we do with this?”

And they had enough power to blanket the airwaves, have major articles appear in all the major newspapers, have it show up on CNN, MSNBC, even have the FDA itself tweet out a little “y'all stop taking horse dewormer.” So that's power.

The use of this media and Big Tech power to prevent the Front Line COVID-19 Critical Care Alliance (FLCCC, established March 2020)[xxviii] from treating people with Ivermectin has been nothing short of criminal:

Dr. Martenson: I remember six to eight months ago their FLCCC Facebook page would get taken down; they were getting YouTube strikes left and right and having channels pulled down.

They were highly qualified medical doctors discussing data. That was it. They weren't out there railing against Pfizer or anything like that – there was nothing that would rise to libel. They were very careful – and watching that level of friction and hostility that came at them was astonishing. I'd never seen anything like that before.

Dr. Weinstein: That was astonishing in a way I'd never seen it, and there was something just impossible to stomach about watching these obviously highly dedicated people who actually save lives for a living – they do it day in and day out – being treated as if they were UP to something.

It just couldn't possibly be more the inverse of what was happening. You had doctors trying to be doctors, trying to sort out a live situation that we've all been told is of utmost importance, and being demonized for the effort because their conclusion didn't match the public health authority, which was obviously wrong – and then to watch the Tech sector leap to attention and start treating them as if these were somehow dangerous monsters.

It was just such a preposterous show a force on the part of whatever the thing is that is

arranging the narrative.

The broken narrative continues. Why? Because after withholding and suppressing IVM and other life-saving therapies for so long, the health agencies and the media *cannot now admit that early treatment works*.^[xxix] Once the public knows this, all the hospitals will be overwhelmed with lawsuits.

What will it Take to Expose and Accept the Truth about Vaccine Injuries?

The issue of vaccine safety and efficacy was identified above by Dr. Weinstein as the third battle for truth. Officially, vaccine injuries are claimed to be exceedingly rare, so vaccination continues to be rigorously pursued through endless boosters.

In reality, vaccine injuries are off the charts – that is, according to three DOD whistleblowers who have released medical billing data for 2021 from the US Defense Medical Epidemiology Database.^[xxx]

During testimony at a Senate hearing on January 24, 2022, the whistleblowers reported a 300% increase in cancers and a 1000% increase in neurological injuries over the 5-year baseline average during 2021, the first year of Covid-19 vaccinations.^[xxxi] ^[xxxii]

Regarding deaths, the CDC's Vaccine Adverse Effects Reporting System (VAERS) reports Covid-19 vaccines as relating to 78% of all vaccine deaths.

From Page 1 of their January 21, 2022 report:

The Vaccine Adverse Event Reporting System (VAERS) Results
All VAERS Reported Deaths by Vaccine Type
Data current as of 01/21/2022

