

How Would Three of Canada's Greatest Historical Figures Respond to the COVID-19 Situation, if They were Alive Today?

An Opinion by

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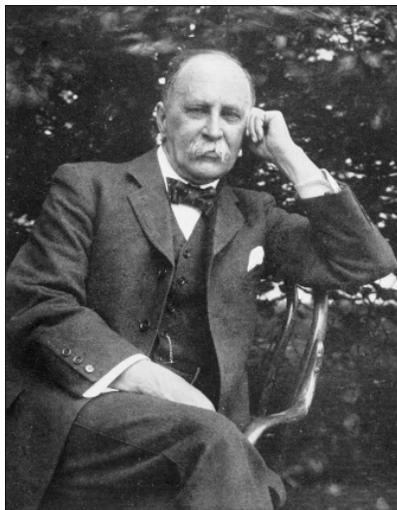


Canadian Covid Care Alliance
Alliance canadienne pour la prévention
et prise-en-charge de la covid

This is a story about wisdom and extraordinary medical accomplishment, but also about mistake-making, re-evaluation, humility, acknowledgement, correction, forgiveness, and healing.

On the one hand, the story-teller suggests that three of Canada's greatest historical figures—two of them eminent physicians and one a ground-breaking health care politician—would be deeply disturbed by the extent to which fundamental principles of science, medicine, ethics, and democracy have been violated by the Canadian medical establishment and the Canadian government, during the COVID-19 pandemic. On the other hand, these three great Canadians made mistakes of their own.

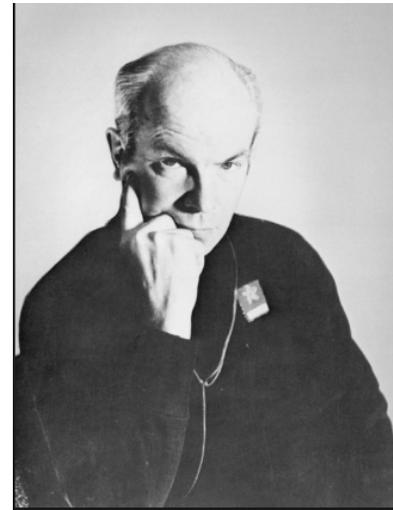
The three great Canadians to whom I refer are Sir William Osler, Tommy Douglas, and Norman Bethune. Below are photos, brief bio-sketches, and insightful quotes from each of these rightfully revered men:



Sir William Osler



Tommy Douglas



Norman Bethune

Sir William Osler (1849-1919), "The Father of Modern Medicine."

Dr. Osler was a Canadian physician (born and raised in Ontario) who has been considered one of the greatest physicians in the history of Medicine. He graduated from McGill University Faculty of Medicine in 1872. He was one of the four founding professors of Johns Hopkins Hospital and was instrumental in the creation of the Johns Hopkins School of Medicine. He was one of the School's first Professors of Medicine. In 1905, he became the Regius Professor of Medicine at Oxford University. He is frequently described as the **Father of Modern Medicine** and one of the "*greatest diagnosticians ever to wield a stethoscope.*"

Quotes from Dr. Osler:

"The greater the ignorance the greater the dogmatism."

"The best preparation for tomorrow is to do today's work superbly well."

"Acquire the art of detachment, the virtue of method, and the quality of thoroughness, but above all the grace of humility."



“One of the first duties of the physician is to educate the masses not to take medicine.”

“One special advantage of the skeptical attitude of mind is that a man is never vexed to find that after all he has been in the wrong.”

“The philosophies of one age have become the absurdities of the next, and the foolishness of yesterday has become the wisdom of tomorrow.”

Tommy Douglas (1904-1986), “The Greatest Canadian.”

Tommy Douglas, a Scottish-born Canadian politician, was premier of Saskatchewan from 1944 to 1961, and Leader of the New Democratic Party from 1961 to 1971. While a Baptist minister, he was elected to the House of Commons of Canada in 1935 as a member of the Co-operative Commonwealth Federation (CCF). He was the creator of North America’s first single-payer, national health care program. In 2004, a CBC Television program named Tommy Douglas "The Greatest Canadian," based on a Canada-wide, viewer-supported survey. He believed in democracy, freedom, and public economy.

Quotes from Tommy Douglas:

“Fascism begins the moment a ruling class, fearing the people may use their political democracy to gain economic democracy, begins to destroy political democracy in order to retain its power of exploitation and special privilege.”

“The inescapable fact is that when we build a society based on greed, selfishness, and ruthless competition, the fruits we can expect to reap are economic insecurity at home and international discord abroad.”

“Courage, my friends; 'tis not too late to build a better world.”

