# Facts, Fear, Futility, Fantasy and Foolishness Summary

## Ivor Cummins summary starts on Page 5.

## The first 4 pages are is the analysis and comments of Bernhard Kirschner

## Looking at the Numbers and how Lockdowns & Masks have little effect

Many are looking at the death rates around the world and realising that introducing lockdowns, hand washing and wearing face masks did not reduce mortality trends. Additionally, after opening economies and removing restrictions again, there was little effect on these death trends. The inescapable conclusion is that these so-called preventative actions were futile and did not change the course of the pandemic. Can we now safely say that the foolish fear-driven social and economic damage through lockdowns was an exercise in futility, and to continue any further attempts to control the course of the infection will be fantasy?

Are we introducing restrictions because governments feel that they have to do something, even if they sense that it is futile? Australia has just 53 Covid-19 patients in hospital, plus 12 Intensive care cases, with 4 daily deaths, yet has restrictions and even total lockdowns in Victoria, regardless of the financial, social, psychological losses.

Ivor Cummins uses official statistics in his videos to show that government responses to SARS-CoV-2 do not seem to have much impact on the infection and less on the mortality trends. It would seem that the imposition of draconian restrictions for the much-quoted mantra of saving lives was unjustified. Watch this YouTube video at https://www.youtube.com/watch?v=8UvFhIFzaac&feature=youtu.be, and more explanations at https://www.youtube.com/watch?v=eKKIr425b40&feature=youtu.be or at least read the attached pdf summary. It would appear that those who supported, then suffered lockdowns do not want to admit the mistake of so much for so naught. It would be fair to say that the media has delightedly gone along with the policy to maintain the fear without question.

## The 80/80 Co19 rule

If saving lives was the reason for lockdowns, then it was out of all proportion to the lives saved compared to the catastrophic damage of lockdowns. In most countries, **80%** of the deaths with or from Covid-19 were **over 80 and or in poor health.** Due to age and susceptibility to infection, sadly, their life expectancy would have been measured in months, rather than years. Although every day of every life is important, saving these lives should have been considered against the terrible damage **done** to our society. In the US, almost 40% of the deaths came from nursing homes, 50% in Europe, and in Canada 82%.

## Governments and media have been seeking advice from the wrong experts

Most governments and the media have been seeking advice from their medical professionals who by training and profession are preoccupied with saving every sick person without adequately considering the horrific wide-ranging damage from lockdowns and restrictions compared to possible lives saved.
Doctors should stick to treating disease and not decide on peoples behaviour and government policy.

## Fact – the proof is in the charts

Despite the intuitive belief that lockdowns, masks, hand washing and social distancing, should have changed the course of the coronavirus, the mortality statistics prove otherwise. It is as if nature, God or the grim reaper had decided that the virus will claim X amount of lives, and nothing man and woman can or will do will significantly change those numbers. Additionally, as shown on these charts, a significant influence on each country's death rates is whether the previous year's mortality was above or below average.

If in the past year, a country's mortality was **above** average, particularly from respiratory diseases like influenza, then deaths from Covid-19 in the following year will be **lower**. If in the previous year the death rates, particularly from a respiratory illness like flu, were **lower** than average, then Covid-19 mortality will be **high** due to the larger number of susceptible weaker targets for the virus as would dry timber be in a fire.

We can now with confidence show that the foolish fear-driven social and economic damage through lockdowns was an exercise in futility. Statistics now show that their introduction has no discernible effect on mortality rate trends. Most telling, countries without or limited lockdowns show the same chart shapes and mortality rates, after considering their last year's flu numbers. Doing the same thing again and again and expecting a different result is insanity, so continuing the same attempts to control the course of the infection is insanity.

It might be that effective total isolation before the coronavirus can establish itself in a country or an area could be effective before the virus arrives. Once there are cases in a community, restrictions will make little difference, possibly only slowing down the spread of the virus by isolating individuals and some groups. Eventually, when their isolation ends, these protected groups will be vulnerable to the virus since they have had no opportunity to develop some immunity. Once the virus is loose in the community, all you can do is protect the vulnerable, especially in care homes effectively, with PPE, sterilising, limiting outside contact and strict staff control, even though these remedies have other effects.

## Excessive testing of the healthy is an exercise in futility

The PCR test is not very accurate, believed to be above 90%, an excellent % from a school exam but not for a medical test, but is unable to differentiate between active virus, infectious and non-infectious patients, symptomatic and asymptomatic cases, virus fragments and more. The immune system works to neutralise the virus and prevent further infection. Whilst an infectious stage may last a week or so because inactivated RNA degrades slowly over time, it may still be detected many weeks after infectiousness has dissipated. It results in significant false positives and negatives. The tests are unfair because we condemn false positives to isolation, and we release false negatives into the community.

It is futile because the significant statistic is Covid-19 deaths, supported by hospital cases, particularly in ICU, excluding those who are there for isolation. Excessive positive tests result in fear-driven responses like futile lockdowns, especially with negligible mortality. Delayed test results are almost useless, particularly for quarantining and effective contact tracing. The present phone apps have limited accuracy because the location technology is not accurate within meters. Try using your phone or computer to find your location and see how accurate it is. Importantly and incredibly we do not yet know how the virus spreads, through contact, the air, droplets, or surfaces, even to know how close you need to be an infection risk, making phone contact tracing almost futile.

## About Immunity

It would appear that only about 20% of us are easily susceptible to coronaviruses, supported by the number on the infections in closed groups such as the Diamond Princess cruise ship. The rest might have stronger resistance, probably from some contact with similar coronaviruses such as an influenza strain in the past. There could be other reasons like T cells, mucosal protection, innate IgA antibodies and immune system resistance. This immunity might explain the Gompertz graph wherein in cooler climates the infection rate usually climbs quickly, then falls steadily as communal resistance grows. It may be that with slowly increasing virus load in the community and more contact with the virus, people develop more immunity. When the virus spreads in warmer climates, both the growth and decline are slower, as is the lower peak longer. How else can we explain how the mortality rates do not become excessive with the development of infection?

Additionally, the number of infections is known to be far greater than those known. Professor Shabir Madhi, vaccinologist, believes that the coronavirus has probably infected 40% of people living in SA's densely populated areas. There can and will be second and even third waves, but mortality should be far less with many of those in poor health having already succumbed, as well as greater resistance and immunity.

## Isolation and Lockdown

It is logical to assume that effective total isolation in a country or an area would be effective before the coronavirus can establish itself, but only before the virus arrives. We do not know at what point the virus becomes established. Once there are enough cases in a community, restrictions are futile, possibly isolating individuals, and some groups will slow down the spread of the virus. Eventually, when their isolation ends,

these protected groups will be more vulnerable to the virus since they have had no opportunity to develop some immunity. Isolation is useful as a delaying measure justified until an effective vaccine or cure. More confusing are statistics that show that in New York, 66% of Covid-19 cases were patients who had self-isolated at home. Most telling, countries without or less stringent lockdowns show the same chart shapes and similar mortality rates, after considering their last year's mortality rates, particularly the flu numbers.

## Hand hygiene could be an exercise in futility.

After the WHO, the CDC and almost every health organisation told us that the most transmission was from droplets on surfaces transmitted to our hands then to our faces, the CDC now says that this is an unlikely source of virus transmission. There were reports that the virus though detectable on surfaces, was too damaged to cause infection. One justification for mask-wearing was to stop droplet transmission. Cleanliness may be close to Godliness, will prevent bacterial infection, but it may not protect you from Covid-19.

## Masks controversy

The effectiveness of masks has advocates and opponents; each will find good reasons and reviews to prove their opinion. Those in favour of masks will say that it is better to minimise any exposure to the virus and show reports of their effectiveness. Those opposing masks can show proof of their ineffectiveness, and anyway, exposure to SARS-CoV-2 will allow the body to develop beneficial resistance to infection. With the introduction of seat belts despite opposition, the effect on lives saved was apparent, and that was the proof.

When we look at statistics, we see that the introduction of compulsory mask-wearing or its removal has no discernible impact on mortality rate trends, and we see that masks barely help contain the spread, counter to our intuitive belief. You would think that any mask would prevent virus spread by an infectious patient, but also there have been no measurable effects shown on the trends. Masks are effective protection against bacteria which are giants when compared to viruses, about 200x larger than the .060 to .140 nanometers of the SARS-CoV-2. An incorrectly fitted mask will be ½ as effective, while some surgical and cloth masks may only filter 75% of the virus. Additionally, the mask does not destroy the virus, only trap it on the mask until it deteriorates. The jury is still out on masks.

## Why, where, when did mask-wearing become compulsory?

When the Centers for Disease Control and Prevention (CDC) accepted SARS-CoV-2 viral shedding, on April 3, 2020, it recommended that the public wear cloth face coverings in areas with **high rates of community transmission.** This guidance was without any proven new information about the effectiveness of masks in preventing infection spread. It led governments to introduce compulsory facial masking no matter the rates of community transmission. It appears that politicians and medical experts have been incapable of determining what high or low areas are, so they have forced everyone to wear a mask everywhere, fomenting the counter mask culture.

## Fact - Some actions increase resistance and can reduce the effect of infection

There are convincing studies that show that Vitamin D and Zinc increase resistance and lessen the severity of the infection. Even Dr Fauci claims to take 600 mg of Vitamin D daily. So is good healthy exercise, sunlight, good diet and sufficient sleep. The lack of sleep might account for the possibly higher mortality in overworked health workers.

Although not conclusive, there are now many reports that show that HCQ reduces death by about 1/3. Earlier reports of fatalities were from associated with giving 10x the recommended dosage of HCQ. Of interest, if you do a Google search on HCQ, you will only find reports where HCQ failed, none of the 77+ that indicated effectiveness. Ivermectin, steroids and other drugs could help.

## So How and When does the virus spread?

We know that you can become infected from infected people. We have reports of diners in a restaurant infecting other diners at distant tables but not adjacent tables. We have a choir practice in the USA where 52 out of 60 of the singers became infected. One 69-year-old singer with cold symptoms was the super spreader, distributing high concentrations of the virus as they sang or spoke. The county had only two known cases on that day, March 10 so we can assume that the group had little contact with coronaviruses and little resistance to virus attack. We know that the more virus ingested, the greater the chance of becoming infected and increasing the severity of the infection.

## The vaccine

The mass media is now sowing fear about vaccines, that they will not be adequately tested, that there will not be enough. We will probably never use or need most of the vaccines in production, just like the unused ventilators. There will be little need for them, due to the effective end of the pandemic through growing immunity and the death of the most vulnerable. *SARS-CoV-2* will continue to infect some but hopefully kill relatively few healthy people, not that every Covid-19 death will continue to be newsworthy. Falling infection rates could delay vaccines as it will take longer to find comparative infections in the control groups.

## More are questioning

Many questioned lockdown, mask, hand hygiene and social distancing, even medical experts such as virologists but said nothing. They stayed silent, because of the climate of fear, loss of their job or mockery by their peers, doubting their own opinions. The media refused to publish dissenting opinions, I know because I tried. In some countries, there was the threat of prosecution for questioning government decrees. In South Africa, you were fined for breaking lockdown rules, but arrested for questioning the directives to the police or army officer.