Symptoms	Vaccine Type	Events Reported	Percent (of 16,362)
DEATH	ADENOVIRUS TYPE 4 & 7 VACCINE, LIVE ORAL (ADEN_4_7)	1	0.01%
DEATH	ANTHRAX VACCINE (ANTH)	5	0.03%
DEATH	BACILLUS CALMETTE-GUERIN VACCINE (BCG)	31	0.31%
DEATH	CENTRAL EUROPEAN ENCEPHALITIS (CEE)	2	0.01%
DEATH	CHOLERA VACCINE (CHOL)	2	0.01%
DEATH	COMVAX (HIBHEPB)	8	0.05%
DEATH	COVID19 VACCINE (COVID19)	12,767	78.03%
DEATH	DENGUE TETRAVALENT VACCINE (DENGVAXIA) (DF)	2	0.01%
DEATH	DIPHTHERIA AND TETANUS TOXOIDS ACELLULAR PERTUSSIS POLIOVIRUS INACTIVATED HAEMOPHILUS INFLUENZA B AND HEPATITIS B VACCINE (HEXAVAX) (6VAX-F)	180	1.10%
DEATH	DIPHTHERIA AND TETANUS TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (DTAP)	184	1.12%
DEATH	DIPHTHERIA AND TETANUS TOXOIDS AND ACELLULAR PERTUSSIS VACCINE + INACTIVATED POLIOVIRUS VACCINE (DTAPIPV)	34	0.21%
DEATH	DIPHTHERIA AND TETANUS TOXOIDS AND ACELLULAR PERTUSSIS VACCINE + HEPATITIS B + INACTIVATED POLIOVIRUS VACCINE (DTAPHEPBIP)	210	1.28%
DEATH	DIPHTHERIA AND TETANUS TOXOIDS AND ACELLULAR PERTUSSIS VACCINE + INACTIVATED POLIOVIRUS VACCINE + HAEMOPHILUS B CONJUGATE VACCINE (DTAPIPVHIB)	250	1.53%
DEATH	DIPHTHERIA AND TETANUS TOXOIDS AND PERTUSSIS VACCINE (DTP)	147	0.90%
DEATH	DIPHTHERIA AND TETANUS TOXOIDS AND PERTUSSIS VACCINE + INACTIVATED POLIOVIRUS VACCINE + HAEMOPHILUS B CONJUGATE VACCINE (TETANUS TOXOID CONJUGATE) (DTPPHIB)	2	0.01%
DEATH	DIPHTHERIA AND TETANUS TOXOIDS PERTUSSIS AND HAEMOPHILUS INFLUENZA B VACCINE (HEXAVAX) (DTPHIB)	10	0.06%

Page 2 of the report shows the comparative death percentages for influenza and measles vaccines, which are also given to millions of people:

DEATH	DIPHTHERIA/TETANUS/PERTUSSIS/HEPATITIS B (DTPHEP)	34	0.21%
DEATH	DIPHTHERIA/TETANUS/WHOLE PERTUSSIS-INACTIVATED POLIO VIRUS-HAEMOPHILUS INFLUENZA B (PENTACOD) (DTPHIB)	2	0.01%
DEATH	DT-IPV COMBINED DT AND IPV VACCINE (DTIPV)	5	0.03%
DEATH	DTP-IPV COMBINED DTP AND IPV VACCINE (DTPIPV)	22	0.13%
DEATH	HAEMOPHILUS B CONJUGATE VACCINE (HIBV)	474	2.90%
DEATH	HAEMOPHILUS B POLYSACCHARIDE VACCINE (HBPV)	1	0.01%
DEATH	HEPATITIS A (HEPA)	76	0.46%
DEATH	HEPATITIS A AND HEPATITIS B VACCINE (HEPAB)	21	0.13%
DEATH	HEPATITIS B VACCINE (HEP)	480	2.93%
DEATH	HUMAN PAPILLOMAVIRUS (TYPES 6, 11, 16, 18) RECOMBINANT VACCINE (HPV4)	339	2.07%
DEATH	HUMAN PAPILLOMAVIRUS (TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58) RECOMBINANT VACCINE (HPV9)	30	0.18%
DEATH	HUMAN PAPILLOMAVIRUS VACCINE (HPVX)	166	1.01%
DEATH	HUMAN PAPILLOMAVIRUS BIVALENT (HPV2)	34	0.21%
DEATH	INFLUENZA (H1N1) MONOVALENT (INJECTED) (FLU(H1N1))	69	0.42%
DEATH	INFLUENZA (H1N1) MONOVALENT, (INTRANASAL SPRAY) (FLUN(H1N1))	9	0.06%
DEATH	INFLUENZA VIRUS VACCINE, NO BRAND NAME (FLUX(SEASONAL))	535	3.27%
DEATH	INFLUENZA VIRUS VACCINE, QUADRIVALENT (INJECTED) (FLU4(SEASONAL))	178	1.09%
DEATH	INFLUENZA VIRUS VACCINE, QUADRIVALENT (INTRANASAL SPRAY) (FLUN4(SEASONAL))	13	0.08%
DEATH	INFLUENZA VIRUS VACCINE, QUADRIVALENT, ADJUVANT (INJECTED) (FLUA4(SEASONAL))	6	0.04%
DEATH	INFLUENZA VIRUS VACCINE, QUADRIVALENT, CELL-CULTURE-DERIVED (INJECTED) (FLUC4(SEASONAL))	11	0.07%
DEATH	INFLUENZA VIRUS VACCINE, QUADRIVALENT, RECOMBINANT (INJECTED) (FLUR4(SEASONAL))	4	0.02%
DEATH	INFLUENZA VIRUS VACCINE, TRIVALENT (INJECTED) (FLU3(SEASONAL))	466	2.88%
DEATH	INFLUENZA VIRUS VACCINE, TRIVALENT (INTRANASAL SPRAY) (FLUN3(SEASONAL))	22	0.13%
DEATH	INFLUENZA VIRUS VACCINE, TRIVALENT, ADJUVANT (INJECTED) (FLUA3(SEASONAL))	78	0.48%
DEATH	INFLUENZA VIRUS VACCINE, TRIVALENT, CELL-CULTURE-DERIVED (INJECTED) (FLUC3(SEASONAL))	4	0.02%
DEATH	INFLUENZA(H1N1) MONOVALENT, UNKNOWN MANUFACTURER (FLUX(H1N1))	32	0.20%
DEATH	JAPANESE ENCEPHALITIS VIRUS VACCINE (NO BRAND NAME) (JEVX)	1	0.01%
DEATH	JAPANESE ENCEPHALITIS VIRUS VACCINE, INACTIVATED, ADSORBED (JEV1)	1	0.01%
DEATH	LYME VACCINE (LYMERIX) (LYME)	2	0.01%
DEATH	MEASLES AND RUBELLA VACCINE (MER)	2	0.01%
DEATH	MEASLES VACCINE (MEA)	27	0.17%

