

# How Medical Technocracy Made the Plandemic Possible

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

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## STORY AT-A-GLANCE

- › Technocracy is an economic ideology built around totalitarian rule by unelected leaders that got its start in the 1930s, when scientists and engineers got together to solve the nation's economic problems
- › The word comes from the word "techn," which means "skill," and the god "Kratos," which is the divine personification of power. A technocrat is someone who exercises power over you on the basis of their knowledge
- › Evidence of technocratic rule has also become evident during the pandemic. The censoring and manipulation of medical information is part and parcel of the social engineering part of this system
- › The medical technocracy has lied to us about several things, starting with the risk of death from COVID-19. Based on deaths per capita, the global average death rate for COVID-19 is 0.009%. The average person's chance of surviving this disease is 99.991%
- › Evidence that the technocratic fear propaganda is working can be seen in a recent poll, which found Millennials believe 2% of their generation will die from COVID-19

### From Dr. Joseph Mercola

Since COVID-19 first entered the scene, exchange of ideas has basically been outlawed. By sharing my views and those from various experts throughout the pandemic on COVID treatments and the experimental COVID jabs, I became a main target of the White House, the political establishment and the global cabal.

Propaganda and pervasive censorship have been deployed to seize control over every part of your life, including your health, finances and food supply. The major media is a key player and has been instrumental in creating and fueling fear.

I am republishing this article in its original form so that you can see how the progression unfolded.

The Doctors for Disaster Preparedness<sup>1</sup> lecture above, given August 16, 2020 in Las Vegas, Nevada, features Dr. Lee Merritt, an orthopedic spinal surgeon with a medical practice in Logan, Iowa.<sup>2</sup>

In her presentation, she discusses how geopolitical power can be swayed in the absence of an identifiable army or declared war. She talks about the cognitive dissonance we're currently facing, when what we're told no longer corresponds with known facts or logical thinking.

And she reviews how medical technocrats — the so-called medical experts and political leaders who have turned the world upside-down in response to COVID-19 — have been 100% wrong about everything they've been telling us.

They've been wrong about the initial risk assessment, testing, preventive measures, mask wearing and social distancing. They've conflated "cases" or positive tests with the actual illness. They're also guilty of errors of omission — not telling us what medical doctors and scientists know to be helpful.

*"I can give you the benefit of the doubt when you're wrong about one or two things, but when you're wrong 100% of the time, consistently, that is not by accident," Merritt says. "They should have come up with something that was in our best interest if they really cared about us."*

## **The Rise of Technocracy**

Merritt credits her understanding of technocracy to reading Patrick Wood's book, "Technocracy Rising: The Trojan Horse of Global Transformation." Wood is also the

editor in chief of Technocracy News & Trends. I recently interviewed Wood. His interview is featured in [“The Pressing Dangers of Technocracy.”](#)

As explained by Wood and Merritt, technocracy is an economic ideology built around totalitarian rule by unelected leaders. It got its start in the 1930s during the height of the Great Depression, when scientists and engineers got together to solve the nation’s economic problems. At the time, it looked like capitalism and free enterprise were going to die, so they decided to invent a new economic system from scratch.

They called this system “technocracy.” The word comes from the word “techn,” which means “skill,” and the god “Kratos,” which is the divine personification of power. As explained by Merritt, a technocrat is someone who exercises power over you on the basis of their knowledge.

**“ Based on deaths per capita, the death rate for COVID-19 is 0.009%. That means the average person’s chance of surviving this disease is 99.991%. ”**

As an economic system, technocracy is resource-based. Rather than basing the economic system on pricing mechanisms such as supply and demand, the technocratic system is instead based on energy resources. In a nutshell, under this system, companies would be told what resources they’re allowed to use, when, and for what, and consumers would be told what to buy.

Former President Obama’s implementation of economic fines for those unwilling or unable to purchase health insurance could be viewed as an example of this system, in which you do not have the freedom to choose whether you want to buy a service or not. Your only choices are to purchase that which is mandated, or pay a fine.

