

Reviewing the Most Recent “Apology” for the COVID-19 Response

Analysis by [A Midwestern Doctor](#)

February 15, 2023

STORY AT-A-GLANCE

- › The catastrophic effects of the COVID-19 vaccines that were forcefully mandated onto the population are causing the general public to lose its trust in the medical establishment and the vaccine industry
- › A variety of limited apologies are being made to regain that trust without fixing the underlying issues that led to the disastrous COVID-19 policies being forced upon the population
- › The recent pseudo-apology in Newsweek has received widespread media exposure and highlights many of the catastrophic mistakes made throughout the pandemic that the medical industry is now trying to pivot away from. Those mistakes must not be forgotten and some will be reviewed here

The COVID-19 mRNA vaccine mandates have backfired on the conventional vaccine industry, and we are now seeing a degree of skepticism toward all vaccines that I have never witnessed before in my lifetime. Given how dangerous the spike protein vaccines were, this outcome was entirely predictable, which has led many of us to wonder why the medical establishment chose to nonetheless push them (likewise, I put forward the best explanations I could see for this [here](#)).

One of the best explanations was shared with me by a pharmaceutical executive from a major vaccine manufacturer (there are only a few instances of people in these positions speaking out against the industry).

This official informed me that Pfizer **has very few vaccines** besides **the incredibly profitable** COVID-19 ones (this is also true for Moderna), so in essence, the rest of the vaccine industry was thrown under the bus for the mRNA manufacturers to make a killing off COVID-19.

Now consider the implications of **current polling** for both the vaccine industry and the general public's trust in the medical system: over a quarter of the American population know someone whom they believe was killed by the vaccines, and almost half believe that the COVID-19 vaccines are causing a large number of unexpected deaths.

To save the existing paradigm, some type of major pivot will have to be made by the medical industry and government agencies (this is also what **Ed Dowd was recently told** by a government insider). Biden's recent State of the Union Address likewise provided strong evidence of this shift:

One of the opening gambits for this switch was Emily Oster's disingenuous plea for COVID-19 amnesty in **The Atlantic** at the end of October 2022. The responses to it were almost all "How about you [insert your preferred profanity]." My favorite response was someone choosing to pay to fly this over her house after **the article** came out:

I felt that Oster's **plea** was an excellent example of a pseudo-apology — she "asked for forgiveness" but simultaneously refused to admit she was in any way at fault for any of her previous actions, and used a variety of linguistic constructs to try to both have her cake and eat it too. I really hate when people do that, so I **decided to write a response**.

Many people suspected that this article was a test to see if the public was open to accepting a very limited apology, and it appears that whoever commissioned it got their answer — more would have to be offered the next time around. Three months later, that offer appeared in Newsweek:

OPINION

Newsweek

It's Time for the Scientific Community to Admit We Were Wrong About COVID and It Cost Lives | Opinion

Just in case it wasn't clear this is an "opinion" (opinion is also in the URL)

KEVIN BASS, MS MD/PHD STUDENT, MEDICAL SCHOOL

ON 1/30/23 AT 8:00 AM EST

Having a med student write this is also great way to hedge their bets and not commit to this plea.



Newsweek's [article](#) received mixed reactions. Many were jubilant, perceiving that a real apology had been made, while others viewed it with suspicion. After I read it, I realized it was best understood as a sequel to Emily Oster's initial [plea](#), and was written to test out soundbites (e.g., fancy academic constructs) all targeted to an educated liberal audience.

I believe the underlying goal was to see if there was a way that the medical establishment can both have its cake (say something nice that placates the public) and eat it (not have to actually admit what they did wrong or relinquish any of their power by changing the core problematic policies they advanced).

Unfortunately for them, because of how much public opinion has turned against the vaccines in the last 3 months, I don't believe they can get what they want simply by issuing half-hearted apologies. Let's now look at how [Newsweek](#) approached this problem:

As a medical student and researcher, I staunchly supported the efforts of the public health authorities when it came to COVID-19. I believed that the authorities responded to the largest public health crisis of our lives with compassion, diligence, and scientific expertise. I was with them when they called for lockdowns, vaccines, and boosters.