Millions also receive mumps, polio, tetanus, and others vaccines:

DEATH	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE (MMR)	200	1.22%
DEATH	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (PROQUAD) (MMRV)	23	0.14%
DEATH	MENINGOCOCCAL B VACCINE (MENB)	67	0.41%
DEATH	MENINGOCOCCAL CONJUGATE VACCINE (MNC)	1	0.01%
DEATH	MENINGOCOCCAL GROUPS C AND Y + HAEMOPHILUS B TETANUS TOXOID CONJUGATE VACCINE (MENHIB)	7	0.04%
DEATH	MENINGOCOCCAL POLYSACCHARIDE VACCINE (MEN)	78	0.48%
DEATH	MENINGOCOCCAL VACCINE (MENACTRA) (MNQ)	56	0.34%
DEATH	MUMPS VIRUS VACCINE, LIVE (MU)	2	0.01%
DEATH	PNEUMOCOCCAL 9-VALENT VACCINE (PREVNA) (PNC9)	203	1.23%
DEATH	PNEUMOCOCCAL, 10-VALENT VACCINE (SYNFLORIX) (PNC10)	26	0.16%
DEATH	PNEUMOCOCCAL, 13-VALENT VACCINE (PREVNAR) (PNC13)	813	4.97%
DEATH	PNEUMOCOCCAL, 7-VALENT VACCINE (PREVNAR) (PNC)	257	1.58%
DEATH	POLIOVIRUS VACCINE INACTIVATED (IPV)	221	1.35%
DEATH	POLIOVIRUS VACCINE TRIVALENT, LIVE, ORAL (OPV)	137	0.84%
DEATH	RABIES VIRUS VACCINE (RAB)	139	0.85%
DEATH	ROTAVIRUS (NO BRAND NAME) (RVX)	67	0.41%
DEATH	ROTAVIRUS VACCINE, LIVE, ORAL (RV1)	251	1.53%
DEATH	ROTAVIRUS VACCINE, LIVE, ORAL, PENTAVALENT (RV5)	357	2.18%
DEATH	RUBELLA VACCINE (RUB)	2	0.01%
DEATH	SMALLPOX VACCINE (SMALL)	3	0.02%
DEATH	TETANUS AND DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (BOOSTRIX/ADACEL) (TDAP)	68	0.42%
DEATH	TETANUS AND DIPHTHERIA TOXOIDS, ADULT (TD)	10	0.06%
DEATH	TETANUS TOXOID (TTOK)	19	0.12%
DEATH	TETANUS, DIPHTHERIA AND ACELLULAR PERTUSSIS, AND INACTIVATED POLIO VIRUS (TDAPIPV)	2	0.01%
DEATH	TETRAHUNE (DTAPH)	10	0.06%
DEATH	TICK-BORNE ENCEPHALITIS VACCINE (TBE) (TBE)	3	0.02%
DEATH	TYPHOID VACCINE (TYP)	14	0.09%
DEATH	VARIVAX-VARICELLA VIRUS LIVE (VARCEL)	97	0.59%
DEATH	YELLOW FEVER VACCINE (YF)	38	0.23%
DEATH	ZOSTER VACCINE (VARZOS)	278	1.70%
DEATH	UNKNOWN VACCINES (UNK)	349	2.13%
DEATH	Total	21,010	128.41%
DEATH	Total	21,010	128.41%

