

COVID Mandates: Tyranny of the Modelers. “Far Worse than We Knew”: Dr. Robert Malone

Intersection of Utilitarianism, Geopolitics, Public Health and Hubris

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Theme: [History](#)

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Who is Robert Malone

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There are so very many factors that have contributed to the clear and compelling reality that the public health response to the global SARS-CoV-2 outbreak has been one of the greatest failures in public policy in modern history. But chief among those has been the grossly overestimated modeling projections of likely disease and death due to the virus.

Those well versed in the world of computer software coding are intimately familiar with the problem of “Garbage in – Garbage out” (GIGO), which is short slang for the real world issue that the utility of any coded data set analysis is a function of the quality of the underlying data being analyzed and the assumptions engineered into the computer code.

In retrospect, it is abundantly clear that the underlying data and assumptions which were used to develop the modeling which formed the basis for global public health policy decisions concerning the management of the outbreak were seriously flawed. These flawed analyses, which were promoted via a wide range of government policy analysis and media channels, almost universally wildly over-estimated the risks of the virus.

At the core of both the national and globally-coordinated public health policy COVID-19 response decisions lies a philosophical belief system known as Utilitarianism. This is also the core philosophy often employed by Globalist organizations such as the World Economic Forum, and can be found intertwined with another logical framework known as Malthusianism. We are most familiar with the philosophy of Utilitarianism in the phrase “the greatest good for the greatest number”.

Quoting from the [Stanford Encyclopedia of Philosophy](#)

Utilitarianism is one of the most powerful and persuasive approaches to normative ethics in the history of philosophy. Though not fully articulated until the 19th century, proto-utilitarian positions can be discerned throughout the history of ethical theory.

Though there are many varieties of the view discussed, utilitarianism is generally held to be the view that the morally right action is the action that produces the most good. There are many ways to spell out this general claim. One thing to note is that the theory is a form of consequentialism: the right action is understood entirely in terms of consequences produced. What distinguishes utilitarianism from egoism has to do with the scope of the relevant consequences. On the utilitarian view one ought to maximize the overall good — that is, consider the good of others as well as one's own good.

The Classical Utilitarians, Jeremy Bentham and John Stuart Mill, identified the good with pleasure, so, like Epicurus, were hedonists about value. They also held that we ought to maximize the good, that is, bring about 'the greatest amount of good for the greatest number'.

Utilitarianism is also distinguished by impartiality and agent-neutrality. Everyone's happiness counts the same. When one maximizes the good, it is the good *impartially* considered. My good counts for no more than anyone else's good. Further, the reason I have to promote the overall good is the same reason anyone else has to so promote the good. It is not peculiar to me.

All of these features of this approach to moral evaluation and/or moral decision-making have proven to be somewhat controversial and subsequent controversies have led to changes in the Classical version of the theory.

Malthusianism is the idea that population growth is potentially exponential while the growth of the food supply or other resources is linear, which eventually reduces living standards to the point of triggering a population die off. The theory is most clearly described in a 1798 treatise titled "*An Essay on the Principle of Population*", by English political economist Thomas Robert Malthus.

This is the philosophy underlying the often noted positions of Bill Gates and the World Economic Forum which call for a drastic reduction in global human population, often referred to as the depopulation agenda. This illogic is examined in a succinct analysis published in *Scientific American* by Michael Shermer entitled "[Why Malthus Is Still Wrong. Why Malthus makes for bad science policy](#)" As Mr. Schermer nicely summarizes,

"The power of population is so superior to the power of the earth to produce subsistence for man, that premature death must in some shape or other visit the human race," Malthus gloomily predicted. His scenario influenced policy makers to embrace social Darwinism and [eugenics](#), resulting in draconian measures to restrict particular populations' family size, including forced sterilizations.

In his book *The Evolution of Everything* (Harper, 2015), evolutionary biologist and journalist Matt Ridley sums up the policy succinctly: "Better to be cruel to be kind." The belief that "those in power knew best what was good for the vulnerable and weak" led directly to legal actions based on questionable Malthusian science. For example, the English Poor Law implemented by Queen Elizabeth I in 1601 to provide food to the poor was severely curtailed by the Poor Law Amendment Act of 1834, based on Malthusian reasoning that helping the poor only encourages them to have more children and thereby exacerbate poverty. The British government had a similar Malthusian attitude during the Irish potato famine of the 1840s, Ridley

notes, reasoning that famine, in the words of Assistant Secretary to the Treasury Charles Trevelyan, was an “effective mechanism for reducing surplus population.” A few decades later Francis Galton advocated marriage between the fittest individuals (“What nature does blindly, slowly, and ruthlessly man may do providently, quickly and kindly”), followed by a number of prominent socialists such as Sidney and Beatrice Webb, George Bernard Shaw, Havelock Ellis and H. G. Wells, who openly championed eugenics as a tool of social engineering.

This is the philosophical basis of the depopulation agenda and policies which Mr. Gates and his Oligarch colleagues at the World Economic Forum seek to impose on all of us, for our own good of course. It is Malthusianistic theories which underly the idea that the only way to prevent catastrophic global warming is by restricting carbon dioxide release into the atmosphere. This is a philosophy which completely disregards the amazing innovative, adaptive problem solving capabilities of the human mind.