This is exactly what we asked for after Oster's plea!

I was wrong. We in the scientific community were wrong. And it cost lives.

I can see now that the scientific community from the CDC to the WHO to the FDA and their representatives, repeatedly overstated the evidence and misled the public about its own views and policies, including on natural vs. artificial immunity, school closures and disease transmission, aerosol spread, mask mandates, and vaccine effectiveness and safety, especially among the young. All of these were scientific mistakes **at the time**, not in hindsight. Amazingly, some of these obfuscations continue to the present day.

Oh my!

A central objection to Oster's plea was her lie that "we couldn't have known at the time so we should be forgiven"

Although there are many objections to how the COVID-19 pandemic was handled, as mentioned above, far and away the public's greatest concern is the extreme toxicity of the vaccines. Because of how great that concern is, I do not believe that there is any form of propaganda that can gaslight the public into accepting what was done to them. I was thus very curious to see which reference Newsweek would cite to address it.

Newsweek chose to cite the **paper** written by faculty from numerous Ivy League institutions that argued that the risks of the booster mandates for young adults in college outweighed their benefits (it was also discussed by Steve Kirsch **here**).

As this was a surprisingly controversial position four months ago, the paper's authors were very conservative in their claims of harm from the vaccines, and placed them within the context of the minimal benefit of this policy. In short, Newsweek was quite tepid when choosing how they could address the elephant in the room.

The next passage illustrates why people hate when writers use the passive voice in an attempt to get around a difficult topic (e.g., "**mistakes were made**" being widely used as the soundbite to whitewash how England's horrendous policies **directly caused** the death of many of the elderly throughout COVID-19):

This is an important admission

But perhaps more important than any individual error was how inherently flawed the overall approach of the scientific community was, and continues to be. It was flawed in a way that undermined its efficacy and resulted in thousands if not millions of preventable deaths. **Notice that the cause of those deaths is never specified.**



What we did not properly appreciate is that preferences determine how scientific expertise is used, and that our preferences might be—indeed, our preferences *were*—very different from many of the people that we serve. We created policy based on *our* preferences, then justified it using data. And then we portrayed those opposing our efforts as misguided, ignorant, selfish, and evil.

We made science a team sport, and in so doing, we made it no longer science. It became us versus them, and "they" responded the only way anyone might expect them to: by resisting.

This is a great passage that cuts to the core of many of the issues I've observed in science and politics for decades. Because so much data exists, it will **always** be possible to arrange some of it in a manner that proves you are correct (this is why I've spent my entire life studying this question — the ephemeral nature of truth is absolutely fascinating).

Since many people are primarily motivated by their emotional patterning and pre-existing ideologies, this results in science consistently using data to arrive at a predetermined position (e.g., one that supports the researcher's sponsors) rather than the true one.

Before COVID-19, I read industry publications that stated that vaccination could never be allowed to turn into a polarized political issue, because that would alienate 50% of the customer base from vaccine manufacturers. However, as you can see, that is not what happened, and because of that, for the first time in my lifetime, a large portion of the American population no longer trusts vaccines.

I believe this process started after the global players (e.g., Gates and the WHO) decided **they wanted to push for a decade of vaccination**, beginning with more mandates for children and gradually expanding that violation to adults. This campaign was largely advanced by the Democrat party with Obama realigning his party's focus to support these interests.

This ended up creating an odd situation where, over and over, state childhood vaccine mandates (which met with heavy protest from the public and parents of vaccine-injured children) were almost unanimously voted for by Democrats and vetoed by Republicans.

The issue understandably became much more politically polarized, and Trump took a public stance on vaccination further increasing its politicization. Unfortunately, after Trump became president, he backed out of his commitment to investigate the safety of the vaccine schedule. I suspect this was partly due to this lacking support in his administration, and Bill Gates petitioning Trump to drop it (which Gates publicly admitted to):

At this point, I am not sure if the political polarization of the vaccine issue was something that broader political forces made impossible to avoid. Alternately, it is also possible that it was decided that the only way to convince the public to take a highly questionable and unsafe vaccine was if a large part of the public mindlessly supported it purely for political reasons that allowed their political tribe to “win.”

