

# Pandemic Narrative Undergoes Radical U-Turn

Analysis by [Dr. Joseph Mercola](#) ✓ Fact Checked

## STORY AT-A-GLANCE

- › In recent days, the pandemic narrative has undergone a remarkable number of U-turns
- › January 9, 2022, CDC director Dr. Rochelle Walensky sent out a tweet saying “We must protect people with comorbidities from severe COVID-19,” in other words, focused protection, which is what tens of thousands of doctors have been calling for since the creation of The Great Barrington Declaration in early October 2020
- › January 10, 2022, Walensky admitted that the COVID shots cannot prevent transmission
- › The CDC is now saying you should not retest once you’ve recovered from COVID, as the PCR can provide false positives for up to 12 weeks after the infection has been resolved. They’re also cutting the isolation requirement from 10 to just five days – probably because the failing economy is hurting Biden’s approval rating so they need people to work
- › The narrative is also changing on what makes for a COVID case and how deaths are counted. Walensky recently admitted about 40% of “COVID patients” tested positive but do not have symptoms and are hospitalized for something else. She has also promised to deliver data on how many people have actually died “from” COVID and how many died “with” it

As noted by Dr. Ron Paul in the January 10, 2022, Liberty Report above, U.S. authorities have suddenly started to change their tune with regard to COVID and the COVID shots.

“The opposition to our position are starting to wake up,” Paul says, as some shreds of truth are actually starting to be acknowledged. The good news, Paul says, is that “Maybe some of the things they’ve been saying are not quite accurate, and maybe what we’ve been saying is closer to the truth, and maybe they’re starting to recognize that.”

## **CDC Director Now Calls for Focused Protection**

Indeed, in recent days, the U.S. Centers for Disease Control and Prevention has made a remarkable number of U-turns, completely reversing course on several narrative points.

For example, in a January 10, 2022, CNN interview, CDC director Dr. Rochelle Walensky actually admitted that “what [the COVID shots] can’t do anymore is prevent transmission,”<sup>1</sup> whereas before, the narrative was that if you get the jab, you have nothing to worry about anymore. In July 2021, President Biden promised that if you get vaccinated, “you’re not going to get COVID.”<sup>2</sup> Well, it wasn’t true. Many knew that, but were censored when pointing it out.

A day earlier, January 9, Walensky also sent out a tweet saying “We must protect people with comorbidities from severe COVID-19,” which is what tens of thousands of doctors have been calling for since the creation of The Great Barrington Declaration in early October 2020. It called for focused protection of high-risk individuals, such as the elderly, rather than blanket lockdowns.

It was recently revealed that Dr. Anthony Fauci, director of the National Institutes of Allergy and Infectious Diseases (NIAID) and his former boss, now retired National Institutes of Health (NIH) director Francis Collins, colluded behind the scenes to quash the declaration.<sup>3</sup> For whatever reason, Fauci and Collins were hell-bent on pushing economy-destroying lockdowns instead. In an October 8, 2020, email to Fauci, Collins wrote:<sup>4,5,6,7</sup>

*“The proposal from the three fringe epidemiologists who met with the Secretary seems to be getting a lot of attention ... There needs to be a quick and devastating published take down of its premises ...”*

“Don’t worry, I got this,” Fauci replied. Later, Fauci sent Collins links to newly published articles refuting the focused protection solution, including an op-ed in Wired magazine, and an article in The Nation, titled “Focused Protection, Herd Immunity and Other Deadly Delusions.”

## **CDC Follows Political Strategy, Not Science**

Now, all of a sudden, Walensky is onboard with the “deadly delusion” of focused protection. Her about-face would be confusing were it not for the fact that COVID countermeasures were never about protecting the public from a virus. From the start, the pandemic had political goals, and it still does.

The pressure is now on to prove the Biden administration has made some sort of progress with the pandemic. Biden made a lot of promises, none of which have come to fruition, so now the political establishment is scrounging to come up with some plan that can make them look as though they’re getting somewhere.