YouTube, Twitter and other social media platforms which previously refused to limit access to racist and extreme groups and views, were quick to curb dissenting coronavirus views. Google adjusted its search engine to eliminate unfashionable ideas. A perfect example is the controversy around hydroxychloroquine, HCQ, a drug that was sold without a prescription for about 40 years with few ill effects. Maybe it was political because President Trump suggested it, possibly because of the poorly organised first experiments. There are now over 77 reviews of the success of HCQ, but you won't find any of them in a Google search, only the reports of death from HCQ, caused when inexplicably researches gave three to ten times the recommended dosage.

## Fear and Foolishness

Fear impairs performance of cognitive tasks through debilitating anxiety and worry. Even when the threat ceases to exist, prolonged fearful avoidance of threats is maladaptive and restricts return to normal – Dr Robert Brown – August 2020.

It is therefore essential for both our health and economy that we should make every effort to allay fears. This allayment of fear is difficult when there are restrictions on movement, on activities, on travel, distancing, about masks and particularly mass media reports that intimidate and frighten.

Around 80% of the deaths with Covid-19 are patients with co-morbidities and are aged. Most accept that it is an accepted principle for the government to act for the greatest good for the greatest number. Was it an act of foolishness to destroy the livelihoods of so many and the health and futures of so many to postpone the passing of comparatively few?

This Summary is the opinions of Bernhard Kirschner, supported by the work of many, particularly Ivor Cummins.

## Graphical evidence supporting the futility of lockdowns, masks and excessive testing

This report is based mostly on a 37 minute, and another clarifying 45 minutes of YouTube videos by Ivor Cummins, an analytical engineer has published and explained these graphs from official statistics. He uses mortality data to show that lockdowns and masks make **NO** difference to the progress of the corona-virus and how the deaths from last year's flu seasons can affect the severity of this year's Covid-19 mortality. He shows how climate affects the disease's spread and how excessive testing that skews positive test numbers does not indicate any second wave.

To watch and change your perceptions and fears about COVID-19 **Click here** https://youtu.be/8UvFhIFzaac and here at https://www.youtube.com/watch?v=eKKIr425b40&feature=youtu.be.

Should YouTube ban the video, there will be links on our website https://endco19.com/index.html where else to watch, and where you can download this pdf.

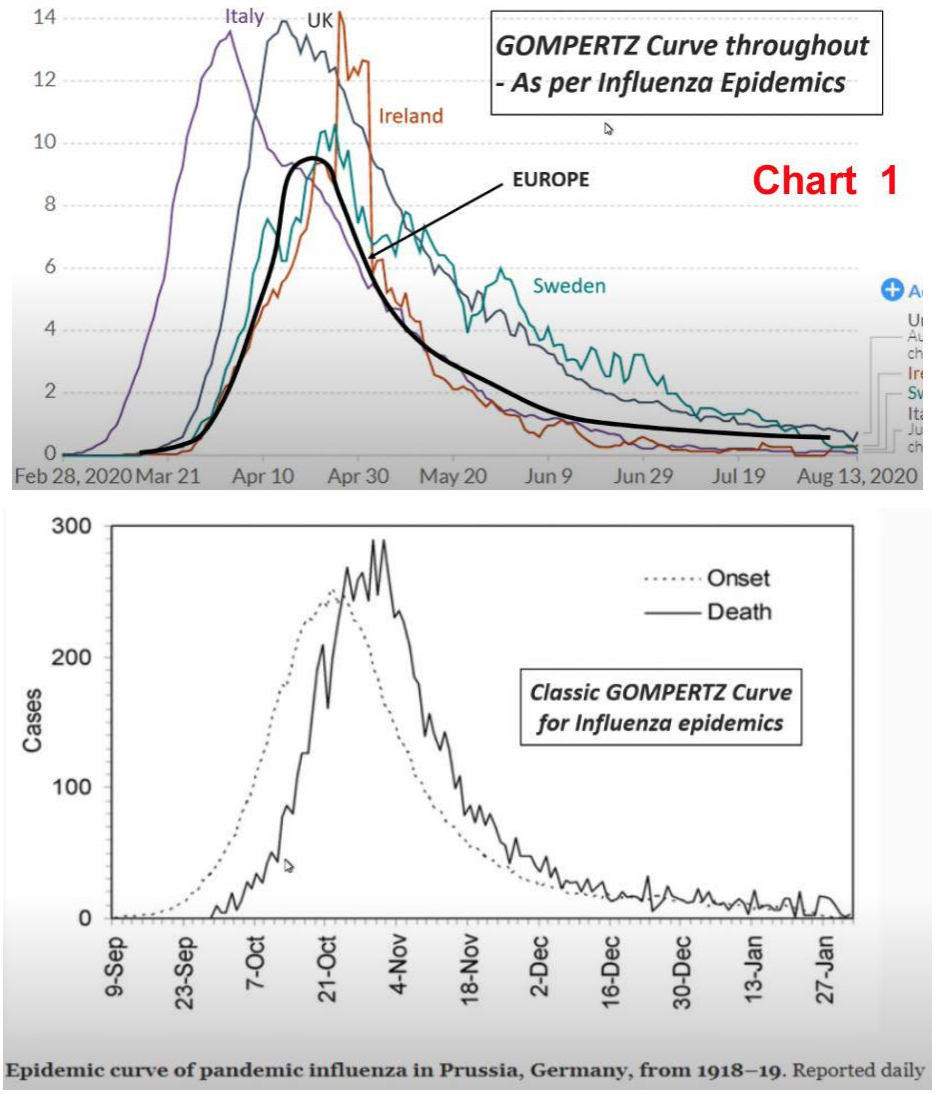



**Chart 1** - Ivor Cummins shows that many of the European death rates to Aug 2020 per million are similar and follow the **Gomperts curve** where the death rate rises quickly and falls off during the next few months. There is a belief by many experts that about 20% of the population are more vulnerable to the virus, with the rest having stronger resistance due to T cell and exposure to similar coronaviruses such as influenza building higher immunity. The 20% infection on the Diamond Princess and other ships support this conclusion.

The Europen curve is very similar to the fatalities for the Spanish Influenza 1918-19, which also appears above.

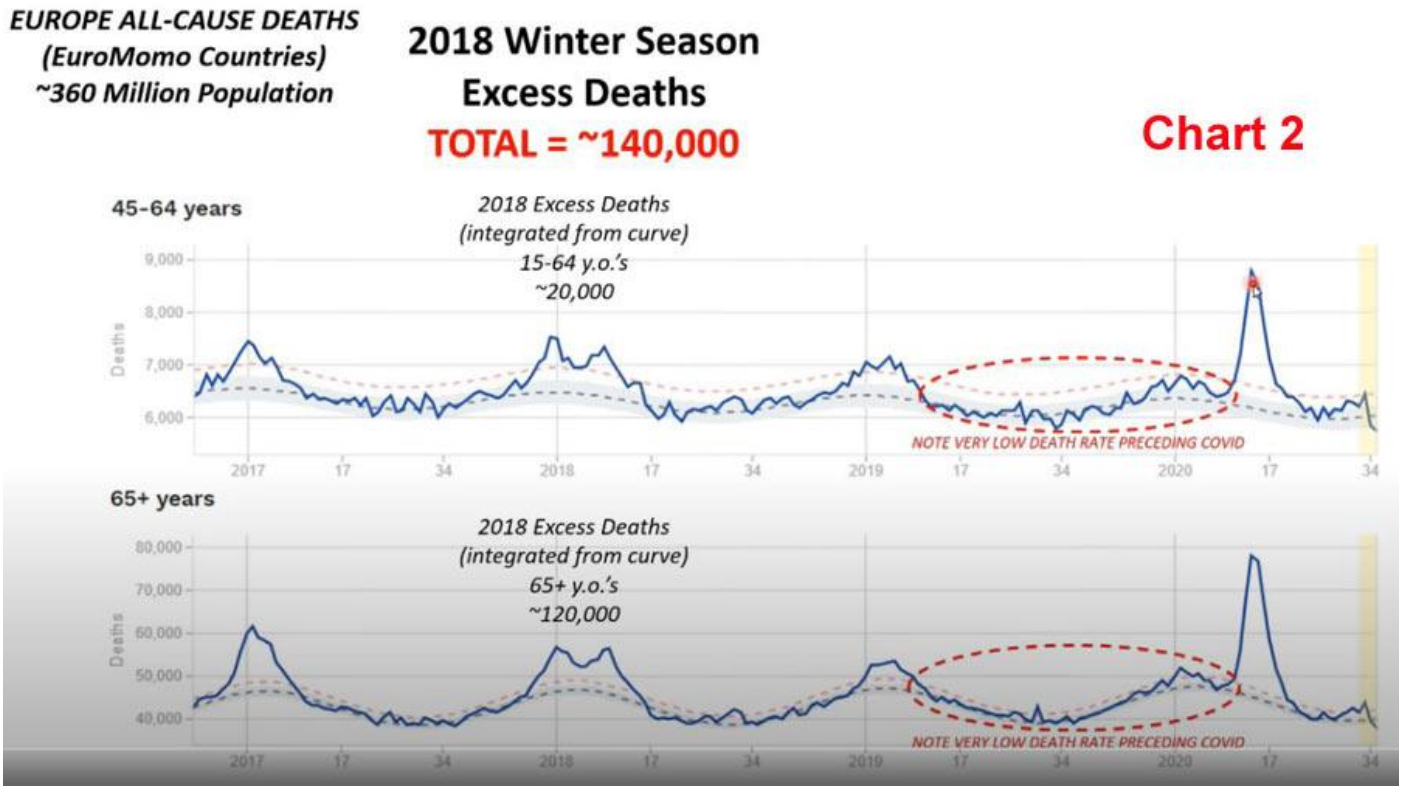



**Chart 2** shows how the lower than average deaths in most of Europe in 2019 affected the Covid-19 deaths in 2020. A low Influenza season with fewer deaths results in higher than usual average deaths the following years from the virus. In 2019 there were 140,000 less European deaths than in 2018, a year with more Influenza deaths than average, leaving more vulnerable or weaker targets for the virus at the end of 2019. Compare this to dry timber in a fire. In 2020 we had a very short sharp increase in deaths over about six weeks of about 180,000 people in Europe, not dramatic when considering the lower rate than usual in 2019.