Norman Bethune (1890-1939): China’s Most Revered Physician.

Norman Bethune was a Canadian thoracic surgeon and dedicated anti-fascist. He first came to international attention during the Spanish Civil War when he served as a frontline trauma surgeon supporting the democratically elected Republican government against the right-wing fascist forces led by Franco. Franco subsequently became a ruthless dictator of Spain and provided assistance to Hitler during WWII.

Dr. Bethune then served as a battlefield trauma surgeon alongside Mao Tse Tung’s army during the second Sino-Japanese War. During that war, he accidentally cut his finger while operating on wounded Chinese soldiers and subsequently died (1939) of blood poisoning (sepsis).

To this day he is considered one of China’s greatest heroes. The highest medical honor in China is the **Bethune Medal**, which is bestowed to individuals who have exemplified outstanding contribution, heroic spirit and great humanitarianism in the field of Medicine.

Quotes from Norman Bethune:

“Medicine, as we are practicing it, is a luxury trade. We are selling bread at the price of jewels... Let us take the profit, the private economic profit, out of medicine, and purify our profession of rapacious individualism... Let us say to the people not 'How much have you got?' but 'How best can we serve you?’”



“The function of the artist is to disturb. His duty is to arouse the sleeper, to shake the complacent pillars of the world. He reminds the world of its dark ancestry and shows the world its present and points the way to its new birth. He is at once the product and preceptor of his times.”

“Charity should be abolished; and be replaced by justice.”

What would these three great Canadians think about the COVID-19 situation, were they alive today?

How would they assess the way in which the COVID-19 situation has been handled in Canada, the USA, and Europe? How would they have handled it differently? What would they recommend at this point?

It seems most likely that Tommy Douglas, Dr. Osler, and Dr. Bethune would be deeply disturbed by the many ways in which fundamental principles of science, medicine, ethics, and democracy have been violated during the COVID-19 pandemic by leaders in Canada, the USA, Europe, and much of the world.

Examples

The demonization of those who have challenged the prevailing COVID-19 narrative: A fundamental principle of scientific investigation is construction of more than one plausible hypothesis regarding the cause and treatment of observed phenomena. Consideration of a variety of plausible hypotheses is strongly encouraged; each hypothesis is carefully scrutinized via respectful dialogue and debate; and the top hypotheses are then tested via scientifically sound study design, collection of honest quality data, and transparent and honest statistical analysis of those data.

Osler, Bethune, and Douglas would surely be disturbed by the fact that during the COVID-19 pandemic only one narrative has been permitted—*e.g.*, only one opinion has been allowed regarding the COVID-19 mass vaccination of nearly 8 billion people—all other opinions, even those supported by ample scientifically-sound data, have either been ignored, demonized, called misinformation/disinformation, falsely “debunked,” and even censored.

Osler, Bethune, and Douglas would be deeply disturbed to find out that highly respected Canadian scientists and physicians (*e.g.*, Dr. Byram Bridle and Dr. Francis Christian) have been censored, threatened, de-platformed, and/or fired for merely expressing their legitimate scientific concerns about the safety, efficacy, and wisdom of the mass vaccination campaign. Such treatment of dissenting views violates fundamental principles of science, medicine, democracy, and decency.

Misuse of COVID-19 PCR tests: The PCR test can be a useful tool in the clinical diagnosis and management of infectious diseases, but only if used properly. Unfortunately, PCR testing has been grossly misused throughout the COVID-19 pandemic.¹

(For more detailed discussion of PCR issues and all other issues addressed in this article, please see the inserted links and/or the references, websites, and video-presentations listed at the end of this article---

¹ <https://notesfromthesocialclinic.org/the-importance-of-knowing-the-ct-value-at-which-a-pcr-test-is-positive/>



particularly the comprehensive Open Letter to Parents and Pediatricians (Part I), which has 1078 references from the medical literature.²⁾

Osler, Bethune, and Douglas would be deeply disturbed by the gross misuse of the COVID-19 PCR test.

A fundamental principle of medical research is that results of studies should be verified by independent, unbiased researchers. Instead of asking independent, unbiased lab experts to verify the specificity of the COVID-19 PCR tests produced by the dozens of different private for-profit lab companies, the CDC and other health agencies simply “took the word” of the private for-profit companies that their tests were in the range of 98% specific for SARS-CoV-2. As a result, we still do not know with adequate certainty whether any of the PCR tests in use throughout the pandemic have persistently (if ever) been positive only in the presence of SARS-CoV-2, and not also positive in the presence of other coronaviruses or other glycosylated viruses. The same goes for the home antigen tests for SARS-CoV-2 virus proteins.