The technocratic system also involves, indeed requires, social engineering, which relies on massive data collection and the use of artificial intelligence. Technocrats have silently and relentlessly pushed this agenda forward ever since those early days in the ‘30s, and signs of its implementation are becoming increasingly visible.

Evidence of technocratic rule has also become evident during the pandemic. The censoring and manipulation of medical information are part and parcel of the social engineering part of this system.

## **The Lies We've Been Told About COVID-19 Death Risk**

In her lecture, Merritt reviews several lies we've been told by the technocratic elite, starting with the actual risk of death. Based on deaths per capita, the death rate for COVID-19 is 0.009% (709,000 people have died from or with COVID-19 around the world, and the global population is 7.8 billion). That then means the average person's chance of surviving this disease is 99.991%.

The area with the highest death rate, New York, has a death per capita rate of 0.17%, yet Dr. Anthony Fauci publicly lauded New York for its excellent COVID response. This is just one example that has caused cognitive dissonance, as praising the area with the highest death rate (even if low overall) as having one of the best responses simply isn't logical.

Ironically, five of the six countries with the lowest death rates (ranging between 0.00003% and 0.006%) did very little in terms of pandemic response; they didn't shut down or order people to stay home.

Yet, we're told these measures are absolutely necessary, and must continue, perhaps indefinitely. This too creates massive cognitive dissonance, as it goes against all logic. If an action doesn't result in an observable benefit, it simply doesn't make sense to continue, let alone claim that was and is necessary.

## **Purposeful Conflation of 'Positive Tests' With 'Cases'**

Furthermore, instead of comforting everyone and opening the world back up when the death toll started falling, the narrative suddenly shifted focus to "cases," meaning people who tested positive for SARS-CoV-2 – regardless of whether they had symptoms. More cognitive dissonance, as the primary measure of disease threat is its lethality.

As noted by Merritt, since ancient times, a “case,” medically speaking, has referred to a sick person. It never ever referred to someone who had no symptoms of illness.

Now all of a sudden, this well-established medical term, “case,” has been completely and arbitrarily redefined to mean someone who tested positive for the presence of viral RNA. “That is not epidemiology. That’s fraud,” Merritt says.

What’s more, most of the tests used have no benchmarks, meaning we don’t know what the rates of false positives and false negatives are. And, many areas are tacking on extra “cases” when someone tests positive and relays that they’ve been around other people. Again, “that’s fraud,” Merritt says.

Evidence that the technocratic propaganda is working can be seen in a recent poll by Harvard, Oxford and Universita Boconi, which found Millennials believe 2% of their generation will die from COVID-19. “That’s 10,000 times more than the reality,” Merritt says. “It’s just completely out of proportion to reality.”

## **The Lies We’ve Been Told About Mask Wearing**

Lie No. 2 is about the benefits of mask wearing. “It’s not scientifically sound, so why are we doing it?” Merritt asks. It’s “just a symbol of submission.” As noted in her slide show, “The strongest argument for mask wearing is it sounds good. The strongest argument against mask wearing is it doesn’t work at all.”

Alongside that quote is a photo of a man’s face covered in dust particles after sawing sheetrock wearing a Class II medical earloop facemask, with the caption, “Each particle of sheetrock dust is 10 microns. Coronavirus is 0.125 microns. Any questions?”

The coronavirus is nearly 100 times smaller than sheetrock dust. In other words, surgical masks cannot and do not block the coronavirus (or any other virus for that matter). Surgical mask boxes are even printed with the warning that the mask “will not provide any protection against COVID-19 or other viruses,” and “does not reduce the risk of contracting any disease or infection.”

Ditto for medical N95 respirator masks, as they only block particles larger than 0.3 microns. N95 masks are used in hospital settings to protect against tuberculosis, as the TB virus is 3 microns. You must, however, wear the correct size, it must be properly fitted to your face, and you must follow certain procedures when putting it on and removing it to prevent cross contamination.