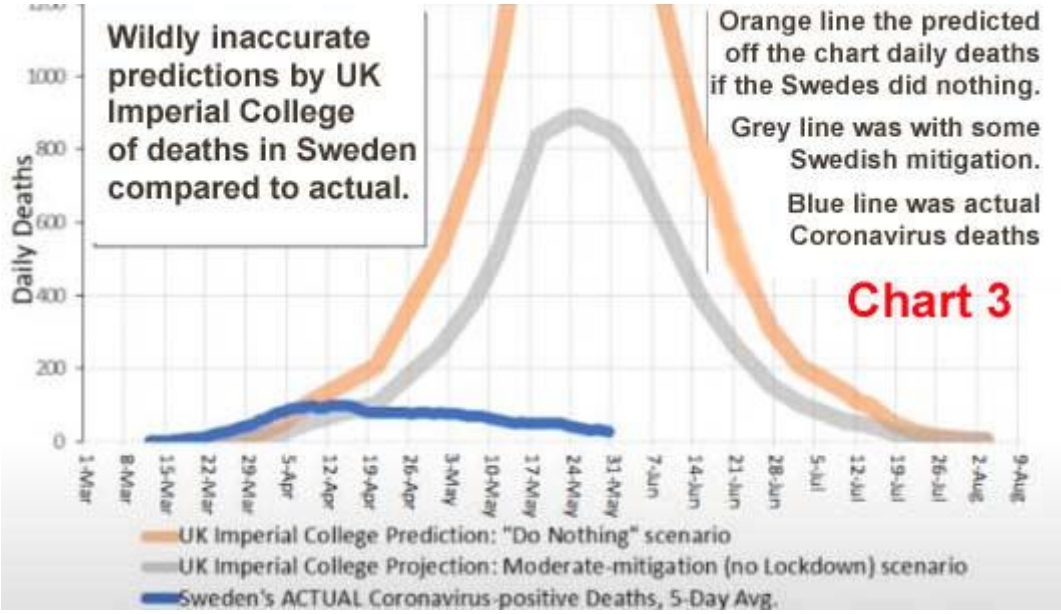



**Chart 3** shows how wildly overestimated death rates, by the UK Imperial College of Surgeons based on Chinese estimates more than 15 times too great aggravated the panic reactions, which threw the world into turmoil. The same UK Imperial College is advising the UK government on what to do.

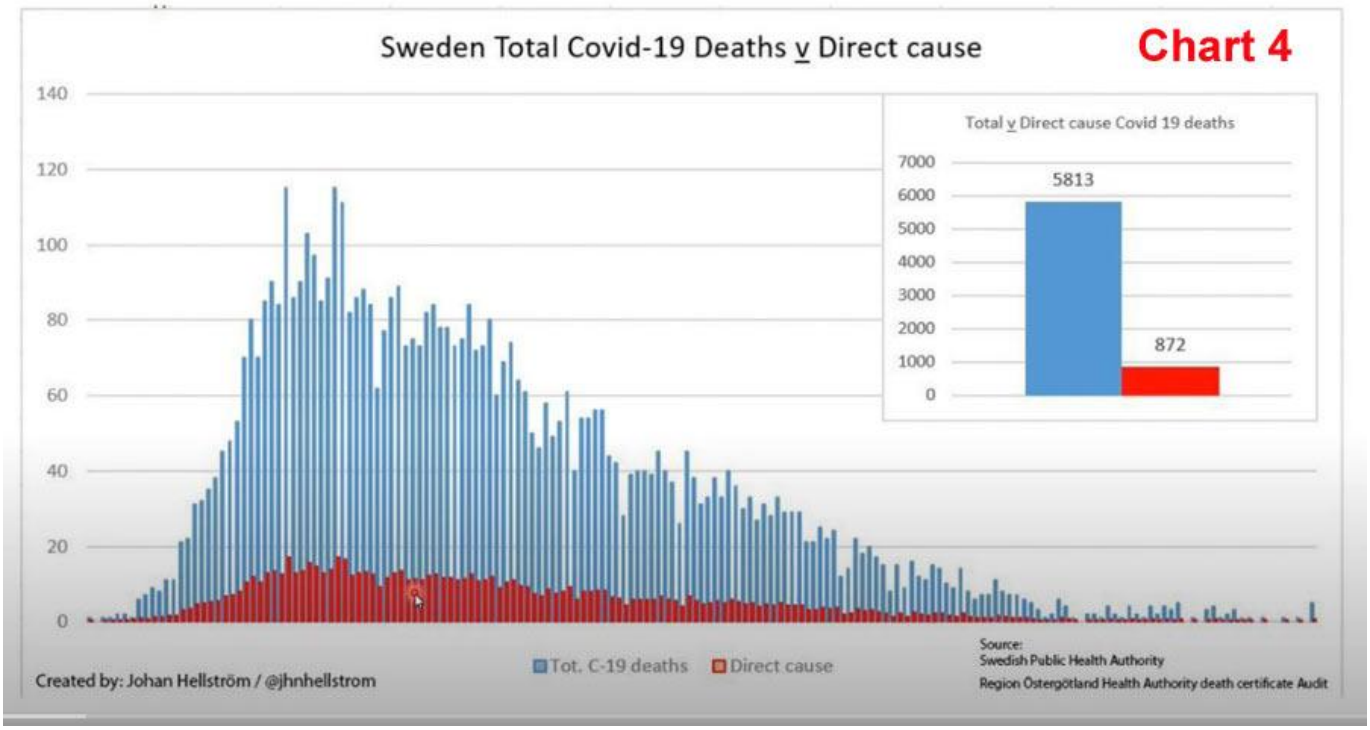



**Chart 4** shows how Sweden without lockdowns, not much mask-wearing, little distancing, 16 and up going to school followed the classic flu Gomperts curve. Currently, Sweden has almost no daily Covid-19 deaths, showing that having NO lockdown showed the same progress of the disease and shape of the chart compared to countries with lockdowns. Additionally, Sweden has had a very successful outcome with the public very protected from infection.

Sweden being very export-orientated, think of Volvo, Erikkson, Electrolux and Atlas Copco still suffered economically from the effects of the virus from lack of world demand, tourism and the subdued local demand from the media-induced fear.

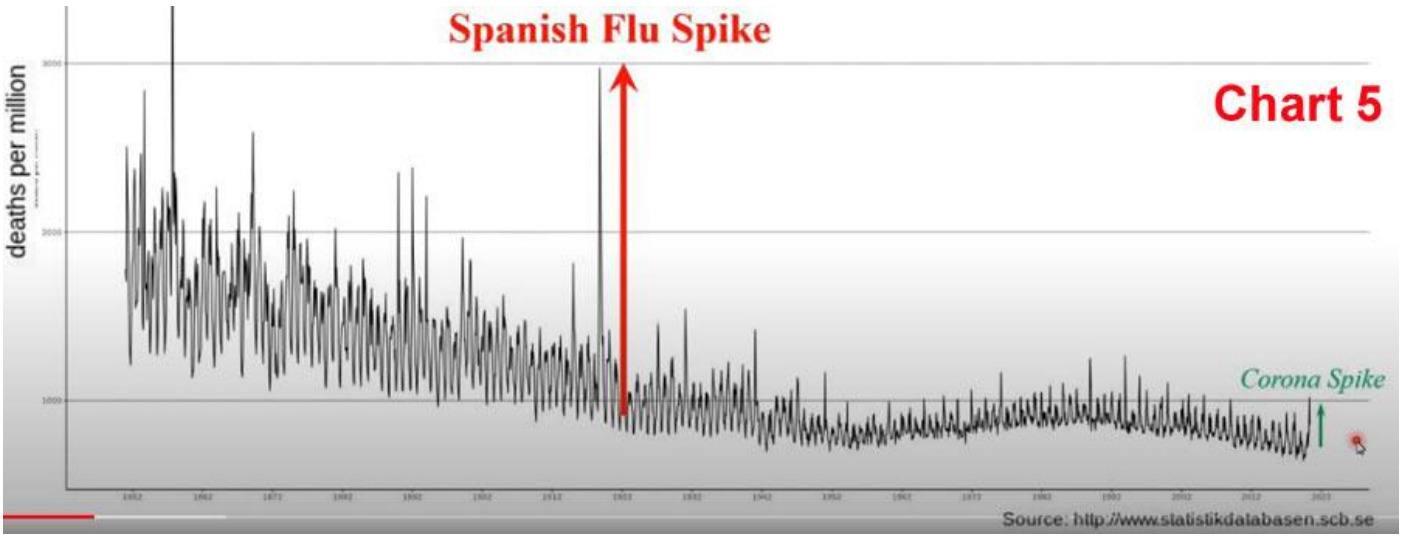



**Chart 5** shows the Swedish death rates over 170 years, with the vast deaths in 1920 from the Spanish flu. Note that the spike in 2020 is not much higher than spike every few years. Observe the dip in deaths the year before each upward rise, indicating that higher death rates are typical with nature catching up on past years lower rates. Note the drop in mortality just before the Corona spike, that left about 4,000 especially vulnerable targets in Sweden.

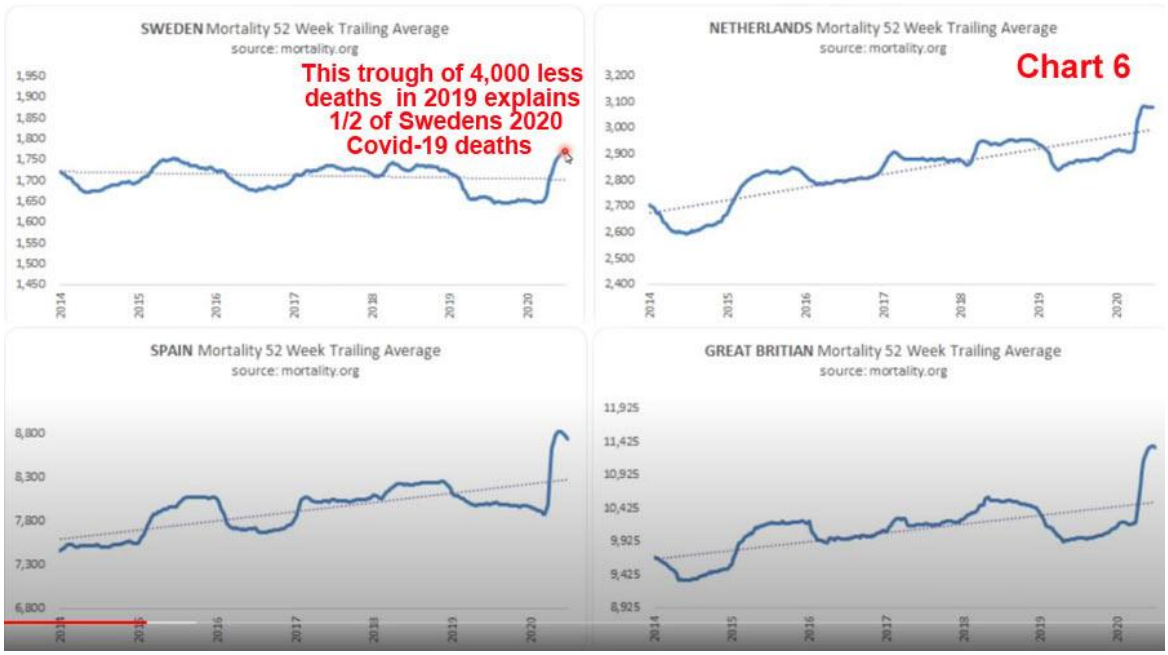



**Chart 6** shows the dip in the monthly death rates for Sweden in 2019, which is about 4000 less than the year before. Holland, Spain and Great Britain, all had lower death rates in 2019, compared to previous years. Covid-19 claimed these excess survivors from the year before.

All these countries had high Covid-19 death rates.