The problem is that cases are now exploding, when a successful vaccine campaign should have brought the situation under control. So, they now need a way to minimize the number of cases, whereas before, they used every trick in the book to overcount them,<sup>8</sup> in order to scare people into complying with COVID restrictions and getting the jab.

## **New Testing Guidance Aims to Lower Case Rates**

One simple way to cut down cases is to limit testing, and that’s another U-turn we’re now seeing. The CDC is now saying you should not retest once you’ve recovered from COVID. If you test positive, just quarantine for five days and don’t retest to confirm that you’re negative, as the PCR can provide false positives for up to 12 weeks after the infection has been resolved.

Well, we’ve known this for nearly two years already. From the start, experts warned that the PCR cannot be used to diagnose an active infection, as it can pick up RNA from

dead, noninfectious viral debris.

Health authorities are now spinning the tale that these revisions in guidance are because we have two years' worth of data, and they're just following the science. But that's pure baloney, seeing how the data never supported their COVID restrictions in the first place.

The CDC's decision to revise quarantine guidelines down from 10 days to just five days also appears politically motivated. Polls show the economy is a primary concern of voting Americans right now, so they need to strike a balance between the desired demolition of the economy and keeping people at work — at least until the 2022 elections are over.

**“ There seems to be a LOT of sudden momentum surging in the direction of ending the pandemic. If I'm right, we're going to see even more of this, and pretty quickly, since Biden has to wrap it up in time to declare victory on March 1. ~ Jeff Childers ”**

In short, I suspect most if not all of the recent changes in COVID guidance is to build a narrative that the Biden administration has successfully brought the pandemic under control and reestablished a working economy. The change in narrative is based on political strategy, not science.

## **CDC Highlights Role of Comorbidities in Vaxxed COVID Deaths**

As noted by Paul in the Liberty Report above, Walensky recently stated that 75% of COVID deaths had four or more comorbidities, “So, really, these are people who were unwell to begin with.” The admission went viral and was cited as proof that COVID is a lethal risk for none but the sickest among us.

The CDC quickly stepped in, clarifying that she meant “75% of COVID deaths among those who have received the COVID jab,” not COVID deaths overall.<sup>9</sup> You can see the unedited segment above, where that context is made clear. Still, we know that COVID poses very little risk for healthy unvaccinated people as well, and that comorbidities are a primary risk factor regardless of your COVID jab status.

## **COVID Death Risk Has Always Been Low – Vaxxed or Not**

For example, a 2020 study<sup>10</sup> found 88% of hospitalized COVID patients in New York City had two or more comorbidities, 6.3% had one underlying health condition and 6.1% had none.

In late August 2020, the CDC published data showing only 6% of the total death count had COVID-19 listed as the sole cause of death. The remaining 94% had had an average of 2.6 comorbidities or preexisting health conditions that contributed to their deaths.<sup>11</sup> So, yes, COVID is a lethal risk only for the sickest among us, just as Walensky said, but that’s true whether you’re “vaccinated” or not.

As for the study<sup>12</sup> Walensky discussed in that “Good Morning America” segment, it found that of the 1.2 million COVID jabbed subjects, only 0.0033% died of COVID between December 2020 and October 2021. (And of those, 77.8% had four or more comorbidities.) This study, Walensky claims as evidence that the COVID shot works wonders to reduce the risk of death.

But does it really? Recall studies<sup>13</sup> showing the noninstitutionalized infection fatality rate is on average just 0.26% to begin with, and people under the age of 40 have only a 0.01% risk of dying from COVID.<sup>14</sup>

When we’re talking about a fraction of a percentage point risk, we’re talking about a risk that is close to statistical zero. So, does lowering your risk of death from 0.01% to 0.003% really translate into something worthwhile? And, more importantly, is that reduction worth the risks involved with taking the jab?

Clearly, it's not a risk-free decision. OneAmerica, a national mutual life insurance company, recently warned that all-cause deaths among working age Americans (18 to 64) are up 40% over prepandemic norms,<sup>15</sup> and they cannot be attributed to COVID.