Osler, Bethune, and Douglas would be even more disturbed by the fact that the Ct (cycle threshold) values at which COVID-19 PCR tests have been deemed positive have been routinely ignored throughout the pandemic. It makes a huge difference whether a “positive PCR test” was positive at a Ct value of 16 (after 16 cycles of amplification) or at a Ct value of 40 (only after 40 cycles of amplification). At each cycle of amplification, the amount of genetic material in a sample is doubled. A Ct value of 16, for example, means viral infection is definitely evident, at a high viral load, and the patient is very contagious. A Ct value of 40 means that the “positive” result is either a false positive (most likely) or is detecting a tiny amount of dead virus---which means, in either case, that the person is not infectious. Most COVID-19 PCR tests have been set to routinely perform at least 35 cycles of amplification (typically 40 or 45 cycles in most labs), if that number of cycles is needed to detect the possible presence of the virus. If a test becomes positive only after 35 or more cycles of amplification, more than 90% of the time such a result represents a false positive for active SARS-CoV-2 virus.

People who have “tested positive” have deserved to know whether their test was positive at a Ct value of 16, in the 20s, 30’s, or 40 or higher. It has been clinically misleading, and cruel, to not provide Ct values of positive tests to patients, their physicians, the public, and health agencies. At a research and public health level, it has been scientifically negligent to report data that has not taken into account the Ct values associated with those data.

People who have “tested positive” have not only not been informed of the Ct value at which their test was positive, they (and their physicians) have not been able to feel fully assured that even a strongly positive test (*e.g.*, a test that is positive at a Ct of 16) is truly detecting presence of SARS-CoV-2, as opposed to detecting a common cold coronavirus or some other glycosylated respiratory virus.

Because of the above violations of scientific principles, the “COVID-19 data” provided by health agencies (including CDCs, Johns Hopkins University, and the WHO) have been of extremely low scientific quality, and accurate data have been unavailable (see below).

Scientifically unsound criteria for designation of “COVID-19 cases,” “COVID-19 hospitalizations” and “COVID-19 deaths:” Osler, Bethune, and Douglas would also be deeply disturbed by the sloppy way in which data have been collected regarding the numbers of COVID-19 cases, hospitalizations, and deaths.³ For one thing, these data have been based primarily on “positive PCR results.” But, as already stated,

² <https://notesfromthesocialclinic.org/an-open-letter-to-parents-and-pediatricians-2/>

³ <https://notesfromthesocialclinic.org/critically-examining-covid-data/>



without Ct values and without independent verification of the specificity of the many commercially available PCR tests in use, the accuracy and meaningfulness of these data are impossible to know.

Furthermore, the data collection has not bothered to carefully differentiate between illness due to SARS-CoV-2 and illness that is unrelated to SARS-CoV-2 but is accompanied by an incidental “positive COVID-19 test” (whatever the latter means, which is unknowable without a Ct value and without independent verification of specificity). Because of these sloppily constructed criteria and the misuse of the COVID-19 PCR test, it is impossible to know how many COVID-19 cases, hospitalizations, and deaths have truly occurred during the pandemic. These breeches have also adversely affected the quality of clinical studies, including studies of vaccine and therapeutic drug efficacies.

Suppression of early treatment: Osler, Bethune, and Douglas would also be deeply disturbed by the extraordinary efforts the promoters of the prevailing narrative have made to prevent COVID-19 patients from promptly receiving early anti-viral treatments that might have been life-saving for many. Early in the pandemic, the promoters of the prevailing narrative went to great lengths to demonize hydroxychloroquine (HCQ) and ivermectin (IVM) and those who prescribed such medicines---despite the presence of suggestive evidence (then and since) that these inexpensive and very safe medicines are certainly worth trying and likely to be helpful. The promoters of the prevailing narrative even produced questionable and misleading “data” to discourage use of HCQ and IVM.

The promoters of the prevailing narrative also discouraged and delayed early aggressive treatment of the COVID-19-related cytokine storm---treatment that might have saved the lives of countless hospitalized patients.⁴ Osler, Bethune, and Douglas would be deeply disturbed by the inadequacy of the treatment protocols recommended by the US CDC and Health Canada from the beginning and throughout the pandemic.

As a result of the violations of scientific principles that we have discussed so far, COVID-19-related data have been of such poor quality that it is not possible to know how many COVID-19 hospitalizations and deaths due to SARS-CoV-2 have occurred, nor how those numbers could have been lessened with proper testing, proper diagnostic and classification criteria, and proper treatment.