As taught in most Universities, “Public Health” (as in the Masters of Public Health degree programs) is also largely based on these two 18th and 19th century philosophical theories (utilitarianism and malthusianism). As opposed to the disciplines of Medicine and clinical research, which are grounded in the principles of the [Hippocratic oath](#) and [beneficence](#) as applied to the individual patient. Examples of [beneficence in clinical research](#) and medical practice include “Do no harm,” “Balance benefits against risks,” and “Maximize possible benefits and minimize possible harms.”

And here is where we get to the crux of the issue. Medical hubris and the public health. First a brief definition, so we are all on the same page:

Hubris (/ˈhjuːbrɪs/; from Ancient Greek ὕβρις (húbris) ‘pride, insolence, outrage’), or less frequently hybris (/ˈhaɪbrɪs/), describes a personality quality of extreme or excessive pride or dangerous overconfidence, often in combination with (or synonymous with) arrogance.

Apparently unaware of the irony, the WEF recognizes (in a very limited way) the problem of [“How hubris put our health at risk”](#).

The core thesis of modern public health is that a utilitarian approach can be used to generate a sort of spreadsheet of maximal public health benefit. To take an extreme example to illustrate the point, here is a sort of parable:

A man walks into his doctor’s office for a health checkup. After completion of the exam, he asks “Doc, how am I doing?”. His utilitarian MD-MPH turns and says “you are in perfect health. Your heart is perfect, your liver is perfect, and your kidneys are perfect. And I have four other patients that will die in the next week if they do not get transplants requiring a donated heart, liver or kidney. So I will be prepping you for surgery in one hour.”

Four lives saved for one sacrificed. I think that we can all agree that, while this scenario may meet a utilitarian standard, it fails to meet the fundamentals of Judeo-Christian belief systems regarding the Hippocratic oath and principle of [beneficence](#). But if reports are correct, in the very utilitarian, marxist reality which is modern China under the CCP, [organ harvesting is a fact of life](#). And I believe that the utilitarian bias of the WHO and US HHS, combined with the hubris of a belief system that assumes that the likes of Anthony Fauci

and other bureaucrats have sufficient comprehension of the enormous complexity of the interactions of an emergent viral variant with a global human population has led us to a very similar endpoint.

To a considerable extent, this has been driven and justified by the hubris of public health modelers who believe that they have sufficient knowledge to be able to identify all of the important interacting variables in this interaction of virus with human host population, to be able to reduce this complexity to a set of equations or a spreadsheet, and with this tool in hand, to be able to calculate the utilitarian “greatest good for the greatest number”. And of those arrogant academic modelers whose hubris has led to massive suffering and avoidable loss of life, chief among them is Neil Ferguson, the physicist (!!) at Imperial College London who created the main epidemiology model behind the lockdowns.

Quoting from Phillip Magness’ article “[The Failure of Imperial College Modeling Is Far Worse than We Knew](#)”:

Ferguson predicted catastrophic death tolls back on March 16, 2020 unless governments around the world adopted his preferred suite of nonpharmaceutical interventions (NPIs) to ward off the pandemic. Most countries followed his advice, particularly after the United Kingdom and United States governments explicitly invoked his report as a justification for lockdowns.

Ferguson’s team at Imperial [funded by the Gates Foundation] would soon [claim credit for saving millions of lives](#) through these policies – a figure they arrived at [through a ludicrously unscientific exercise](#) where they purported to validate their model by using its own hypothetical projections as a counterfactual of what would happen without lockdowns. But the June hearing in Parliament drew attention to another real-world test of the Imperial team’s modeling, this one based on actual evidence.

As Europe descended into the first round of its now year-long experiment with shelter-in-place restrictions, Sweden famously shirked the strategy recommended by Ferguson. In doing so, they also created the conditions of a natural experiment to see how their coronavirus numbers performed against the epidemiology models. Although Ferguson originally limited his scope to the US and UK, a team of researchers at Uppsala University in Sweden [borrowed his model and adapted it](#) to their country with similarly catastrophic projections. If Sweden did not lock down by mid-April, the Uppsala team projected, the country would soon experience 96,000 coronavirus deaths.

I was [one of the first people to call attention to the](#) Uppsala adaptation of Ferguson’s model back on April 30, 2020. Even at that early date, the model showed clear signs of faltering. Although Sweden was hit hard by the virus, its death toll stood at only a few thousand at a point where the adaptation from Ferguson’s model already expected tens of thousands. At the one year mark, Sweden had a little over 13,000 fatalities from Covid-19 – a serious toll, but smaller on a per-capita basis than many European lockdown states and a far cry from the 96,000 deaths projected by the Uppsala adaptation.

The implication for Ferguson’s work remains clear: the primary model used to justify lockdowns failed its first real-world test.

As we look back at the long list of public health lies and tragedies that have occurred since

January 2020, I have been trying to think through what systemic changes should be implemented to help prevent such catastrophically poor decision making in the future. I suggest that at the top of the list we include jettisoning both the philosophical dependence of public health decision making (as taught in MPH programs) on utilitarian philosophy, and instead substitute a Judeo-Christian values-based public health decision making process. We have let the MPH utilitarians interject themselves in place of the traditional role of the Physician, and have had to live through the consequences.

And we need to stop letting arrogant physicist modelers generate garbage out from their inadequate models that is then hyped by the press and employed by public health bureaucrats to justify globally deployed “solutions” which caused enormous suffering, avoidable death, and economic devastation.

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