So, what's causing these deaths? What potentially deadly thing did tens of millions of Americans do in 2021 that they've never done before? I'll let you ponder whether Walensky's claim that the COVID jab is saving lives is an accurate one.

## **CDC Admits Large Portion of 'COVID Patients' Aren't**

In another recent media appearance, Walensky stated that:<sup>16</sup>

*"In some hospitals that we've talked to, up to 40% of the patients who are coming in with COVID-19 are coming in not because they're sick with COVID, but because they're coming in with something else and have had ... COVID or the Omicron variant detected."*

This, again, is something that we've been highlighting since the start of the pandemic. Most so-called "COVID patients" simply weren't, and still aren't. They're hospitalized for something else entirely, and just happen to get a positive test result upon admission — which very possibly is a false positive. Either way, voila, they're a COVID patient, even though they're hospitalized for a broken leg or a heart attack.

As noted by Delta News TV, "Comments like these have cast doubt on the severity of the current COVID surge even as the Supreme Court considers legal challenges to Biden's sweeping private sector mandates on that very issue."<sup>17</sup>

## **Is the Political Pandemic in Its Final Death Throes?**

In a January 10, 2022, blog post,<sup>18</sup> Jeff Childers, an attorney, and the president and founder of Childers Law firm, presents a hypothesis for why we might be looking at the end of the pandemic, as the Biden administration has "no reasonable alternative but to wrap this whole thing up in the next 60 days or so."

*“There’s an interesting political dynamic shaping up, a kind of political vice grip that might just be driving federal COVID policy toward authenticity and an end to the pandemic ... a lot of reality has been breaking through lately,” Childers writes.<sup>19</sup>*

He points out how a federal judge recently ordered the U.S. Food and Drug Administration to release all the Pfizer COVID jab data that the agency wanted 75 years to release. The bulk of that data is now due March 1, 2022, the day of Biden’s State of the Union address. Childers suspects the Pfizer documents will contain plenty of counternarrative fodder and politically embarrassing details.

## **Why We’re Seeing a U-Turn in the Narrative Now**

Biden needs some good news by his State of the Union address, as it’ll be his last chance to “help move the needle back toward blue,” and the way he can do that is by declaring the pandemic over. He can then claim to be the great liberator who ended the pandemic measures for good.

*“If they handle this right, they can give their voting base and sycophantic media agents all the necessary talking points to boost Dem prospects for the midterm elections,” Childers writes.<sup>20</sup>*

But to pull off that U-turn with any semblance of credibility, they have to start cutting the case rate now, and that’s precisely what we’re seeing. For example, the CDC recently changed its guidelines so you don’t need to retest after you’ve recovered from COVID, so no more false positives from recovered people.

Florida’s official policy is now to only test high-risk individuals and those who are symptomatic. Childers points out that the left-leaning Sun Sentinel even ran an article highlighting the fact that despite surging case rates, Florida has the lowest COVID death rate in the nation, second only to the sparsely populated Alaska. “What incredibly powerful force could make the Sun Sentinel downplay the pandemic like this?” he asks.

## Will We Finally Get a More Accurate Death Count?

The CDC also appears poised to change the definition of COVID death to what it should have been all along. Childers notes:

*“Fox News ... Bret Baier ... asked [Walensky] ‘how many of the 836,000 deaths in the U.S. linked to COVID are FROM COVID or how many are WITH COVID?’*

*Director Walensky said ... ‘those data will be forthcoming.’ Until about 10 minutes ago, the CDC said it didn’t HAVE any way to track that kind of information ... But now, apparently, CDC plans to release information about deaths from and with. What do you want to bet they’ll be REDUCING total COVID deaths shortly? By a lot.”*

They’re also starting to accurately count only those who are actually sick with COVID rather than including people hospitalized for other reasons who just happen to test positive.