OSHA respirators, used by construction workers and other industries, also screen down to 0.3 microns, but they are equipped with a one-way valve. So, it only screens the air coming in, not the air going out. So, you're in no way protecting others when wearing such a mask.

## **The Quality of Data Is What Matters**

Merritt also discusses a publication in PNAS, "Identifying Airborne Transmission as the Dominant Route for the Spread of COVID-19,"<sup>3</sup> in which the authors purport to support mask wearing by looking at New York City as a model. According to Merritt, she has serious concerns about this study, as it doesn't control for the No. 1 factor that reduces infectivity, namely humidity.

The higher the humidity, the lower the infectivity rate. The paper also has "all these bizarre references," Merritt says, "that have absolutely nothing to do with the precursors of anything you would look at to do this kind of research."

What's more, at least one of the authors listed, Yuan Wang, has no medical background whatsoever. He's in the division of planetary and geological sciences at Cal Tech.

The graph showing that infectivity in New York City was reduced when mask wearing was mandated also matches the natural downslope seen in Sweden (which had no lockdown or mask mandate) as the infection ran its course. In no way does it prove that mask wearing actually prevents infection. "This is a very sophisticated made-up fraud, I think," Merritt says.

She also reviews other publications in the medical literature showing masks do not protect against viral infections – including a May 2020 review by the Centers for

Disease Control and Prevention itself, which I wrote about in “WHO Admits: No Direct Evidence Masks Prevent Viral Infection.” In that review, the CDC concluded that masks did not protect against influenza in non-health care settings.

Merritt also cites studies showing there’s no difference between surgical masks and medical N95 masks. For a better understanding of the science, she recommends reading Denis Rancourt’s paper,<sup>4</sup> “Masks Don’t Work: A Review of Science Relevant to COVID-19 Policy.” I’ve also interviewed Rancourt, who has a Ph.D. in physics, about his findings, which you can find in “Masks Likely Do Not Inhibit Viral Spread.”

## **Mask Mandates for Peons and the Social Distancing Lie**

The suspicion that masks are little more than suppression muzzles also gains strength by the fact that lawmakers are exempting themselves and certain categories of workers from their mask mandates.

Two examples given in Merritt’s lecture is the D.C. mask mandate, which exempts lawmakers and government employees. In Wisconsin, the Governor has exempted all politicians from the mask order. If masks truly worked, wouldn’t these workers be prime candidates for wearing masks everywhere to prevent them from getting ill and dying?

The third lie Merritt reviews is the 6-foot social distancing rule. Thirty-four minutes into the lecture, you’ll find a fascinating video from a study<sup>5</sup> published March 26, 2020, in JAMA Insights, demonstrating the particle emissions occurring when sneezing. In this study, they showed emissions can reach 23 to 27 feet (7 to 8 meters) – a far cry from the 6-foot distance we’re told will keep everyone safe.

## **The Biggest Lie: Lysosomotropic Agents Don’t Work**

Lie No. 4, which Merritt believes is the biggest one of all, is that lysosomotropic agents (drugs that acidify the lysosome) such as chloroquine and hydroxychloroquine don’t work. Fauci has repeatedly stated that these drugs either don’t work, that there’s insufficient evidence, or that the evidence is only anecdotal.

Yet the National Institutes of Health itself published research<sup>6</sup> in 2005 showing chloroquine is a potent inhibitor of SARS coronavirus infection and spread, actually having both prophylactic and therapeutic benefits. As the director of the National Institute of Allergy and Infectious Diseases (NIAID), which is a part of the NIH, since 1984, Fauci should be well aware of these findings.

As for what the motive might be for suppressing the use of hydroxychloroquine, despite all the evidence showing it works quite well when used early in the course of treatment, Merritt points to a 2006 study<sup>7</sup> in the *Virology Journal*, titled “In Vitro Inhibition of Human Influenza A Virus Replication by Chloroquine.”