This is why, near the end of Trump’s presidency, we saw many prominent Democrats and news outlets insist that they would never take Trump’s rushed vaccine (as it was unlikely to be safe or effective).

Past vaccine disasters show why rushing a coronavirus vaccine now would be ‘colossally stupid’



By Jen Christensen, CNN

Updated 11:34 AM EDT, Tue September 1, 2020

These are amazing examples of “this did not age well.”

Yet, the second that Biden won, the entire Democratic party flipped their views on vaccines, and endorsed the mandates to the point that they were willing to ruin people’s lives with vaccine mandates. In short, the entire subject was heavily politicized to the point that no facts or evidence could sway the narrative.

We excluded important parts of the population from policy development and castigated critics, which meant that we deployed a monolithic response across an exceptionally diverse nation, forged a society more fractured than ever, and exacerbated longstanding health and economic disparities.

The lockdowns disproportionately affected the poor, and this was one of the primary reasons I and other lockdown skeptics used to argue against them (as the educated “progressives” pushing for the lockdowns always use addressing social disparities as the core justification for their policies).

Unfortunately, since their attempts frequently worsen rather than improve those disparities, this goal often ends up just being something that gets lip service and makes people feel good about themselves and not much more. I suspect that this is why our attempts to argue against abusing the working class with these absurd pandemic policies fell on deaf ears, even though in principle it should have been a winning argument against those policies.

One of the results of the pandemic response was the largest shift in wealth in history from the lower class to the upper class (e.g., many small businesses were forced to close and their market share was transferred to large corporations such as Amazon). This resulted in billionaires nearly doubling their share of the global household wealth through the course of the pandemic (going from owning **2% to 3.5%** of it).

Our emotional response and ingrained partisanship prevented us from seeing the full impact of our actions on the people we are supposed to serve. We systematically minimized the downsides of the interventions we imposed—imposed without the input, consent, and recognition of those forced to live with them. In so doing, we violated the autonomy of those who would be most negatively impacted by our policies: the poor, the working class, small business owners, Blacks and Latinos, and children. These populations were overlooked because they were made invisible to us by their systematic exclusion from the dominant, corporatized media machine that presumed omniscience.

I really hate how the author tries to make all of this into a race thing when it's not. People from a higher social class could telework from home when the lockdowns happened, whereas people in the lower classes were the ones who actually suffered across the nation from the lockdowns.

Similarly working class women (not mentioned above) were severely affected by the lockdowns, as they became responsible for taking care of their children during the work day (something they had previously relied upon schools for). Likewise, the lockdowns cause a huge increase in domestic violence, and many of the adverse events of the vaccines disproportionately affected women (e.g., **52.05% experienced menstrual abnormalities**, which were sometimes quite severe).

I believe that the reason "Blacks and Latinos" were specifically focused upon here was due to a longstanding issue that the public health system has not been able to address: Blacks are well aware of what the government will do to citizens it deems as disposable (especially through medicine), so they were not as enthusiastic about vaccinating.

As a result, **a lot of work was done to sell the vaccines** to them under the guise of "improving vaccine equity" (**Peter Hotez** loves this phrase). Nonetheless, the gap still exists:

Percent of Total Population that has Received a COVID-19 Vaccine Dose by Race/Ethnicity, Selected States, July 11, 2022

Note how they were not mentioned in this plea

	White		Black	Hispanic		Asian	Percentage Points from White
Total (36 States)	Percent Vaccinated	Percent Vaccinated	Percentage Points from White	Percent Vaccinated	Percentage Points from White	Percent Vaccinated	Percentage Points from White
Total (36 States)	64%	59%	-5.0	67%	3	87%	23.0

There is also an even more important point that this clip illustrates. One of the things I found fascinating about the pandemic policies was that those who benefitted from them (e.g., a teacher who got to work from home, while going to a beach in the Bahamas) tended to adamantly support them, while those who suffered from them always opposed them.