*“Yesterday, New York Governor Hochul announced that almost HALF of patients are hospitalized for ‘non-COVID reasons,’ scattering the rotting corpse of the Narrative.*

*You might recall that just last week she ordered hospitals to start breaking down the reported figures and showing how many folks ACTUALLY are sick with COVID versus just testing positive in the hospital. We’ve been yelling about overcounting hospitalizations for two years now and they just noticed?”<sup>21</sup>*

## Same Narrative Switch Seen in Europe

The same sudden switch in narrative can be seen in Europe. Childers continues:<sup>22</sup>

*“Yesterday, the Guardian UK ran a story headlined, ‘End mass jabs and live with COVID, says ex-head of vaccine taskforce.’ It says Dr. Clive Dix – former chairman of the UK’s vaccine taskforce – has called for a ‘major rethink’ of the*



*UK's COVID strategy, in effect reversing the approach of the past two years and returning to a 'new normality.'*

*Shocking the cores the oft-maligned authors of the Great Barrington Declaration, Dr. Dix – without getting cancelled – said this:*

*'We need to analyze whether we use the current booster campaign to ensure the vulnerable are protected, if this is seen to be necessary ... Mass population-based vaccination in the UK should now end.' Ending mass vaccinations? Suddenly that idea is okay to discuss in the corporate media? Wow."*

In a January 3, 2022, interview with the Daily Telegraph, professor Andrew Pollard, head of the U.K.'s Committee on Vaccination and Immunization who helped create the Oxford-AstraZeneca shot, also made a previously verboten statement: "We can't vaccinate the planet every four or six months," he said. "It's not sustainable or affordable."<sup>23</sup> And, like Dix, Pollard was not canceled, censored or deplatformed.

January 11, 2022, Bloomberg also reported that "European Union regulators warned that frequent COVID-19 booster shots could adversely affect the immune response and may not be feasible. Repeat booster doses every four months could eventually weaken the immune response and tire out people, according to the European Medicines Agency."<sup>24</sup>

Marco Cavaleri, the EMA's head of vaccines strategy, said during a January 11, 2022, press briefing:<sup>25</sup>

*"While use of additional boosters can be part of contingency plans, repeated vaccinations within short intervals would not represent a sustainable long-term strategy. [Boosters] can be done once, or maybe twice, but it's not something that we can think should be repeated constantly. We need to think about how we can transition from the current pandemic setting to a more endemic setting."*

That same day, the World Health Organization's Technical Advisory Group on COVID-19 Vaccine Composition (TAG-CO-VAC) also issued a statement<sup>26</sup> saying that "a

vaccination strategy based on repeated booster doses of the original vaccine composition is unlikely to be appropriate or sustainable.”

They also stated that COVID vaccines that actually prevent infection and transmission need to be developed. The timing of all these statements is nothing if not remarkable. It shows just how coordinated this pandemic narrative is, all around the world.

## **Justice Sotomayor Called Out**

Perhaps the best example that the narrative is undergoing a radical overhaul, Childers says, is Supreme Court Justice Sonia Sotomayor being fact checked and called out as a liar by The Washington Post:

*“You’ll recall that Sotomayor confidently told the lawyers during oral argument Friday that ‘100,000’ children were in critical care and on ventilators with Omicron. The lawyers didn’t challenge her even though there aren’t that many total ICU beds in the whole country.*

*But on Saturday – the next day! – the Washington Post ran an article headlined, ‘Sotomayor’s false claim that ‘over 100,000’ children are in ‘serious condition’ with COVID.’ FALSE CLAIM?? What?? Here’s how the fact-checking article ended:*

*‘It’s important for Supreme Court justices to make rulings based on correct data ... But Sotomayor during an oral argument offered a figure – 100,000 children in ‘serious condition ... many on ventilators’ – that is absurdly high. She earns Four Pinocchios.’ It might be unprecedented for a major liberal newspaper to call out a liberal Justice. What could be going on? ...*

*There seems to be a LOT of sudden momentum surging in the direction of ending the pandemic. If I’m right, we’re going to see even more of this, and pretty quickly, since Biden has to wrap it up in time to declare victory on March 1. Which would explain why they pushed the SOTU back a month. They need the time to get the pandemic wrapped up.”<sup>27</sup>*

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