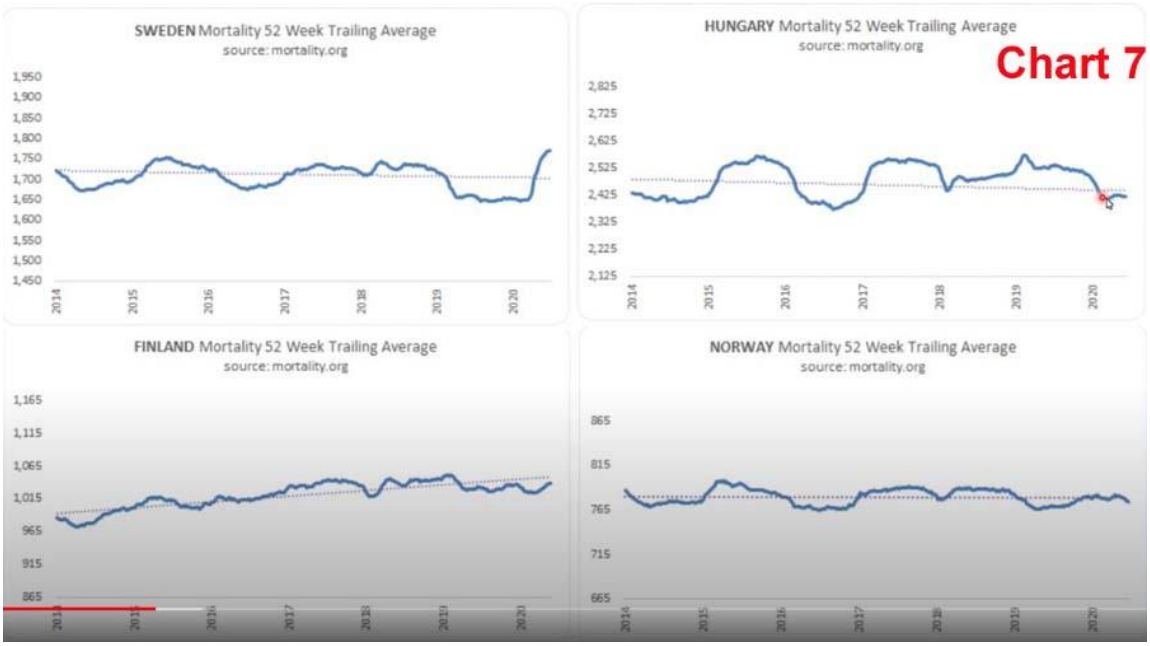



**Chart 7** compares Sweden's the last six years mortality rates where last year was noticeably lower than average while Finland and Norway death rates in 2019 from flu were average. Hungary, on the other hand, had considerably higher death rates in prior years. With less vulnerable survivors or dry timber to face Covid-19, Hungary had lower mortality in 2020 than many other European countries. This chart shows that the expected death rates from Covid-19 will be affected by previous mortalities which determines the vulnerability of the population.

The terrible Australian flu season in 2019, one of the worst on record, almost certainly protected Australians from the effects of Covid-19, not that it prevented excessive lockdowns due to plain poor governorship.

# 16 Possible Factors for Sweden's High Covid Death Rate among the Nordics

**Chart 8**

by

**Daniel B. Klein**, George Mason University and Ratio Institute (Stockholm)

**Joakim Book**, independent scholar in Sweden

**Christian Bjornskov**, Aarhus University; Research Institute of Industrial Economics (Stockholm); Center for Political Studies; Institute for Corruption Studies

Abstract: What accounts for Sweden's high Covid death rate among the Nordics? One factor could be Sweden's lighter lockdown. But we suggest 15 other possible factors. Most significant are: (1) the "dry-tinder" situation in Sweden (we suggest that this factor alone accounts for 25 to 50% of Sweden's Covid death toll); (2) Stockholm's larger population; (3) Sweden's higher immigrant population; (4) in Sweden immigrants probably more often work in the elderly care system; (5) Sweden has a greater proportion of people in elderly care; (6) Stockholm's "sport-break" was a week later than the other three capital cities; (7) Stockholm's system of elderly care collects especially vulnerable people in nursing homes. Other possible factors are: (8) the Swedish elderly and health care system may have done less to try to cure elderly Covid patients; (9) Sweden may have been relatively understocked in protective equipment and sanitizers; (10) Sweden may have been slower to separate Covid patients in nursing homes; (11) Sweden may have been slower to implement staff testing and changes in protocols and equipage; (12) Sweden elderly care workers may have done more cross-facility work; (13) Sweden might have larger nursing homes; (14) Stockholmers might travel more to the Alpine regions; (15) Sweden might be quicker to count a death "a Covid death." We give evidence for these other 15 possible factors. It is plausible that Sweden's lighter lockdown accounts for but a small part of Sweden's higher Covid death rate.

**Chart 8** lists 16 reasons for Sweden's higher death rate than its neighbours, prepared on scientific results by Aarhus University. No lockdown is somewhat down the list, with the main reason the "Dry Timber" of very vulnerable people, mostly elderly from lower death rates in the previous year.

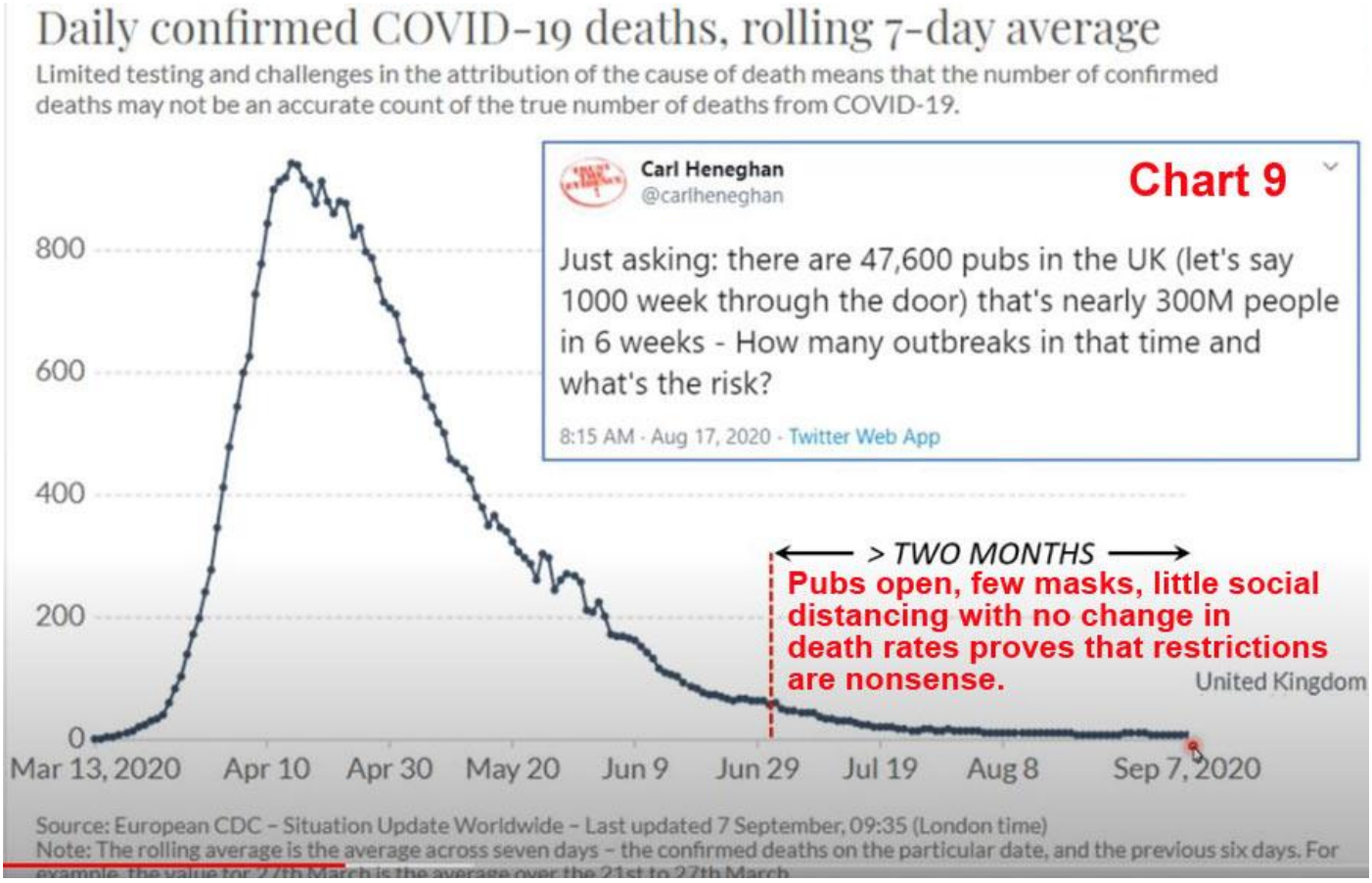



**Chart 9** shows how opening Britain's pubs had no discernible effect on the mortality trend. If masks and social distancing are supposed to reduce infection, why did the unprotected socialising in pubs not affect deaths? How come there was no effect on mortality trends from March 18 to September 7? During these ten weeks, where there were an estimated 1/2 billion contacts between pub patrons with few masks and little distancing in British pubs, the death rate continued to fall steadily! The realisation that when our precautions change, such as ending lockdowns, this does not result in more deaths has caused thinking people to question the restrictions forced on us.

Additionally, mandatory mask-wearing started in July 2020, when death rates had fallen considerably, and then did not affect the mortality—proving that it was a stupid decision to wear masks.

There are two possible explanations why the easing restrictions had no effect - one that social distancing and masks are grossly over-rated or that drinking beer prevents transmission, which we know is not valid!

This chart is proof that these curves are consistent no matter what the behaviour of we mere mortals. The passing of the susceptible, developing immunity, T Cell effect, seasonal changes in the virome, dictate this curve and we humans trying to do things never done before that really does NOT work.

# Supermarket staff evade virus

9B

Mark Tighe

Three big supermarket chains operating in Ireland have reported low levels of the coronavirus among staff, despite staying open throughout the pandemic.

Lidl said that, of 5,200 staff, 11 in Ireland and three in Northern Ireland had tested positive for Covid-19 – just 0.3% of its workforce on the island.

Aldi, another German supermarket chain, said 10 of its workforce of more than 4,000 had tested positive for Covid-19. Tesco, which has 13,000 staff in Ireland, declined to say how many had tested positive for the virus but said it was a "small number".

Dunnes Stores did not respond. SuperValu said it had "a very limited number of cases" across its 223 stores in Ireland.

The Department of Health said that, while the occupation of healthcare workers tested for Covid-19 was compiled, the jobs of other workers might be captured only in contact tracing. It said no breakdown was available of the jobs of those who had tested positive for the virus.

Lidl said it had worked to ensure stores and other facilities were safe for staff, customers and business partners.

"Measures undertaken have included limiting numbers in stores, physical installation of equipment at till areas, provision of hand sanitiser for all customers and employees, increased cleaning and provision of protective equipment for all team members in stores and warehouses, to name just a few," it said.

"Our team have acted in a proactive manner to implement these changes and we are exceptionally grateful to our workforce for their commitment and compliance with all measures."

Aldi said each of its 10 workers who had the virus had fully recovered and returned to work.

The company said more than 200 staff were temporarily unavailable over the past two months when they self-isolated as a precautionary measure.

"We are extremely proud of all our staff and how they have reacted to these challenging times," said Aldi. "The company has strictly adhered to all HSE workplace guidelines regarding Covid-19, including professional cleaning where prescribed in affected stores."

Tesco said the safety of its customers and staff was its top priority. It said staff who were medically vulnerable or aged over 70 had received paid absences while they were cocooning.

"Given the number of people we employ in Ireland – more than 13,000 – some of our colleagues will of course be affected by the virus, and a small number have tested positive for Covid-19," said a Tesco statement.