I, in turn, found myself in a rather small minority: I personally benefitted from the lockdowns, but worked really hard to stop them because I felt the "benefit" I received

was inconsequential relative to the harm caused to others around me.

Similarly, once the vaccine mandates were introduced, they disproportionately harmed the poor and members of the working class who had no choice except to submit to the vaccine mandate. Immediately after Biden instituted his completely unscientific and – more importantly – illegal vaccine mandate (to the point that it was struck down by the Supreme Court), the working class experienced the largest wave of death ever experienced in American history:

Table 5.7

EXCESS MORTALITY BY DETAILED AGE BAND

Age	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	4/20-3/22	% COVID	% Non-COVID	% Count
0-24	116%	124%	104%	101%	119%	127%	110%	91%	111%	3.3%	8.1%	2%
25-34	127%	132%	121%	118%	131%	178%	131%	125%	133%	13.3%	19.6%	2%
35-44	123%	134%	128%	129%	133%	200%	156%	136%	142%	23.1%	19.2%	4%
45-54	123%	127%	129%	133%	119%	180%	151%	143%	138%	27.4%	10.8%	9%
55-64	117%	123%	130%	130%	114%	153%	141%	137%	131%	24.0%	6.7%	18%
65-74	117%	115%	133%	130%	108%	131%	125%	122%	122%	18.6%	3.9%	17%
75-84	114%	114%	133%	123%	106%	119%	121%	121%	119%	14.0%	4.6%	20%
85+	112%	103%	124%	111%	92%	104%	105%	103%	107%	10.3%	-3.5%	27%
All ¹¹	116%	115%	129%	123%	107%	134%	126%	122%	121%	17.1%	4.3%	100%

This is from life insurance data.

This is really bad

This is some of the strongest evidence a crime against humanity was committed.

The above chart was discovered by [Ed Dowd's team](#).

Most of us did not speak up in support of alternative views, and many of us tried to suppress them. When strong scientific voices like world-renowned Stanford professors John Ioannidis, Jay Bhattacharya, and [Scott Atlas](#), or [University of California San Francisco](#) professors Vinay Prasad and Monica Gandhi, sounded the alarm on behalf of vulnerable communities, they faced severe censure by relentless mobs of critics and detractors in the scientific community—often not on the basis of fact but solely on the basis of differences in ~~scientific opinion~~. **political ideology**.

There were three important points I wanted to highlight in regards to this part of Newsweek's argument.

The first was that [the Great Barrington Declaration](#) proved itself correct. Since it was [signed](#) by almost a million people, many of whom took great risks to their careers to sign it, no one in the medical profession can argue they couldn't have known about it.

The second was that Scott Atlas attempted to pressure the Whitehouse's COVID-19 task force to adopt a policy similar to that described with the Great Barrington Declaration. Unfortunately, Anthony Fauci and Deborah Birx, working in concert with the national media, did everything they possibly could [to sabotage it](#), and were successful in preventing it from ever being adopted.

The third was that at the start of the lockdowns on 4/22/2020, two doctors from Bakersfield, California had a press conference explaining why the lockdowns were a very bad idea (and were subsequently featured in the national news):

Each of these three parties essentially made the same points (e.g., the healthy members of society should develop herd immunity, while the vulnerable were sheltered from the virus).

Unfortunately, each time their points were raised, the media, and in turn, most of my colleagues, went hysterical over the fact that these parties wanted to sacrifice (and kill) large numbers of Americans for the greater good to create herd immunity. In turn, many disgusting things were said and done behind closed doors by my colleagues to those opposing the lockdowns.

Before long, those same people went a step further, from arguing that it was unacceptable to sacrifice people for the greater good (by developing natural immunity to the virus) to insisting we had the right to force everyone in America to vaccinate for the greater good regardless of the vaccine injuries that occurred in the process.

This ultimately created the nightmare scenario that many of us had envisioned: the mRNA spike protein vaccines would prevent the population from developing actual herd immunity to COVID-19, and cause the virus to be with us forever rather than one that disappeared after a few waves, like many pandemics that preceded it.