Note: Submitting a report to VAERS does not mean that healthcare personnel or the vaccine caused or contributed to the adverse event (possible side effect).

Early in 2022, startling news emerged from Indiana, where “we are seeing, right now, the highest death rates we have seen in the history of this business,” OneAmerica CEO Scott Davison reported. The head of OneAmerica insurance said the death rate [for the first mRNA vaccine year, 2021] is up a stunning 40% from pre-pandemic levels among working-age people.”[xxxiii]

Martenson and Weinstein decry suffering from the mRNA injections:

Martenson: How awful it must be to be like the mother of Maddie De Garay, Stephanie De Garay,[xxxiv] and know that you were doing the right thing, and then as soon as things went a little wrong, the system basically said we think your daughter’s just nuts, and no support...

Weinstein: There's something about watching the gaslighting of the injured...if this was an honest effort to control the pandemic and people had been injured because we had a vaccine that worked but had an unfortunately high price, a certain number of people rolled the dice and it came up bad for them, we would take care of those people.

The point is, they did this so that we could be safe, and we could go back to life. These would be heroes. We would not be gaslighting them. We would be accepting that they were harmed. They would be getting free care for the rest of their lives for the cost that they paid on the rest of our behalf – and to watch them gaslit tells you what kind of monsters we're dealing with.

The other thing that does that for me, is the withdrawal of treatments that work early. You're going to simultaneously tell us that we have this very dangerous disease as you withdraw therapies in which there is no profit – but that work. That is a level of indifference to human suffering that is almost impossible to imagine...

No process that is capable of those two things can be defended. It's not an accident, and there is no decency to it.

Is Societal Reform Possible?

The two doctors next discuss whether our system and its institutions, which “failed across-the-board,” is reformable. How do we organize ourselves, when the crisis has been about money and power, and damning the consequences to human suffering?

Dr. Weinstein: I am certain that the system must be reformed – that's the only thing we can do. You cannot rebuild the system. You're going to have to take the edifice and figure out how to make it function in spite of the fact that it is completely riddled with corruption of various kinds.

As the narrative comes apart, I don't need to see Fauci punished...he has visited one of the most colossal catastrophes on planet Earth that we have ever seen...What I do need is for him never to be anywhere near control over anything important ever again.

And we can say that about many other people whose names we don't necessarily know who have been integral to the response, which has been so disastrous.

Now we have also learned the names of many people who are willing to stand up to garbage narratives and tell us what we need to know rather than what we want to hear.

So there is an obvious solution but we're going to watch everything thrown at the question of how to avoid it; *everything* will be thrown at the process of derailing an attempt to simply take the people who make sense and put them in positions where they can do good.

But there is a bright side:

Dr. Weinstein: I know from long experience that there are three kinds of people in all these systems. Some, not very common, are those who will pursue their own interests, no matter what. There are people who will do the right thing no matter how costly it is to them, also not very common. Then there is the vast middle ground of people who will do what they have to do

but they might prefer to do the right thing. We can't spot them because at the moment they are doing the wrong thing. Why? Because they don't have a better choice.