The dismissal of legitimate concerns about the safety of COVID-19 mRNA vaccines: Long before the mRNA vaccines were rolled out, many excellent scientists and physicians voiced legitimate and scientifically obvious concerns about the safety of these vaccines.⁵ Dr. Byram Bridle, a Canadian, became a leading voice for such concerns. These legitimate and obvious concerns were, however, dismissed, denied, or ignored by the promoters of the COVID-19 mass vaccination campaign; and those who voiced these concerns were silenced, censored, or otherwise punished. Were they alive today, Osler, Bethune, and Douglas would be appalled by the dismissal and demonization of those who voiced such concerns.

I think that Osler, Bethune, and Douglas would also be appalled by the poor quality of the data (and the way in which the data were presented) that served as the basis for the rushed Emergency Use Authorization approval of the COVID-19 vaccines. They would have been very unimpressed by the data presented by the manufacturers regarding the efficacy of these vaccines. They would have been appalled by the inadequate testing for safety and the efforts made to deny and cover-up safety issues. They would have been dismayed by the inadequacy of prospective safety monitoring after rollout of the vaccines and

⁴ <https://notesfromthesocialclinic.org/treatment-of-severe-covid-illness/>

⁵ <https://notesfromthesocialclinic.org/vaccine-concerns/>



the inadequacies of the “informed consent” given to people at the time of vaccination. They would not have agreed with approval of these vaccines, especially without some measure of accountability by way for liability for harms from their use. They would not have agreed that these vaccines are “very safe and very effective” from review of the available data. They would have been horrified that these COVID-19 vaccines were being given to toddlers and other children. They would have agreed that because children have been at extremely low risk of developing severe COVID-19 and because the safety and efficacy data presented by the vaccine manufacturers was clearly inadequate, these vaccines should not be given to children.^{6,7}

The misguided COVID-19 mass vaccination campaign: Osler and Bethune would have quickly realized that it is scientifically incorrect and extremely dangerous to implement a mass vaccination campaign (across all age groups), using a sub-optimal vaccine (one that does not prevent infection and transmission), in the midst of an active pandemic of an acute respiratory virus like SARS-CoV-2.^{8,9,10}

Were they alive today, Osler and Bethune would have developed sufficiently deep knowledge of immunology, virology, vaccinology, and evolutionary biology to understand (and take seriously) Dr. Geert Vanden Bossche’s warning that such a campaign would lead to a prolonged series of new dominant SARS-CoV-2 variants, each being more infectious than their predecessors, with a possible dominant variant becoming much more virulent than predecessors. They would have realized that the mass vaccination campaign implemented by the promoters of the prevailing narrative would prolong the pandemic and make it much more dangerous. Osler and Bethune would have been astonished that the promoters of the mass vaccination campaign either did not understand or ignored the dangers of recklessly tampering with the delicate immune ecosystem.¹¹

Osler and Bethune would have argued strongly against the prevailing narrative’s mass vaccination campaign. They would be appalled to hear that scientists and physicians who have challenged the wisdom of the COVID-19 mass vaccination campaign have been demonized, accused of spreading misinformation, even disinformation, and have been silenced, censored, and punished. Tommy Douglas would have listened to Osler and Bethune, supported their concerns, and joined them in a call for a halt to the mass vaccination campaign.¹²

Misguided and oppressive COVID-19 vaccination mandates: Osler, Bethune, and Douglas would be astonished by the vaccination mandates. They would realize that not only was there no scientific basis for mandating the vaccines, but the vaccines were also unacceptably dangerous to individual and collective

⁶ <https://notesfromthesocialclinic.org/open-letter-to-parents-and-pediatricians-part-iv-the-harmful-immunologic-consequences-of-vaccinating-children-against-covid/>

⁷ Question 14 in Section 5 in: <https://notesfromthesocialclinic.org/section-5-questions-parents-might-want-to-ask-their-physician-one-pediatricians-responses/>

⁸ <https://www.voiceforscienceandsolidarity.org/scientific-blog/predictions-gvb-on-evolution-c-19-pandemic>

⁹ <https://www.trialsitenews.com/a/immuno-epidemiologic-ramifications-of-the-c-19-mass-vaccination-experiment-individual-and-global-health-consequences.-1935ddcf>

¹⁰ <https://notesfromthesocialclinic.org/an-open-letter-to-parents-and-pediatricians-2/>

¹¹ <https://notesfromthesocialclinic.org/section-4-background-the-human-immune-ecosystem/>

¹² https://uploads-ssl.webflow.com/616004c52e87ed08692f5692/62e3848eb74bef65d5e602ac_COVID%20ANALYSIS%20%23111%20A%20CALL%20FOR%20A%20HALT_NO_link.pdf



health. The COVID-19 vaccine mandates not only violated scientific principles, but also violated fundamental principles of ethics and democracy. Dr. Bethune, who risked his life to fight against fascism, would have been appalled by the extent to which totalitarianism and intolerance have prevailed in Canada during the COVID-19 pandemic under Justin Trudeau’s “leadership.” Nonetheless, politicians from all parties have been either complacent or complicit in permitting erosion of the Canadian Charter of Rights and Freedoms.