The best proof for the argument that vaccination prevented that from happening **is what occurred in Africa**. Africans had both very low vaccination rates and – unlike the rest of the world – now has much lower COVID-19 rates.

Note: this problem was further exacerbated by the medical profession holding the dogma that viruses essentially cannot be treated (and instead must be prevented with vaccines), and that vaccine immunity is superior to natural immunity. Both of these viewpoints are at odds with reality, but must be sustained in order to sell an endless number of vaccines to the general population.

This was a major point we tried to make in 2020.



Trump was not remotely perfect, nor were the academic critics of consensus policy. But the scorn that we laid on them was a disaster for public trust in the pandemic response. Our approach alienated large segments of the population from what should have been a national, collaborative project.

I completely agree with the point of this passage (other than I do not believe the consensus alluded to was held by the entire academic field). The problem mentioned in this passage is that much in the same way you can't apologize for something unless you also admit what you did wrong, you can't have a "collaborative" project if you force everyone to follow a consensus that you decide is right, rather than letting the public decide to follow a policy based on its own merits.

Many of the medical "experts" have effectively been publicly shamed for pushing an incredibly bad policy onto the public, and as a result, have lost their ability of having people adhere to whatever they say just because they said to do so. No one likes to lose power, so it's very difficult for them to come to terms with this, and that social class is doing everything they can to hold onto it.

Unfortunately for them, unless they actually follow a collaborative model with the public, a point has now been reached where **no amount of propaganda can restore the public's trust in them**.

Fortunately, we appear to be living in an era where the traditional propagandist form of governance no longer works (this is where leaders decide on a policy that much of the populace may not like, and then use propaganda to force it on them). It has failed because traditional propaganda cannot compete with the internet.

For this reason, sooner or later, **we will have to move to an actual collaborative model** where our leadership sells policies to the public on the basis of them making sense, rather than because they forced us to accept them.

One of the things I found amazing about COVID-19 was how often Trump was constantly labeled as a liar by the press, yet Fauci who continually made false statements on television was venerated as an infallible saint.

When former President Trump pointed out the downsides of intervention, he was dismissed publicly as a buffoon. And when Dr. Antony Fauci opposed Trump and became the hero of the public health community, we gave him our support to do and say what he wanted, even when he was wrong.

Since I am sure you've all seen videos of Anthony Fauci lying throughout the pandemic, I wanted to share this video instead (you can also find remixes of the Fauci song online):

I have nothing against this singer, but I cannot say the same for the public health officials who paraded him around to promote their interests.

And we paid the price. The rage of the those marginalized by the expert class exploded onto and dominated social media. Lacking the scientific lexicon to express their disagreement, many dissidents turned to conspiracy theories and a cottage industry of scientific contortionists to make their case against the expert class consensus that dominated the pandemic mainstream. Labeling this speech "misinformation" and blaming it on "scientific illiteracy" and "ignorance," the government conspired with Big Tech to aggressively suppress it, erasing the valid political concerns of the government's opponents.

This specific excerpt is why I do not believe that this is a genuine apology; rather, it's a forced apology and an attempt to minimize the losses of the vaccine pushers who have discredited themselves to the general public.

Throughout Newsweek's article, the author attempts to say we had "valid concerns" (that I must emphasize were **not** political in nature) but nonetheless, in a backhanded way, dismisses all the actual objections raised to the policies (e.g., the alleged "conspiracy theories" that all proved themselves true).

Similarly, to help people who have been injured by their vaccine, I and colleagues have been forced into the very "cottage industry" the author lambasts. This is not my preferred "cottage industry" in which to be. Due to the political nature of the subject, we take on a lot of professional risks as physicians when you try to treat vaccine injuries.

Everyone I've talked to says the same thing: we've been forced to do it because the medical profession is doing nothing to help these victims (other **than to gaslight them**), and they really need help.

And this despite the fact that pandemic policy was created by a razor-thin sliver of American society who anointed themselves to preside over the working class—members of academia, government, medicine, journalism, tech, and public health, who are highly educated and privileged. From the comfort of their privilege, this elite prizes paternalism, as opposed to average Americans who laud self-reliance and whose daily lives routinely demand that they reckon with risk. That many of our leaders neglected to consider the lived experience of those across the class divide is unconscionable.