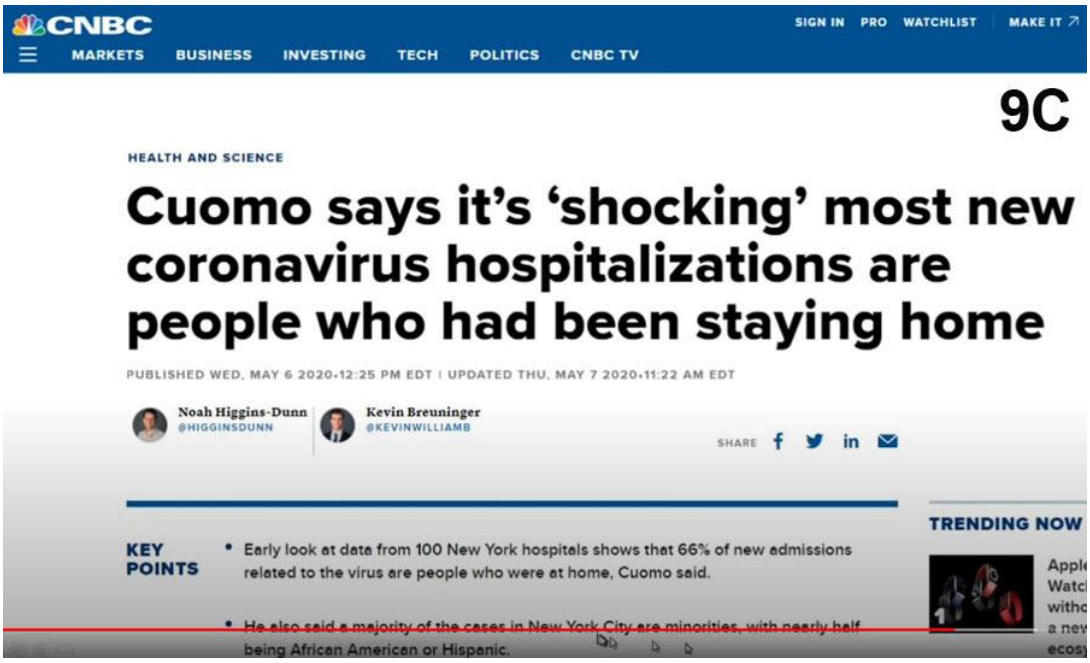
"In these cases, our colleagues receive full sick pay from day one. All affected colleagues have recovered or are currently in recovery."




Few supermarket staff have caught Covid-19 in Ireland

At the start of the pandemic shop workers were without masks and with a few token bits of plastic thrown about, all indoors, in close contact with the public. We would have expected massive absenteeism from SARS-CoV-2 infections, but no different to the general population.

Link - https://www.thetimes.co.uk/article/supermarket-staff-largely-evade-virus-in-ireland-zs2wbb9xr



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HEALTH AND SCIENCE

# Cuomo says it's 'shocking' most new coronavirus hospitalizations are people who had been staying home

PUBLISHED WED, MAY 6 2020•12:25 PM EDT | UPDATED THU, MAY 7 2020•11:22 AM EDT

Noah Higgins-Dunn @HIGGINSDUNN

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KEY POINTS

- Early look at data from 100 New York hospitals shows that 66% of new admissions related to the virus are people who were at home, Cuomo said.
- He also said a majority of the cases in New York City are minorities, with nearly half being African American or Hispanic.

TRENDING NOW

Experts claimed that this was because many households had one member working, or some other reason. Unless you have total complete isolation, lockdown is entirely futile.

LINK https://www.forbes.com/sites/lisettevoytko/2020/05/18/cuomo-said-most-coronavirus-cases-are-from-people-staying-at-home-public-health-experts-have-a-few-ideas-why/#6c8b92e7d20e

Office for National Statistics
Statistical bulletin

# Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered up to and including 20 April 2020

Among healthcare workers, rates of death involving COVID-19 were not found to be statistically different to rates of death involving COVID-19 in the general working population, with 10.2 deaths per 100,000 males (43 deaths) and 4.8 deaths per 100,000 females (63 deaths). In this group, we included occupations such as doctors, nurses and midwives, nurse assistants, paramedics and ambulance staff, and hospital porters.

Of all the individual healthcare professions, a reliable rate could only be calculated for female nurses, which was 6.7 deaths involving COVID-19 per 100,000 females, equivalent to 31 deaths. This rate was not found to be statistically different to the rate of death involving COVID-19 among females of the same age in the general population.

- Compared with the rate among people of the same sex and age in England and Wales, men working in the lowest skilled occupations had the highest rate of death involving COVID-19, with 21.4 deaths per 100,000 males (225 deaths); men working as security guards had one of the highest rates, with 45.7 deaths per 100,000 (63 deaths).

- Men and women working in social care, a group including care workers and home carers, both had significantly raised rates of death involving COVID-19, with rates of 23.4 deaths per 100,000 males (45 deaths) and 9.6 deaths per 100,000 females (86 deaths).

It appears that no matter the occupation, the most likely prediction of mortality is lowly paid work or low income.

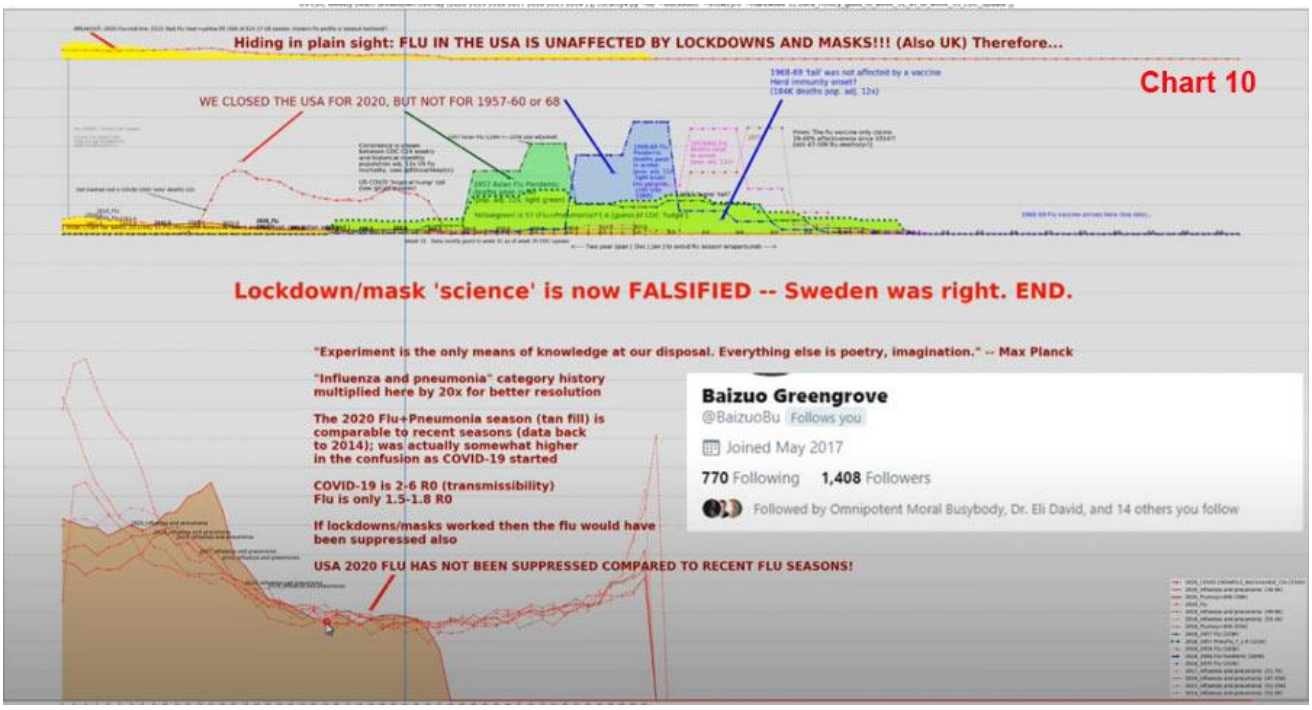
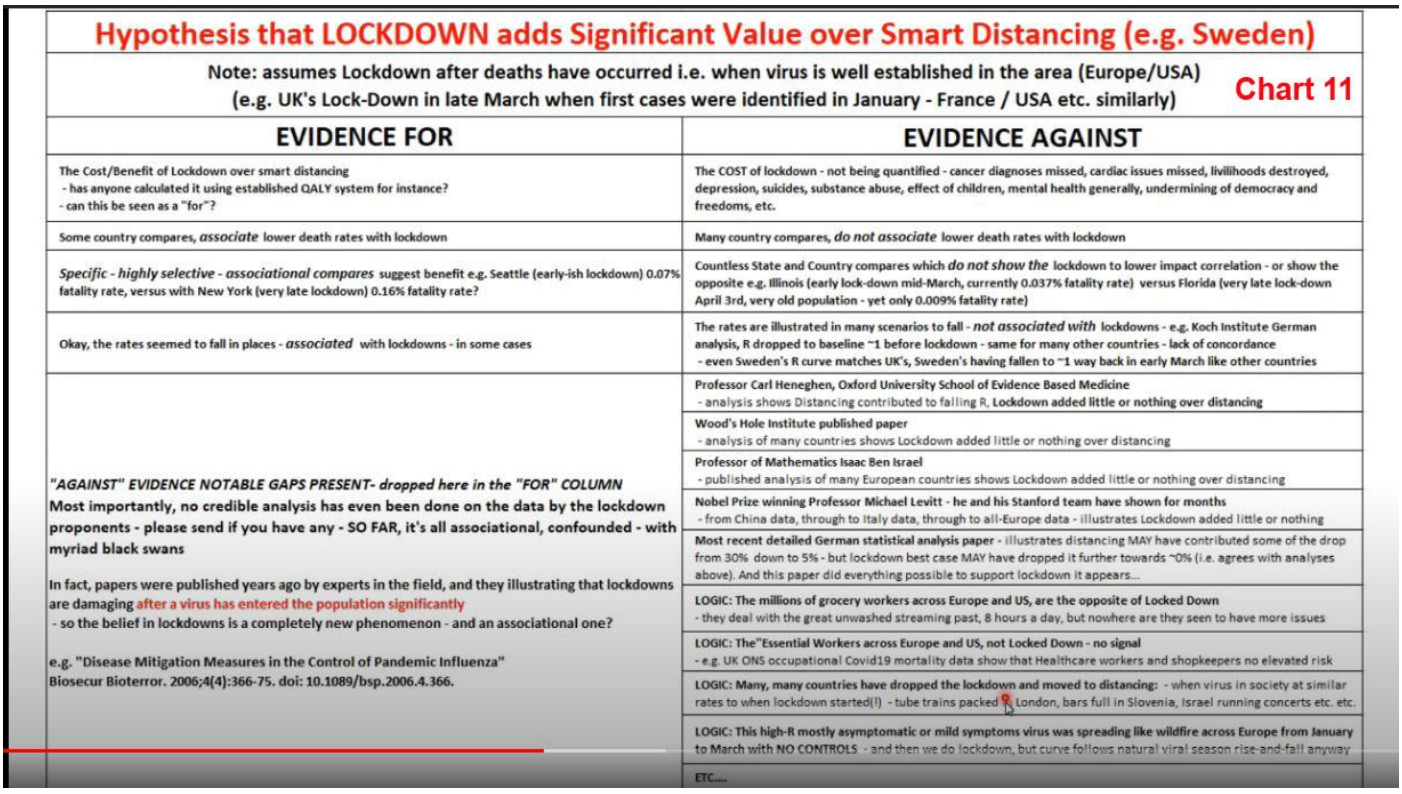



**Chart 10**, barely readable, shows the Influenza cases per month over different years. Surprising despite mask-wearing and lockdown in 2020, the shape of this year's graph is very similar to past flu graphs.