So my hope is that if we actually do manage to put decent people with the proper expertise in the roles at the heads of these organizations – yes, they have some bad apples but also a lot of decent people who haven't been given a decent choice – and that maybe suggests that reform could work...

Dr. Martenson: The fear that they have been putting out has been very contagious, but I've watched the opposite: courage can be just as contagious. And so it's really important that the people who have that capability to be courageous do so...

Watching somebody like Dr. Pierre Kory, who's just dripping with integrity...watching what happened when he ripped his mask off in that Senate testimony, and I could just feel the galvanizing effect. I thought wow, that is really impressive and they're going to come after him, and they did.

This is the time for us to stand up and stand together as courageously as we can. It is the biggest moment in history I'm aware of, so many things are going to be decided in the next few years.

Dr. Weinstein: Back at the beginning of the pandemic, I was asked, "Well, when will we go back to normal," and I heard myself say, "We're never going back to normal. This is the biggest thing that's ever happened on planet Earth."

This is a truly global process that has unfolded... Something that can amplify a microscopic error into a global catastrophe, that tells you where we are and how much danger there is...You can't roll the dice with these processes running loose for very long and have it always come up your way.

This is telling us that our lives – whether we like it or not – are overlapping a moment on which everything hangs. We are stuck with the responsibility of solving a problem no one has seen before and we have to get it right.

Getting it right means somehow getting the media to stop playing the narrative game – or at least enough of the media to provide an accessible alternative.

Media Propaganda Must be Identified and Eliminated

There is no question that the media has been insanely corrupt during the pandemic. Dr. Christian Perronne, who held top positions on vaccine policy for France and the WHO, "pointed to the French government which," in addition to tens of millions of Euros they give to primary media each year, for two years has given 3 billion Euros to media." [xxxvii]

A major problem in our relationship with the media is that the difference between *problems* and *predicaments* is not understood. Problems have solutions, and can be solved, whereas predicaments have outcomes that require management.

The media has been relentlessly focusing our attention on problems of often marginal interest to society as a whole, and of moderate importance to our ultimate welfare.

We do not hear as much news about the predicaments that require concerted, unifying

cooperation to address: world poverty and hunger; overfishing and plastic contamination of the rising oceans, land and soil degradation, deforestation, and increasing drought and wildfires. Yet we are collectively responsible for catastrophic neglect in these areas.

In the grand scheme of things, Covid-19 fits in the *problem* category, although it was given a mighty boost by the enormous coordination of media and Big Tech under the umbrella of the “Trusted News Initiative” (TNI) and its early warning system – for which there is a full accounting in the essay cited below:

“An international process of editorial standardization has delivered unprecedented news coverage of the monopolized message:

The pandemic threatens the survival of all humanity

There is no therapy to cure the sick

It is necessary to confine the whole population, and

The delivery will come only from a vaccine.”

Many people have been dismayed by the singularity of this propaganda.”[xxxviii]

The TNI rigorously linked government agencies, the corporate media, and the tech companies – who together have given pharmaceutical companies the leverage to censor anyone who raised medical evidence supporting early Covid treatment, or exposing vaccine injuries.

The public has been so propagandized for two years that its irrational acceptance of insanely contradictory Covid-19 claims has been described by clinical psychologist Dr. Mattias Desmet as a mass psychosis phenomenon[xxxix] – in which an estimated half to two-thirds of the public mind simply will not or cannot question the meandering narrative.

Indeed, most of the public would prefer to believe that their two-year ordeal was caused by an honest response to a natural event, such as the *Globe* has presented.

Weinstein supports Desmet:

Something has captured our focus and it has mesmerized us into behaving in a way that is actually harming us – and waking up from that is not going to be fun for a lot of people, but the longer you wait the less fun it’s going to be.