The complicit silence of most physicians: Osler, Bethune, and Douglas would be deeply disappointed by the fact that the vast majority of physicians and scientists (in Canada, the USA, and Europe) have remained silent during the COVID-19 pandemic, regarding the above-discussed violations of scientific, medical, ethical, and democratic principles—**not only silent, but complicit.** Instead of questioning and independently studying the COVID-19 situation, physicians have proceeded to vaccinate infants and toddlers “because that is what is recommended by the experts.” Pediatricians have stated, “the COVID-19 vaccination issues are too complicated for us to fully understand. We do not have the time or the expertise in immunology and vaccinology to independently analyze COVID-19 issues. So, we just go by the recommendations of the experts, whom we assume we can trust. They know better than we.” Such pediatricians have been largely unaware of COVID-19-related scientific understandings other than those provided by the prevailing narrative. Many physicians, for example, have not even heard of Ct values, much less realize the importance of Ct values. Many are unaware of the reports of COVID-19 vaccine-related injuries in the US FDA’s and CDC’s Vaccine Adverse Events Reporting System and in the World Health Organization’s VigiAccess database, which exceed all of the reports in the last 30 years of adverse effects, hospitalizations and deaths for more than 80 other vaccines combined.

Lack of proper patient and public education: Thorough patient education and informed consent are fundamental principles of medicine. Osler, Bethune, and Douglas would be deeply disturbed by the inadequate efforts to properly educate patients and the public about the above issues. The general public has not truly received the information to justify “informed consent” in their acceptance of the COVID-19 vaccines.¹³

What has happened to the rigorous practice of science, medicine, ethics, and democracy? Were they alive and on the scene today, Osler, Bethune, and Douglas would almost certainly conclude that, on a scientific basis alone, the COVID-19 pandemic has been managed in an astonishingly reckless, unscientific, and mis-guided manner. They would agree that the mass vaccination campaign, alone, has done enormous harm, at both the individual level and the population level, and has put all of Humanity in danger, particularly those who were misled or otherwise coerced into getting vaccinated. Osler, Bethune and Douglas would wonder what has happened to the rigorous practice of science, medicine, ethics, and democracy. Since when did Medicine decide that only one narrative is allowed and that dissenting scientific views should be demonized, censored, and punished? When did Medicine decide that rigorous, honest, high-quality data collection was no longer necessary? When was it decided that rigorous safety testing was not necessary? When did Medicine decide to ignore the right to true informed consent? What has happened to “clinical judgment” and the “Art of Medicine?”¹⁴

¹³ <https://notesfromthesocialclinic.org/section-3-introduction-true-informed-consent/>

¹⁴ <https://notesfromthesocialclinic.org/open-letter-to-parents-and-pediatricians-part-v-let-us-forget-neither-the-art-nor-the-science-of-medicine/>



What would Osler, Bethune, and Douglas recommend at this point?

Among their many suggestions, it is likely that Osler, Bethune, and Douglas would strongly encourage the promoters of the prevailing narrative to:

- Honor, practice, and promote the fundamental principles of science, medicine, ethics, and democracy.
- Allow more than one COVID-19 narrative, including more than one view on the COVID-19 mass vaccination campaign. Stop the demonization, censorship and punishment of those who responsibly challenge the scientific merits of the prevailing narrative, especially when they have the credentials and experience to do so. Stop the intolerance towards those who respectfully disagree. Such intolerant behavior has no place in science or medicine and is characteristic of authoritarianism and fascism, not careful analysis and democracy.
- Encourage healthy, respectful, honest, objective scientific dialogue regarding COVID-19 issues---among physicians, health agencies, the public at large, and within families.
- Establish an independent international COVID-19 commission, comprised of a diverse group of experts in all relevant fields, to engage in deep, exemplary analysis and dialogue regarding COVID-19 issues.¹⁵
- Give voice to and listen to the victims of COVID-19 vaccines as well as those that were harmed by poor and inadequate treatments for COVID-19.
- Reduce polarization and extremism---rather than create and foment division, intolerance, and extremism.
- Halt the COVID-19 mass vaccination campaign until the COVID-19 situation has been properly re-evaluated by the above-mentioned COVID-19 commission.
- Recognize the wide extent of natural immunity to SARS-CoV-2 in our population after nearly 3 years of the pandemic. Acknowledge and emphasize that naturally acquired immunity is superior to COVID-19 vaccine-induced immunity.
- Develop testing for SARS-CoV-2 that is accurate, quantitative, and definitely specific for SARS-CoV-2---all confirmed by unbiased, independent experts in the field.
- Develop scientifically sound diagnostic and classification criteria for collection of data regarding COVID-19 cases, COVID-19 hospitalizations, and COVID-19 deaths.
- Develop testing that will enable patients to know the extent to which they have developed naturally acquired immunity (as opposed to vaccinal immunity) against SARS-CoV-2 and its variants.
- Encourage (and, simultaneously, prospectively and properly study) early treatment of COVID-19 with safe, effective, widely available, inexpensive medications.
- Properly study the safety and efficacy of all pharmaceuticals used to counter COVID-19.
- Provide proper and thorough public education about COVID-19, including proper informed consent.
- Acknowledge and correct the mistakes that promoters of the prevailing COVID-19 narrative have made during the pandemic.
- Call for enforced prohibition of all gain-of-function research with pathogens---internationally. Shut down all currently operating bio-weapon laboratories throughout the world.

¹⁵ <https://notesfromthesocialclinic.org/a-call-for-an-independent-international-covid-commission/>



We all make mistakes:

It is instructive and important to realize that each of these three great Canadians, despite their extraordinary accomplishments and the great wisdom expressed in their quotes, held views at one time that each would likely regret holding, if they were living today.

For example, according to Wikipedia (which may or may not be accurate) Osler once said that Canada should be a "*white man's country*." He objected to the immigration of people from India to Canada. He once wrote, "*I hate Latin Americans*." Regarding Indigenous people, Osler allegedly said: "*Every primitive tribe retains some vile animal habit not yet eliminated in the upward march of the race*."

In 1968 Tommy Douglas, genuinely thinking he was being empathetic and compassionate towards homosexual individuals, said: "*If we ever needed in this country to adopt a new attitude towards homosexuality, this is the time. Instead of treating it as a crime and driving it underground, we ought to recognize it for what it is: it's a mental illness; it's a psychiatric condition which ought to be treated sympathetically by psychiatrists and social workers*."

Norman Bethune enthusiastically supported Mao Tse Tung's revolutionary movement---at least the theory of it. He deeply cared about the exploitation, impoverishment, and brutal treatment the Chinese people had suffered for so long. He did not anticipate the post revolution cruelty of Mao Tse Tung's Communist Party, nor the oppressive totalitarianism of today's China.

But these men should not be demonized and "cancelled" because of certain views they once held. They were products of imperfect environments, imperfect times, and imperfect knowledge. Were Osler, Bethune, and Douglas to return to life in 2022, it is likely that they would have the decency, honesty, and courage to acknowledge and correct the mistakes they made.

Were he to return to life today, Osler would likely say, "Those shameful statements were made out of ignorance, hubris, and arrogance on my part. I deeply regret making those statements." (During Osler's era, many physicians apparently held social views similar to Osler's.)

Were Tommy Douglas to return in 2022, he would likely say, "that statement was made out of ignorance on my part, and I apologize to those who were hurt by my statement. My thinking has evolved since then." It should be noted that in 1968 homosexuality was officially considered a psychiatric illness by the American Psychiatric Association. Douglas was stating what was mainstream thinking at the time. His statement was actually more progressive than the thinking of many people in 1968. Within a few years after Douglas's statement, it was recognized that homosexuality is not a psychiatric illness, but an inborn sexual orientation just like heterosexuality.

Bethune was intently focused on fighting fascism, imperialism, and exploitation. He risked his life to reverse the impoverishment and suffering of the Chinese people. He died 10 years before the Chinese Revolution (which occurred in 1949). Were he to return to life today, Bethune would surely be appalled by the excesses that occurred during the 1960s and 70s under Mao Tse Tung's leadership, including the excesses during the "Cultural Revolution." Likewise, he would be appalled by the totalitarianism and intolerance occurring in China today. He would likely say, "I had frequent, close access to Mao Tse Tung. I regret that I failed to warn him to anticipate and proactively prevent (through education) supporters of his revolutionary movement from becoming overzealous, from intolerantly insisting on ideological