In the USA in 2020 Flu and Pneumonia have NOT been suppressed compared to recent seasons by lockdowns, social distancing & masks. So if these actions don't stop influenza, why do we expect them to stop Covid-19?



## Hypothesis that LOCKDOWN adds Significant Value over Smart Distancing (e.g. Sweden)

Note: assumes Lockdown after deaths have occurred i.e. when virus is well established in the area (Europe/USA)
(e.g. UK's Lock-Down in late March when first cases were identified in January - France / USA etc. similarly)

Chart 11

| EVIDENCE FOR | EVIDENCE AGAINST |
|---|---|
| The Cost/Benefit of Lockdown over smart distancing<br>- has anyone calculated it using established QALY system for instance?<br>- can this be seen as a "for"? | The COST of lockdown - not being quantified - cancer diagnoses missed, cardiac issues missed, livilihoods destroyed, depression, suicides, substance abuse, effect of children, mental health generally, undermining of democracy and freedoms, etc. |
| Some country compares, *associate* lower death rates with lockdown | Many country compares, *do not associate* lower death rates with lockdown |
| *Specific - highly selective - associational compares* suggest benefit e.g. Seattle (early-ish lockdown) 0.07% fatality rate, versus with New York (very late lockdown) 0.16% fatality rate? | Countless State and Country compares which *do not show the* lockdown to lower impact correlation - or show the opposite e.g. Illinois (early lock-down mid-March, currently 0.037% fatality rate) versus Florida (very late lock-down April 3rd, very old population - yet only 0.009% fatality rate) |
| Okay, the rates seemed to fall in places - *associated* with lockdowns - in some cases | The rates are illustrated in many scenarios to fall - *not associated with* lockdowns - e.g. Koch Institute German analysis, R dropped to baseline ~1 before lockdown - same for many other countries - lack of concordance<br>- even Sweden's R curve matches UK's, Sweden's having fallen to ~1 way back in early March like other countries |
| *"AGAINST" EVIDENCE NOTABLE GAPS PRESENT- dropped here in the "FOR" COLUMN*<br>**Most importantly, no credible analysis has even been done on the data by the lockdown proponents - please send if you have any - SO FAR, it's all associational, confounded - with myriad black swans**<br><br>In fact, papers were published years ago by experts in the field, and they illustrating that lockdowns are damaging after a virus has entered the population significantly<br>- so the belief in lockdowns is a completely new phenomenon - and an associational one?<br><br>e.g. "Disease Mitigation Measures in the Control of Pandemic Influenza"<br>Biosecur Bioterror. 2006;4(4):366-75. doi: 10.1089/bsp.2006.4.366. | Professor Carl Heneghen, Oxford University School of Evidence Based Medicine<br>- analysis shows Distancing contributed to falling R, Lockdown added little or nothing over distancing<br><br>Wood's Hole Institute published paper<br>- analysis of many countries shows Lockdown added little or nothing over distancing<br><br>Professor of Mathematics Isaac Ben Israel<br>- published analysis of many European countries shows Lockdown added little or nothing over distancing<br><br>Nobel Prize winning Professor Michael Levitt - he and his Stanford team have shown for months<br>- from China data, through to Italy data, through to all-Europe data - illustrates Lockdown added little or nothing<br><br>Most recent detailed German statistical analysis paper - illustrates distancing MAY have contributed some of the drop from 30% down to 5% - but lockdown best case MAY have dropped it further towards ~0% (i.e. agrees with analyses above). And this paper did everything possible to support lockdown it appears...<br><br>LOGIC: The millions of grocery workers across Europe and US, are the opposite of Locked Down<br>- they deal with the great unwashed streaming past, 8 hours a day, but nowhere are they seen to have more issues<br><br>LOGIC: The"Essential Workers across Europe and US, not Locked Down - no signal<br>- e.g. UK ONS occupational Covid19 mortality data show that Healthcare workers and shopkeepers no elevated risk<br><br>LOGIC: Many, many countries have dropped the lockdown and moved to distancing: - when virus in society at similar rates to when lockdown started(!) - tube trains packed London, bars full in Slovenia, Israel running concerts etc. etc.<br><br>LOGIC: This high-R mostly asymptomatic or mild symptoms virus was spreading like wildfire across Europe from January to March with NO CONTROLS - and then we do lockdown, but curve follows natural viral season rise-and-fall anyway<br><br>ETC.... |

**Chart 11** shows a table of lockdowns v distancing. Interestingly the point is made that there is no signal that grocery workers who worked and faced the public right through the lockdown had higher rates of infection, similarly with essential workers. Additionally, most countries on ending lockdowns showed no difference to the mortality trends in their Gompertz curve, even though the belief system is that it should. Intuitively you would think that there is evidence that lockdowns had some effect, but it has a negligible impact.

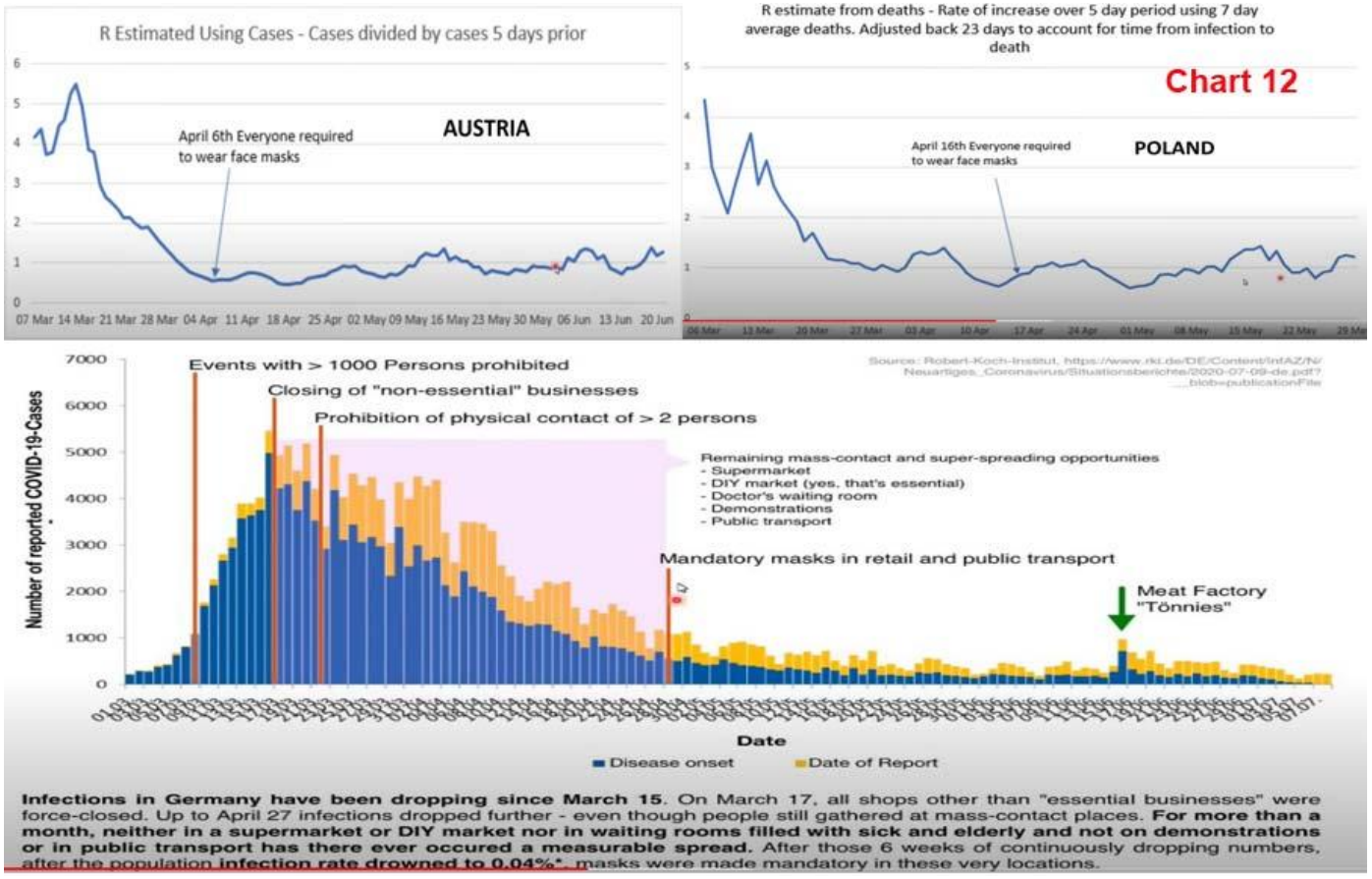



**Chart 12** shows that there was no difference to mortality trends when lockdowns ended in Austria, Poland and Germany.

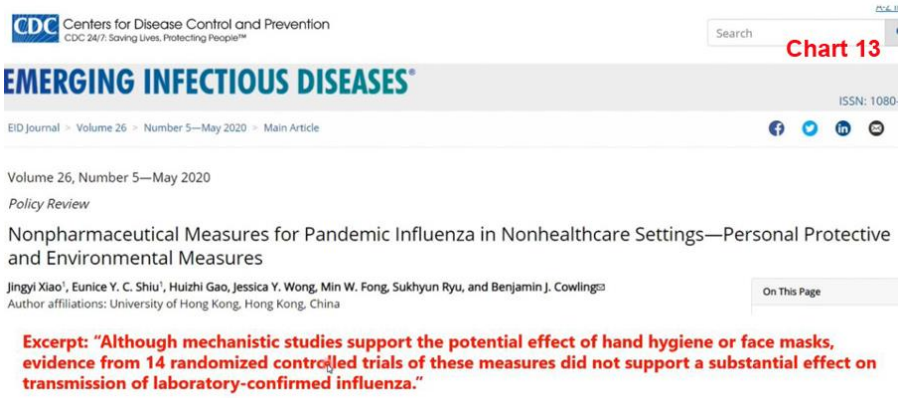



**Chart 13** supports the futility of cloth and surgical masks and hand hygiene. This CDC analysis supported by the WHO examined 14 randomised controlled trials that did not sustain substantial effect on the transmission of laboratory-confirmed influenza, see [https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article](https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article). The effect of cloth or surgical mask-wearing was negligible in preventing the transmission of the influenza virus. Both the Who and CDC did not recommend masks until April 3, 2020. Although the flu and SARS-CoV-2 are similar, we cannot claim that they are conclusive since Covid-19 may have different transmission characteristics to influenza. More certain evidence is how the introduction of masks did not affect mortality statistics. Yet, many reports show evidence of mask-wearing reducing infection of disease. The literature is very confusing, while this pdf concluded in June 2020 that countries with a mask-wearing culture had slower virus growth. However, it would be interesting to see if mask-wearing had any effect on final mortality rate and changed the shape of the mortality graph. Years of science overturned with a few mechanistic studies on masks don't do much to prevent viral transmission.