That study delivered “overwhelming proof that chloroquine inhibited influenza A,” Merritt says. Now, if an inexpensive generic drug can prevent influenza infection, then what would we need seasonal influenza vaccines for?

Another paper,<sup>8</sup> “Effects of Chloroquine on Viral Infections: An Old Drug Against Today’s Diseases?” published in *The Lancet Infectious Diseases* in 2003, discussed the potential of chloroquine against a range of viral diseases.

So, not only might we have an inexpensive remedy that can fight the flu, it might be useful against many other diseases as well. In short, were these drugs to be recognized for their antiviral benefits, they could disrupt the drug industry to a significant degree. Is that why they’re suppressed and vilified?

## **Follow the Money**

Merritt also reviews Dr. Vladimir Zelenko’s clinical experience with hydroxychloroquine, which you can read more about in “How a False Hydroxychloroquine Narrative Was Created.” Of course, the media vilified Zelenko rather than applauding his remarkable successes against COVID-19.

Even more egregiously, Merritt notes, was the fact that a Baltimore federal prosecutor actually started an investigation into Zelenko based on his statement that



hydroxychloroquine is FDA approved. “It is FDA approved,” Merritt says. “You don’t go back once things are FDA approved to get reapproval for a new indication.”

Doctors have always had the ability to prescribe drugs off-label for other conditions once they’ve been approved by the FDA, which is precisely what doctors have been doing with hydroxychloroquine. But now all of a sudden, that common (and perfectly legal) practice is portrayed as controversial, unethical and/or illegal.

There’s also the clinical experience of French microbiologist and infectious disease expert Didier Raoult, founder and director of the research hospital Institut Hospitalo-Universitaire Méditerranée Infection,<sup>9</sup> who reported<sup>10,11</sup> that a combination of hydroxychloroquine and azithromycin – administered immediately upon diagnosis – led to recovery and “virological cure” in 91.7% of patients.

Merritt also reviews the fraudulent science that has been used to suppress hydroxychloroquine use, referring to these studies as “a new level of fake papers.” In one instance the authors pulled the data set out of thin air. They made it up.

Yet these fraudulent papers were published in *The Lancet* and *The New England Journal of Medicine*, two of the most prestigious peer-reviewed medical journals in the world. It’s worth asking how that could happen. As noted by Merritt, what we’re told and what’s borne out by facts simply don’t add up.

Hydroxychloroquine costs \$10 to \$20 for a course of treatment, is already FDA approved, has minimal side effects and has been shown to cut the death rate by 50% when given early in the treatment of COVID-19.<sup>12</sup>

Yet Fauci is pushing the use of remdesivir,<sup>13</sup> an intravenous drug for late-stage severe COVID-19 infection that costs \$3,600, has been shown to cause severe side effects in 60% of patients, and doesn’t reduce the death rate. It merely reduces the recovery rate by an average of 31%, or four days.

Merritt believes the reason we’re not embracing hydroxychloroquine is because it could demolish the \$69 billion vaccine industry. That alone is enough of a motive to warrant a

cover-up, she notes.

The drug could also eliminate one of the most powerful leverages for geopolitical power that the technocrats have, namely biological terrorism. If we know how to treat and protect ourselves against designer viruses, their ability to keep us in line by keeping us in fear vanishes.

## **Lies by Omission and Ultimate Motives**

Last but not least, Merritt reviews lies of omission — facts that would have saved lives had they been promoted. This includes data showing that higher vitamin D levels reduce both the severity of COVID-19 infection and the mortality. So, who benefits from the suppression of data and information that can save lives and the promotion of medical lies?