This is a pretty standard critique of this political class, but while it sounds nice, as far as I know, it being mentioned has never corrected their behavior. Now, let's look at the actual reason I believe this Newsweek article was written:

Instead, we have witnessed a massive and ongoing loss of life in America **due to distrust of vaccines and the healthcare system**; a massive concentration in wealth by already wealthy elites; a rise in suicides and gun violence especially among the poor; a near-doubling of the rate of depression and anxiety disorders especially among the young; a catastrophic loss of educational attainment among already disadvantaged children; and among those most vulnerable, a massive loss of trust in healthcare, science, scientific authorities, and political leaders more broadly.

One of the things I have come to appreciate from researching [a series on the Pfizer whistleblowers](#) is just how sales-oriented many of these companies are, and how completely unacceptable it is to them to lose a long-term source of revenue.

Since there are signs that usage of many other vaccines is declining globally (the vaccine pushers greatly damaged the vaccine “brand” as a consequence of using it to market the experimental gene therapies for COVID-19), the industry is understandably panicked.

Because of this drop in vaccinating, I am beginning to see pleas essentially stating that “we are sorry we messed up here, but please trust us on the other vaccines.” I do not believe that they should be allowed to have their cake and eat it too.

If you have any doubts about my assessment on the authenticity of the above passage, you should consider [the source](#) that was cited for that line. It was a hotly debated [study](#) that argued that people in geographic areas that vaccinated less were more likely to die from COVID-19 (when in reality, significant data exists that argues the exact opposite).

Solving these problems in the long term requires a greater commitment to pluralism and tolerance in our institutions, including the inclusion of critical if unpopular voices.

Intellectual elitism, credentialism, and classism must end. Restoring trust in public health—and our democracy—depends on it.

The major problem with this section is that like many other things in the article, the terms are vague and undefined. For example, how do you determine if a voice is “critical” as opposed to just being misinformation? Instead, it is almost certain that somewhat controversial [limited hangouts](#) will be used as the “unpopular voices” that must be tolerated, but the underlying censorship that prevented critical ideas from being heard, will remain in place.

Kevin Bass

When I began the discussion about this plea for amnesty, I made a point to avoid saying anything about the author, as I believe the message and not the messenger is what should be debated. Additionally, I felt that since a major publication was hosting this editorial, it was for all practical purposes their article (e.g., anything Bass said that they didn't want published, would have been cut by Newsweek's editors).

After I published my initial assessment on the article, numerous readers informed me that Kevin Bass has been a difficult individual whom they have had to deal with for years. This is because he aggressively defended the status quo and repeatedly attacked people online who supported things like low carbohydrate diets.

One of the most frequently utilized tactics in the ~~propaganda~~ public relations industry is to pay off a trusted third party (summarized [here](#)) to promote your interests (as people are much more likely to believe a message presented in that manner). This was something that many of us witnessed throughout COVID-19, and something many credentialed academics or physicians are regularly solicited to do.

One common form of the third party technique is "ghostwriting," where industry will author something, and then commissions a trustworthy expert to claim the authorship. Ghostwriting is a huge problem in medicine, and frequently the "authors" of studies promoting the usage of pharmaceutical drugs were not the ones actually responsible for writing them.

In addition to the views in this article being diametrically at odds with many Bass had previously held when he attacked those who dissented from the narrative, the commentators I corresponded with who had read much of his previous writings also noted that "his" writing style throughout the Newsweek piece was very different from what they had seen previously.

Since those initial observations, two other events have occurred which suggested that Kevin Bass does not necessarily share the viewpoints contained within his article. The first was this tweet:

Pinned Tweet

 **Kevin Bass**  @kevinnbass · Dec 12, 2022

I was wrong about lockdowns and mandates. I was wrong and the reason I was wrong was my tribalism, my emotions, and my distorted understanding of human nature and of the virus. It doesn't matter much, but I wanted to apologize for being wrong.