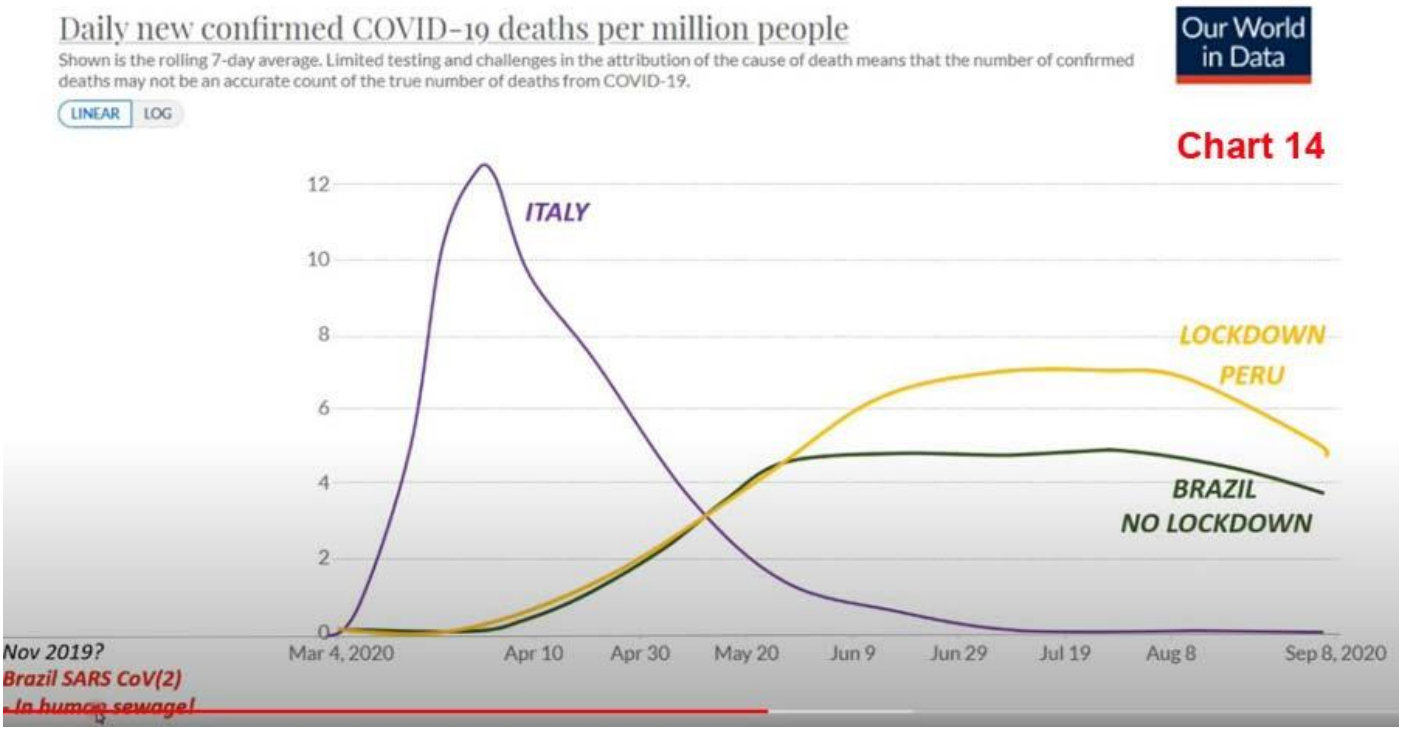



**Chart 14** shows two things. The mortality charts change shape with the seasons and climate, with Italy having the Northern Hemisphere Gompertz curve and tropical Brazil and Peru in the warmer climates the hump shape. Particular to note is that Peru imposed strict military supported early lockdown on March 16, while the world media roundly condemned Brazil's President Bolsonaro for resisting lockdown, with a better result.

Peru media blamed the people's behaviour for the high mortality rates. Perhaps they should have considered that their lockdowns were counterproductive!

This chart also shows that the virus was circulating in late 2019, much like in Europe.

**Mortality rate per million in different countries.**

The death rate in Peru to September 2 was 903, the highest major country in the world, while Brazil was the 7th at 595. The USA was 10th at 627, the UK 11th at 615.

Most of the explanations herein have concentrated on the impact of the previous year's mortality from flu. Experts in different places have attributed different results to medical services, poverty, living conditions, ethnicity, sex, median age, endemic diseases, obesity, climate, weather, population density, household sizes and generations, living together.

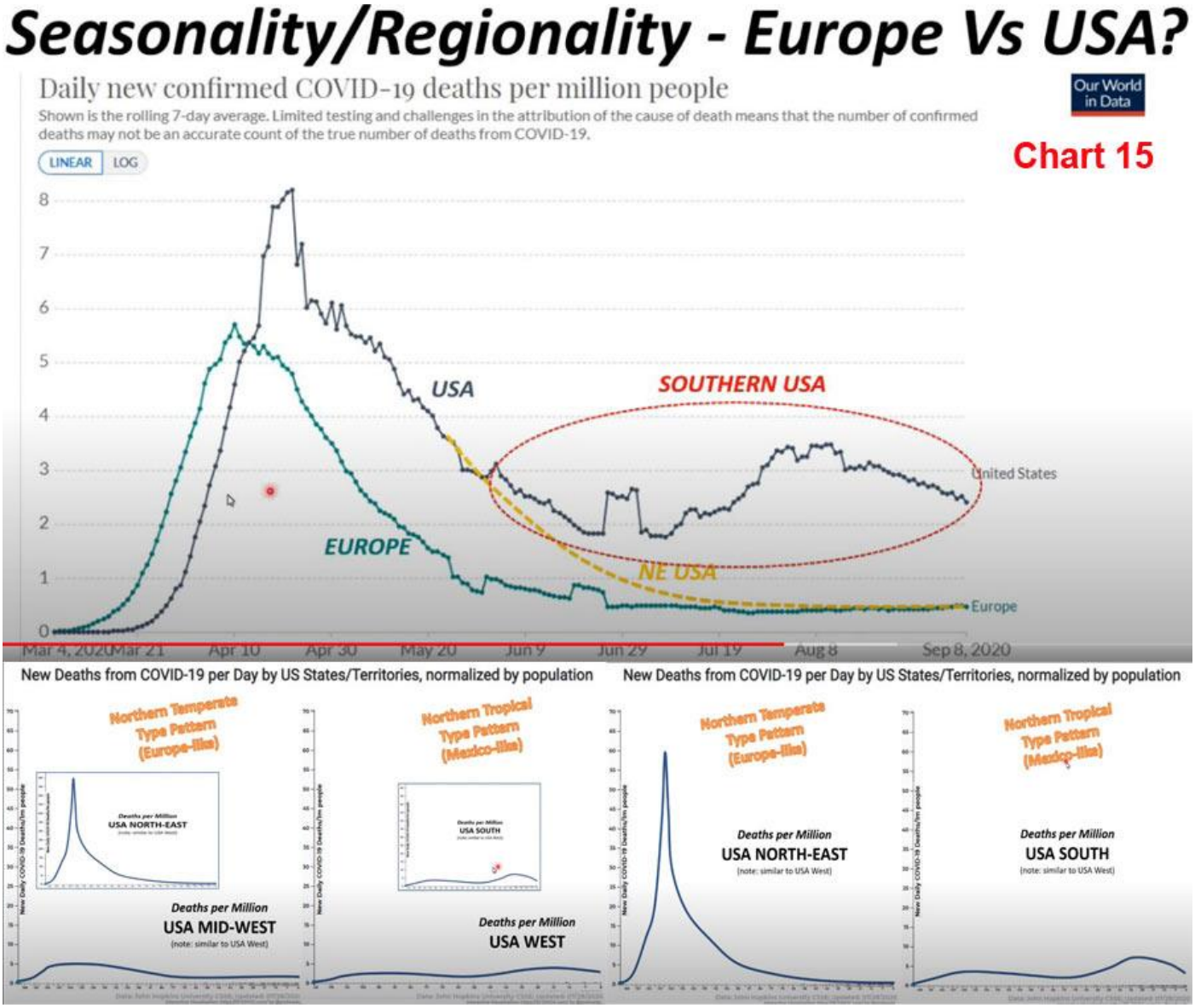



**Chart 15** is a fascinating chart that shows how Europe mortality follows the Gompertz curve, while the USA mortality seems to start the same, but then seems to have a second wave. This bulge is no second wave.

The USA straddles different temperature zones, with the European shaped Gompertz wave hitting the Northern and Eastern states at the same time as the European countries. The apparent 'second wave' is merely the mortality rate following the seasonal tropical hump shape in the southern and western states. This tropical hump has now passed its peak and is falling steadily. This graph would explain the shape of graphs in other counties that straddle two climates.