“purity,” and from using violence rather than thoughtful dialogue and education when responding to those who were sabotaging or otherwise threatening the success of the social revolution. I now realize how important it is for participants in any social movement (particularly the leaders of such movements) to proactively prepare themselves and their followers to **guard against overzealous, intolerant, self-righteous reactions** to those who are less enthusiastic about participation in the movement. **Insistence on ideological ‘purity’ leads to oppression.**” In reference to people’s behavior during the COVID-19 pandemic, Bethune would likely warn us: **“Do not repeat the mistakes of the Cultural Revolution.”**

Bethune gave his life in his fight against fascism and economic exploitation. Were he alive today, he would surely recognize and lead efforts to reverse the rising fascism and totalitarianism that are currently emerging within both political extremes in North America and Europe---among “right wing” extremists on the one hand and, on the other hand, among those who are currently in positions of power and are representing “left,” “liberal” interests. Bethune would likely agree with Mattias Desmet’s understanding of and concern about “Mass Formation.”¹⁶

Bethune and Douglas would likely be deeply concerned about the current undemocratic global corporate economic system that has increasingly concentrated wealth and power in the hands of a few and is promoting heartless plans for Humanity.¹⁷ Bethune and Douglas would likely favor replacement of the current global corporate economic model with a collaborative international network of creative, self-determined, self-reliant, democratic, localized, national public economies---a model that is based on the altruism and experiences of academic pediatricians and public Children’s Hospitals.¹⁸

Acknowledgement, correction, forgiveness, and healing:

The conclusion should not be that Osler, Bethune, and Douglas, because of views they once held, were, in the final analysis, not good men. Instead, the lesson should be that it is human to make mistakes—that even the most intelligent and altruistically motivated among us are vulnerable to thinking and acting in regrettable ways. The lesson is that we must be disciplined and careful to double check, reconsider, re-evaluate, and be willing to reverse stances we have taken. An associated lesson is that we must be willing to forgive those who have made mistakes and have sincerely acknowledged and corrected those mistakes.

We must learn from both the great contributions of the three men cited in this article and from the mistakes they made. Most importantly, we must critically examine our own social views, including our views on COVID-19, and be willing to reverse them, if this proves to be warranted.

Bethune would likely point out that many promoters of the prevailing COVID-19 narrative and its mass vaccination campaign (including Trudeau and Biden) have engaged in overzealous, intolerant, self-righteous, oppressive, punitive reactions towards the “unvaccinated.” With a tone of anger, Biden has said, *“the COVID-19 vaccines are safe and effective; get vaccinated; our patience is growing thin; it is your social responsibility to get vaccinated.”* Justin Trudeau has similarly demonized those who have chosen to remain unvaccinated.

¹⁶ <https://www.healthallianceaustralia.org/mattias-desmet-webinar>

¹⁷ <https://notesfromthesocialclinic.org/the-corporate-consortium/>

¹⁸ <https://notesfromthesocialclinic.org/public-economy/>



The scientists, physicians, and policy-makers who have promoted the prevailing COVID-19 narrative and its mass vaccination campaign—though they may be very intelligent, accomplished, and well-meaning—have made enormous mistakes, one of the greatest sets of health care mistakes in human history, mistakes that will, according to thousands of scientists and medical doctors, almost certainly result in unprecedented, even catastrophic, harm to Humanity, particularly to the vaccinated. It is important that these promoters demonstrate the courage, honesty, scientific integrity, and decency to acknowledge and correct their mistakes.

If Justin Trudeau and Joseph Biden want to be true leaders, they should take the lead in declaring their mistaken notions. They could simply say, “I was ignorant of the science, I was wrong, I apologize for the harm my statements and policies have wrought, we are committed to correcting the mistakes we and others have made.”

It remains to be seen whether the promoters and supporters of the prevailing COVID-19 narrative and its mass vaccination campaign will have the courage to honestly re-evaluate their approach to the COVID-19 situation. If they do, it is likely that most of them will agree with the conclusions and recommendations we have imagined that Osler, Bethune, and Douglas would support. In many other countries, such as Denmark, Norway, Sweden and the United Kingdom, and US states like Florida, health officials have already started recommending against COVID-19 vaccination of the youth and in some cases even those that are healthy under 50 years of age.

It also remains to be seen whether those who have challenged the prevailing narrative and its mass vaccination campaign will have the decency and wisdom to forgive those who honestly acknowledge and sincerely correct their mistakes? Will we, as a society, demonstrate the courage, kindness, and wisdom to replace enmity and polarization with healthy, constructive dialogue and informed policy? Will we write a story that ends in re-evaluation, humility, acknowledgement, correction, forgiveness, and healing? We have the capacity to do so. The majority of us have the will. We are all victims, those that have been vaccinated and those that have chosen to not be vaccinated against COVID-19 and have been persecuted for that decision. May the fundamental principles of science, medicine, ethics, humility, and informed democracy prevail.