According to two investigators, John Moynahan and Larry Doyle, Bill Gates negotiated a \$100 billion contact tracing contract with Democratic Congressman Bobby L. Rush — who also introduced HR 6666, the COVID-19 TRACE Act — six months before the COVID-19 pandemic broke out, during an August 2019 meeting in Rwanda, East Africa.<sup>14</sup>

The U.S. government has also purchased 100 million doses of a COVID-19 vaccine still under development by Pfizer and BioNTech. As noted by Merritt, we keep seeing how drug companies fund working groups on diseases, and then when the disease breaks out, those same drug companies make billions in profit.

But aside from profit, Merritt is convinced there's another reason behind the illogical pandemic responses we're seeing. She points out how in a few short months, we've been dramatically shifted from a state of freedom to a state of totalitarianism. And the way that was done was through the technocratic mechanisms of social engineering, which of course involves psychological manipulation.

## **Psychological Manipulation Tools**

Merritt reviews psychiatry professor Albert Biderman's work on psychological manipulation and his "chart of coercion," all of which can be clearly related to the COVID-19 response:

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**Isolation techniques** – Quarantines, social distancing, isolation from loved ones and solitary confinement

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**Monopolization of perception** – Monopolizing the 24/7 news cycle, censoring dissenting views and creating barren environments by closing bars, gyms and restaurants

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**Degradation techniques** – Berating, shaming people (or even physically attacking) those who refuse to wear masks or social distance, or generally choose freedom over fear

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**Induced debility** – Being forced to stay at home and not be able to exercise or socialize

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**Threats** – Threatening with the removal of your children, prolonged quarantine, closing of your business, fines for noncompliance with mask and social distancing rules, forced vaccination and so on

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**Demonstrating omnipotence/omniscience** – Shutting down the whole world, claiming scientific and medical authority

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**Enforcing trivial demands** – Examples include family members being forced to stand 6 feet apart at the bank even though they arrived together in the same car, having to wear a mask when you walk into a restaurant, even though you can remove it as soon as you sit down, or having to wear a mask when walking alone on the beach

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**Occasional indulgence** – Reopening some stores and restaurants but only at a certain capacity, for example. Part of the coercion plan is that indulgences are

always taken away again, though, and they're already saying we may have to shut down the world again this fall

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Merritt packs a lot of information into her hour-long presentation, so I hope you take the time to view it. Aside from what I've already summarized above, she also reviews:

- The influence of the World Health Organization and its largest funder, Bill Gates, and his many connections to the drug and vaccine industries, digital economy and digital tracking technologies
- The curious similarities between the Gates-funded Event 201 and current world events
- The consistent failures to create coronavirus vaccines in the past, as all trials revealed the vaccines caused paradoxical immune enhancement, which made the disease more lethal. You can learn more about this in "Robert F. Kennedy Jr. Explains Well-Known Hazards of Coronavirus Vaccines"
- Fauci's conflicts of interest

## Sources and References

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- <sup>1</sup> [Doctors for Disaster Preparedness](#)
- <sup>2</sup> [Linkedin](#)
- <sup>3</sup> [PNAS June 30, 2020; 117 \(26\) 14857-14863](#)
- <sup>4</sup> [River Cities' Reader June 11, 2020](#)
- <sup>5</sup> [JAMA Insights March 26, 2020; 323\(18\):1837-1838](#)
- <sup>6</sup> [Virology Journal 2005; 2: 69](#)
- <sup>7</sup> [Virology Journal May 29, 2006; 3:39](#)
- <sup>8</sup> [The Lancet Infectious Diseases November 2003; 3\(11\): 722-727](#)
- <sup>9</sup> [Institut Hospitalo-Universitaire Méditerranée Infection](#)
- <sup>10</sup> [Travel Medicine and Infectious Disease May-June 2020; 35: 101738](#)
- <sup>11</sup> [New York Times May 12, 2020](#)
- <sup>12</sup> [Physician's Weekly July 2, 2020](#)
- <sup>13</sup> [CIDRAP April 29, 2020](#)
- <sup>14</sup> [True Pundit June 11, 2020](#)