

Why Is the UN Dictating Canada's Provincial Health Policies?

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This sickness doth infect/ The very life-blood of our enterprise. — Shakespeare, Henry IV, Part 1

According to Johns Hopkins Medicine, “Autoimmune disease happens when the body’s natural defense system can’t tell the difference between your own cells and foreign cells, causing the body to mistakenly attack normal cells.”

Canada’s health bureaucracy is now acting like an autoimmune disease to the body politic.

How did many of health-care’s “front-line heroes” of the past 18 months suddenly find themselves out on the streets because they refused to comply with [vaccine mandates](#)?

It makes no sense to the health-care professionals. It also destroys the health care they provide to the public. Surely it is not accidental.

There can be no rationale for [trashing the Nuremberg Code](#) that does not destroy the ethical legitimacy of health care, no appeal to the public good when [conscience has been denied any validity](#), and no claim to defend a health-care system that dismisses thousands of health professionals that does not simultaneously destroy it.

The actions of the “top doctors” cannot be understood without recognizing the third rail that moves the whole conflicted agenda [I outlined in my previous article](#), “No End in Sight to Politicians’ Draconian Measures in War Against COVID.”

What is the third rail? The Great Reset and the UN’s Social Development Goals for Agenda 2030. This post-national agenda is now plainly at enmity with the health of Canadians.

That is because post-nationalism is the political expression of posthumanism. Posthumanism represents the view that individual human life is of no intrinsic value—it is all about the environment.

As we know, politicians claim to be “following the science” by deferring to health-care officials. Yet this humble deference to health bureaucrats and censorship of scientific critics (such as the signatories of [the recent Rome declaration](#)) are acts of political submission: they transfer political leadership to an unelected health bureaucracy who are effectively determining the course of civil society.

Now these “scientific” decisions don’t even appear to serve health.

Is it really health care when people with two positive COVID tests are sent home without instruction to ameliorate the symptoms, waiting around to see if they will have to admit themselves to hospital (by which point they are often in a critical state)?

Soon the rapid testing will extend into the schools, doubtless driving the next phase of panic.

Neither science nor health are served by such measures.

But there are other problems for scientific integrity.

Let’s look at it at the highest level.

Peer-reviewed journals serve as permanent and transparent forums for the presentation, scrutiny, and discussion of scientific research. They are the gold standard.

But what happens when the gold standard suffers from inflation?

The pandemic led to a far less-heralded “infodemic,” with [178,845 articles about COVID-19](#) in 2020 alone, doubtless to be exceeded this year. No one can possibly read them all, let alone assimilate their findings. The war on the virus has led to something like the fog of war.

Algorithms seem to be the solution. The speed with which they operate allows articles to be filtered and ranked. They also appear to be neutral, avoiding the biases, politics, and the personal career objectives of those academics once involved in actually reading the journals and ranking them.

Now the algorithms do the reading and the ranking.

But the solution is more problematic than it would appear.

The [Science Citation Index](#) created by [Eugene Garfield](#) in 1964 is a [citation index](#) originally produced by his [Institute for Scientific Information](#). Garfield also invented what he called an [impact factor](#), a method for comparing scholarly journals. As a [journal-level metric](#), it is frequently used to establish the relative importance of a journal within its field; journals with higher impact factors are considered more important and prestigious. They are used by universities and funding bodies for further rewards.

It is now owned by [Clarivate Analytics](#), a company formed in 2016 following the acquisition of Canada-based [Thomson Reuters Corporation](#)' enormous Intellectual Property and Science division. Clarivate Analytics has constructed a [Web of Science](#) platform, and its [Science Citation Index Expanded](#) "indexes over 9,200 of the world's most impactful journals across 178 scientific disciplines." It has cornered the market on scientific publishing.

Yet Clarivate is apparently not about the furtherance of science.

It is about sustainability.

[As CEO Jerre Stead notes](#), 'At Clarivate, sustainability isn't something we do. It's everything we do.' The organization's 'goals are aligned to the [United Nations](#) Sustainable Development Goals (SDGs), and it will increasingly align with the UN's [Agenda 2030](#).

What does this have to do with Canada's provincial health policies?

For one, it brings into question whether the impact factor of scientific research is coloured by Clarivate's unscientific commitment to sustainability, and specifically that defined by the UN's SDGs.

These SDGs are similarly appealed to by the multinationals that are also acting in advance of actual political legislation in imposing vaccine mandates upon their employees and their customers—in the name of "following the science." Their model of [stakeholder capitalism](#) is, like Clarivate, all about the UN's bureaucratic imposition of sustainability. It is what motivates them to do economic harm to their own nation's economy, in order to '[build back better](#).'

Better means it better serves the UN's goals.

Those entail, as Peter Forster summarized in a [National Post column](#), 'a technocratic dictatorship justified by climate alarmism.'

To that exact same end, the provincial health agencies also appear to operate.

Case in point is Ontario's so-called [COVID-19 Science Table](#), a "group of scientific experts and health system leaders who evaluate and report on emerging evidence relevant to the COVID-19 pandemic, to inform Ontario's response." Prominent among its executive are members of the University of Toronto's [Dalla Lana School of Health](#), which is motivated by the exact same [global health and social development goals](#).

The Dalla Lana experts informing Canada's largest province on "the science" appear to have published little or no research on SARS-COVID-19. Let that sink in.

Perhaps the third rail needs to have its power cut.

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