FURTHER READING/INFORMATION:

For more detailed information about the issues discussed in this article, the reader is referred to the following websites, articles, and video-presentations:

Dr. Geert Vanden Bossche’s Website: www.voiceforscienceandsolidarity.org

Dr. Robert Rennebohm’s Website: www.notesfromthesocialclinic.org

An open letter to parents and pediatricians regarding COVID Vaccination. (Dr. Rennebohm) This is the original Open Letter (Part I). It provides 1078 references from the medical literature:
<https://notesfromthesocialclinic.org/an-open-letter-to-parents-and-pediatricians-2/>

Open letter—Part II: A review and update. (Dr. Rennebohm and Dr. Vanden Bossche)
<https://notesfromthesocialclinic.org/open-letter-to-parents-and-pediatricians-part-ii-a-review-and-update/>



Open letter to parents regarding COVID vaccination—Part III: Questions to ask your physician—one pediatrician’s responses (Dr. Rennebohm): <https://notesfromthesocialclinic.org/section-1-note-to-reader-table-of-contents/>

Open letter to parents and pediatricians—Part IV: The harmful immunologic consequences of vaccinating children against COVID. A brief review. (Dr. Rennebohm): <https://notesfromthesocialclinic.org/open-letter-to-parents-and-pediatricians-part-iv-the-harmful-immunologic-consequences-of-vaccinating-children-against-covid/>

Pediatricians, internationally, please call for an Immediate halt to the global campaign to vaccinate children against COVID (Dr. Rennebohm and Dr. Vanden Bossche): https://uploads-ssl.webflow.com/616004c52e87ed08692f5692/62e3848eb74bef65d5e602ac_COVID%20ANALYSIS%20%23111%20A%20CALL%20FOR%20A%20HALT_NO_link.pdf

Open letter to parents and pediatricians—Part V: Let us forget neither the art nor the science of medicine. (Dr. Rennebohm): <https://notesfromthesocialclinic.org/open-letter-to-parents-and-pediatricians-part-v-let-us-forget-neither-the-art-nor-the-science-of-medicine/>

A tribute to all the “Quixotes” who have challenged the COVID mass vaccination campaign (Dr. Rennebohm): <https://www.voiceforscienceandsolidarity.org/scientific-blog/a-tribute-to-all-the-quixotes-who-have-challenged-the-mass-covid-vaccination-campaign>

Video-interview regarding the initial Open Letter to parents and pediatricians (Dr. Rennebohm and Dr. Philip McMillan): <https://www.youtube.com/watch?v=uDRVq9NKrJQ&t=981s>

The immunologic rationale against C-19 vaccination of children (Dr. Vanden Bossche): <https://www.voiceforscienceandsolidarity.org/scientific-blog/the-immunological-rationale-against-c-19-vaccination-of-children>

Intra-pandemic vaccination of toddlers with non-replicating antibody-based vaccines targeted at ASLVI[1]– or ASLVD[2]-enabling glycosylated viruses prevents education of innate immune effector cells (NK cells). (Dr. Vanden Bossche and Dr. Rennebohm) <https://www.trialsitenews.com/a/intra-pandemic-vaccination-of-toddlers-with-non-replicating-antibody-based-vaccines-targeted-at-aslvi1-or-aslvd2-enabling-glycosylated-viruses-pr-66e8b959>

Predictions on the evolution of the COVID 19 pandemic (Dr. Vanden Bossche): <https://www.voiceforscienceandsolidarity.org/scientific-blog/predictions-gvb-on-evolution-c-19-pandemic>

An explanation of why the COVID mass vaccination campaign has prolonged the COVID pandemic, made it more dangerous, and is now paving the way for appearance of new pandemics—involving monkeypox, avian flu, RSV, and polio. (Dr. Vanden Bossche): <https://www.trialsitenews.com/a/a-fairy-tale-of-pandemics-ce6c8ee8>

Immuno-epidemiologic ramifications of the C-19 mass vaccination experiment: Individual and global health consequences. (Dr. Vanden Bossche):



<https://www.trialsitenews.com/a/immuno-epidemiologic-ramifications-of-the-c-19-mass-vaccination-experiment-individual-and-global-health-consequences.-1935ddcf>

A call for an independent international COVID commission (Dr. Rennebohm):

<https://notesfromthesocialclinic.org/a-call-for-an-independent-international-covid-commission/>

The psychology of totalitarianism (Mattias Desmet): <https://archive.org/details/the-psychology-of-totalitarianism-2022-mattias-desmet/page/n23/mode/2up> and

<https://www.healthallianceaustralia.org/mattias-desmet-webinar>