The main point here is we have got to put a stop to this now. The way mass psychosis or formations are stopped is with brave people standing up, and saying, “No. Let’s stop. Just let’s stop.”

Our Opportunity for Future Survival Has a Narrow Window

As Dr. Weinstein noted earlier:

We now know that the following systems have completely failed to protect us and in fact have steered us into greater danger: the academy, the press, Big Tech, the public health apparatus.

That is an amazing across-the-board failure, and no one who is paying attention could possibly look at a failure of all of those things and come away with the impression that anything small could possibly put us back on track.

Dr. Martenson concurs:

I don't know that in our lifetimes we will get a better opportunity to have the conversation we need about civilizational collapse, which is looming, because our systems have stopped doing what they're supposed to do. So my greatest fear is waking up one day and Biden and Macron and all the other leaders are going say: this is just like the seasonal flu, it's endemic, we're done, and let's move on.

Why is that a fear? Because it means that we won't have the accounting that we need - they'll just try and slide past those failures. I think those failures need to be brought forward...because they're indicative of a larger system issue.

I think this is one of the most pivotal moments in human history... and the way we begin to address this is we have to have really open honest conversations where no ox is too sacred to gore - everything is on the table. We need all hands on deck...

Dr. Weinstein echoes the point:

What we have said is, the level of dysfunction in the system will be fatal for humanity in short order. Covid reveals those failures, but the point is somebody has unhooked all of the things that are supposed to allow you to steer the ship back on course and away from the iceberg.

But sooner or later there will be an emergency of the highest order. It's not the Covid emergency, but Covid reveals the emergency. Covid, because of the across-the-board failure of everything, reveals the problem. There's no reason to think we are going to get a better chance in our lifetimes to actually discuss it. The curtain is never going to be pulled this far back again, or if it is it may be too late for the next emergency.

The next emergency may not be such a survivable one so we have to figure out what's gone wrong and we have to fix it because our job is to leave the planet intact for future generations. They have to have a decent place to live.

Going Forward: The Role of Wisdom and Integrity

The needed transformation is too important to leave to chance. We need to ensure that the kind of people who lead us forward are the high integrity kind, not the kind who do things for themselves.

We have seen the wisdom of two minds exploring the extent of our failed institutions, and how we must view this moment as a vital demarcation between past and future - a precious window in time - in which to finally address the problems *and* predicaments we have been neglecting.

Perhaps it should begin with recognition of our vulnerability, as Dr. Martenson points out:

The good news about Covid-19 is that it showed how vulnerable we are, and not just at the level of our biology. It showed how vulnerable we are to propaganda and to being

induced to viciousness toward each other, and to demonizing those who are trying to tell us things we need to know.

So this was a trial run, and if we learned the lesson of it we could come out of it much stronger, but that's the reason I'm afraid the lesson is going to be buried.

We cannot bury Covid-19 and go back to normal.

Normal is what caused this pandemic.

We need the honesty and wisdom and determination to seize this moment, and to make our institutions reform normal.

*

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(<https://www.definitions.net/definition/limited+hangout>).

[iv] Incredibly, this *Globe* article is the same length as the May 2020 *NYT* hit piece (<https://www.nytimes.com/2020/05/12/magazine/didier-raoult-hydroxychloroquine.html>) on France's leading microbiologist, Dr. Didier Raoult – who was having encouraging results with the legendary safe drug hydroxychloroquine – and appeared the same week that the *Lancet* published its astonishingly corrupt hit piece on hydroxychloroquine heart toxicity – retracted under massive protest (<https://www.palmerfoundation.com.au/global-research-media-sabotage-of-hydroxychloroquine-use-for-covid-19-doctors-worldwide-protest-the-disaster/>).

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[x] See my other articles on these actions at

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[xi] "Dr. Brought To Tears As He Recounts Watching His Patients Die When He Wasn't Allowed To Treat Them," 24 January 2022

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[xv] Ioannidis J. "The infection fatality rate of COVID-19 inferred from seroprevalence data," *Bull World Health Organ.*, Epub Oct. 14, 2020

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