5,502 8,075 60.6K

[Show this thread](#)

 **Kevin Bass**  @kevinnbass · 2h

This is going to lose me a bunch of followers, but it is my responsibility to point out: if you are looking for real, serious science, these guys are not good.

 **PeterSweden** @PeterSweden7 · Feb 4

IT'S FINALLY HERE 🇸🇪

Videos from the massive covid conference in Sweden with top doctors like @rwmalonemd and @draseemmalhotra talking about the failures of the mRNA shots.

The mainstream media covered this up 🙄

petersweden.substack.com/p/covid-confer...

58 2 94 24.1K

For reference, these are the individuals Bass stated were not real scientists:

Föreläsare (Lecturers)

- Robert Malone, läkare och vaccinforskare, USA
- Aseem Malhotra, kardiolog, Storbritannien
- Ryan Cole, patolog, USA
- Jessica Rose, immunolog med master i bland annat tillämpad matematik, Kanada
- Pierre Kory, lung- och intensivvårdsläkare, USA
- Arne Burkhardt, professor i patologi, Tyskland
- Astrid Stuckelberger, professor i folkhälsa, Schweiz
- Sacha Latypova, tidigare chef inom läkemedelsindustrin, Ukraina/USA
- Meryl Nass, invärtesmedicinare, USA
- Alexandra Henrion-Caude, professor i genetik, Frankrike
- Philipp Kruse, advokat, Schweiz
- Geert Vanden Bossche, immunolog och vaccinforskare
- John Stepling, författare och dramatiker, USA (men bosatt i Norge)
- Torkel Snellingen, ögonläkare, Norge
- Richard Urso, ögonläkare, USA

Föreläsare (Lecturers)

- Ute Krüger, patolog
 - Ann-Cathrin Engwall, immunolog och virolog
 - Sven Román, barn och ungdomspsykiater
 - Sture Blomberg, docent, specialist inom anestesi och intensivvård
 - Hans Zingmark, lungläkare
 - Jonathan Gilthorpe, docent i cellbiologi
- Dessutom kommer Per Shapiro, undersökande journalist.

Information om föreläsarna

<https://lakaruppropet.se/profiles>

The second was his demeanor during his recent appearance on Tucker Carlson's show that appeared to be geared towards working to restore public trust in the medical industry:

Conclusion

If you look at this article within the context of Oster's [previous plea](#) and its response (both of these articles are essentially trying to do the same thing), I believe a strong case can be made that these were tests to see what narrative needs to be pivoted to.

Likewise, Germany's minister of health (and a well-credentialed scientist) [finally made a limited apology](#) for the disastrous policies he pushed on the German people without acknowledging his worst mistakes, while simultaneously shifting the blame for his decisions to unnamed scientists who gave him bad advice.

In many ways it's remarkable that we have been able to move the dialogue this far in just a few months, and to be honest, I would have given almost anything for a compromise like what Newsweek's article presented, to have been proposed any time in 2020 or early in 2021.

However, any time a negotiation occurs, you must always keep in mind that whatever is initially offered is much less than the party is actually willing to agree to, and the fact that something like this is being openly offered means that we are in a very strong bargaining position.

Any type of promise or apology (especially disingenuous ones) will not prevent what we saw happen over the last few years from happening again. Laws, and ideally constitutional amendments (initially at the state level, and then ideally at the national level) can prevent such tragedies, and many people I have spoken to feel we have a once-in-a-lifetime opportunity to correct many of the systemic issues within medicine that have poisoned our culture.

In my own opinion, if these people are actually sorry for what they did to us, they would be willing to relinquish some of their power so that it could not happen again. Anything less should not be considered acceptable for them to be granted any type of amnesty. That said:

Kevin Bass is an MD/PhD student at a medical school in Texas. He is in his 7th year.

The views expressed in this article are the writer's own. ← Just in case you forgot.

A Note From Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician in the Midwest and a longtime reader of Mercola.com. I appreciate his exceptional insight on a wide range of topics and I'm grateful to share them. I also respect his desire to remain anonymous as he is still on the front lines treating patients. To find more of AMD's work, be sure to check out [The Forgotten Side of Medicine](#) on Substack.