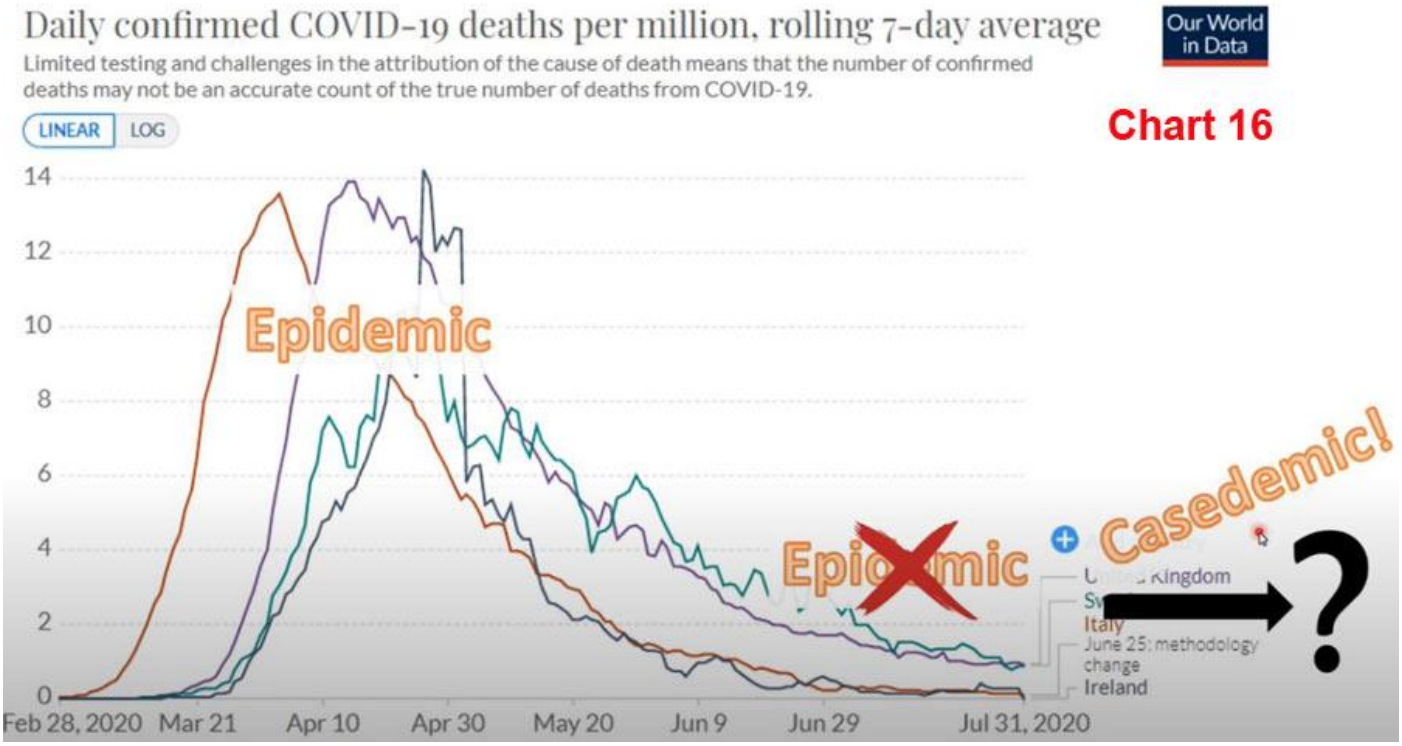



**Chart 16** shows how over-testing leads to a Casedemic where total numbers of inaccurate and oversensitive analysis of PCR tests lead to fear that the virus is proliferating. This unnecessary testing finds increasing false positives from detecting residual infection in patients who are asymptomatic, no more ill or infectious or finding viral fragments and dead virus in people who recovered months ago. If there is no impact on you ICUs and deaths, then you are in a Casedemic with the UK testing rising from 65,000 in July to 200,000 in September. This Casedemic testing prolongs the sense of fear and panic, delaying economic recovery and driving leaders to irrational decisions. We need to very clear when hospital beds fill in the winter whether the cause is the flu, Covid-19 or other pathogens respiratory disease before pushing the panic button again how much is driven by SARS-CoV-2 and whether it is worse than 2018.

Governments told the public was told that we needed to flatten the curve, which happened by June. We should ask why since this happened in June, why were the people not told the truth.

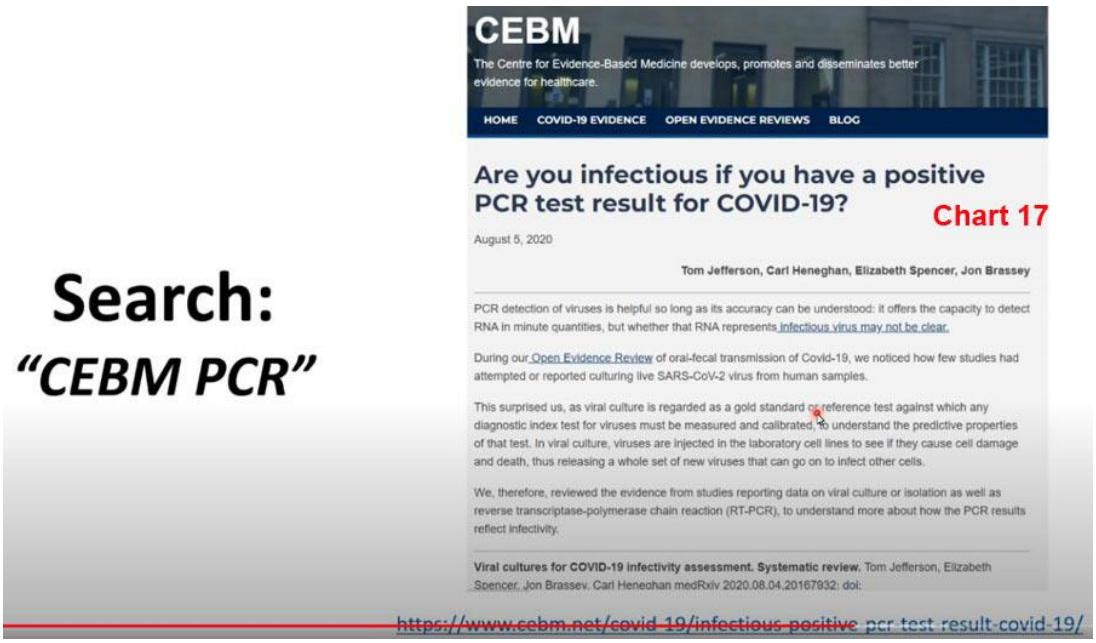



**Chart 17** leads to research that questions whether you are more infectious if you are positive to a PCR test. CEBM PCR link is here - **https://www.cebm.net/covid-19/infectious-positive-pcr-test-result-covid-19/**.

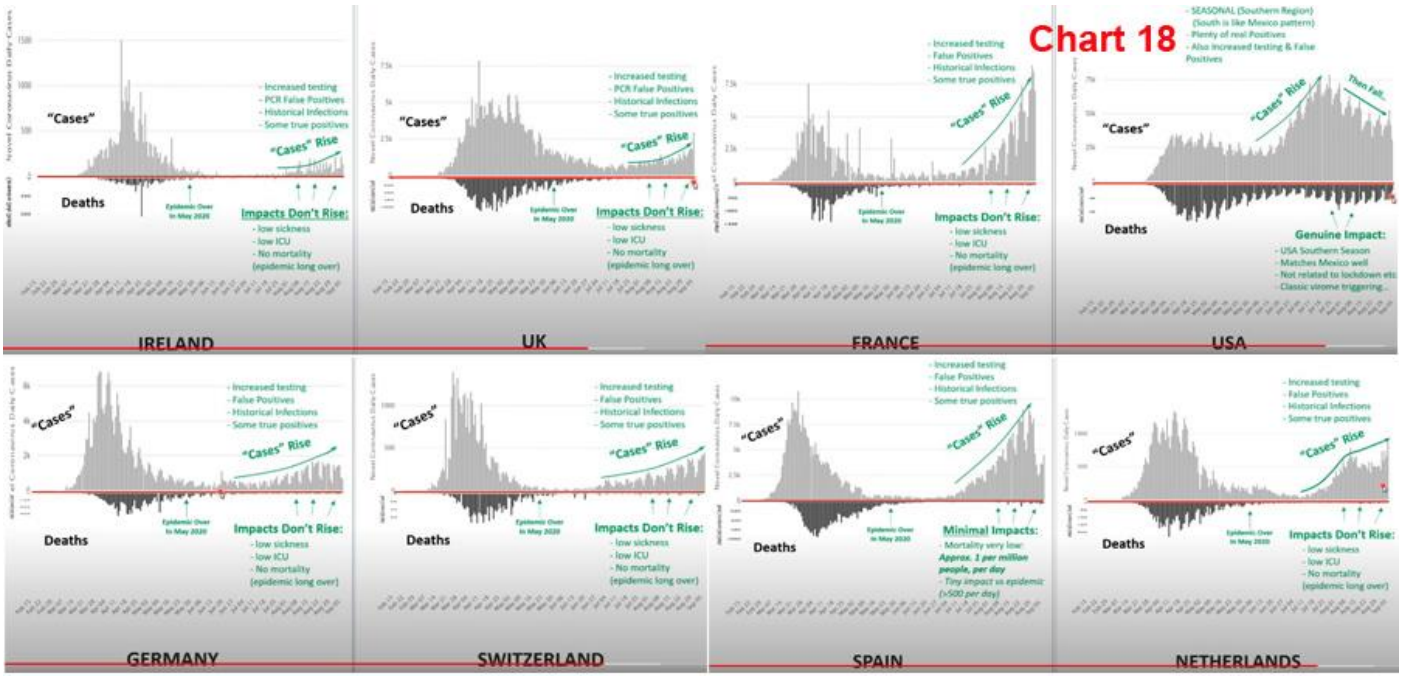



**Chart 18** shows how many more recent positive results we are finding with excessive testing, with almost no deaths. These recent low deaths have not stopped the press and experts predicting rising deaths as the virus spreads from the young to the older. We shall see who is right. With the Northern fall, we can expect the usual deaths from influenza, and even from COVID 19, but not to the extent of the earlier epidemic which claimed the dry timber deaths. Spain is having one death per million from Covid-19 compared to 500 per day during the epidemic. In the US, because of their warmer Southern and Western regions, they do still have significant, but falling mortalities as they reach the end of the epidemic

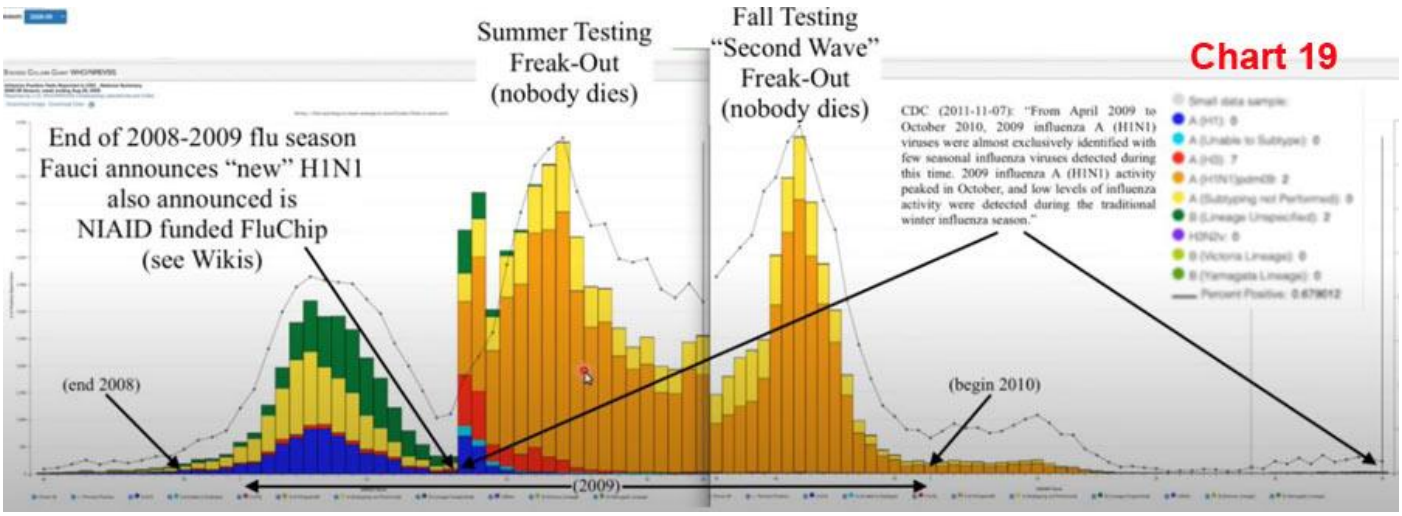



**Chart 19** where previously the predicted deaths from the swine Influenza were highly overstated, (we never learn) shows how after they brought out a rapid test InfluenzaChip they tested excessively even though the mortality was almost zero. These excessive tests caused a freakout in the media, but no-one was dying. Although there was needless fear, fortunately, there were no lockdowns or mask. Without lockdowns, there was a healthy build-up of immunity during summer, with very soft mortality in the following Influenza season, possibly because the most vulnerable had already succumbed.

Read Der Spiegel's analysis [https://www.spiegel.de/international/world/reconstruction-of-a-mass-hysteria-the-swine-Influenza-panic-of-2009-a-682613.html](https://www.spiegel.de/international/world/reconstruction-of-a-mass-hysteria-the-swine-Influenza-panic-of-2009-a-682613.html).

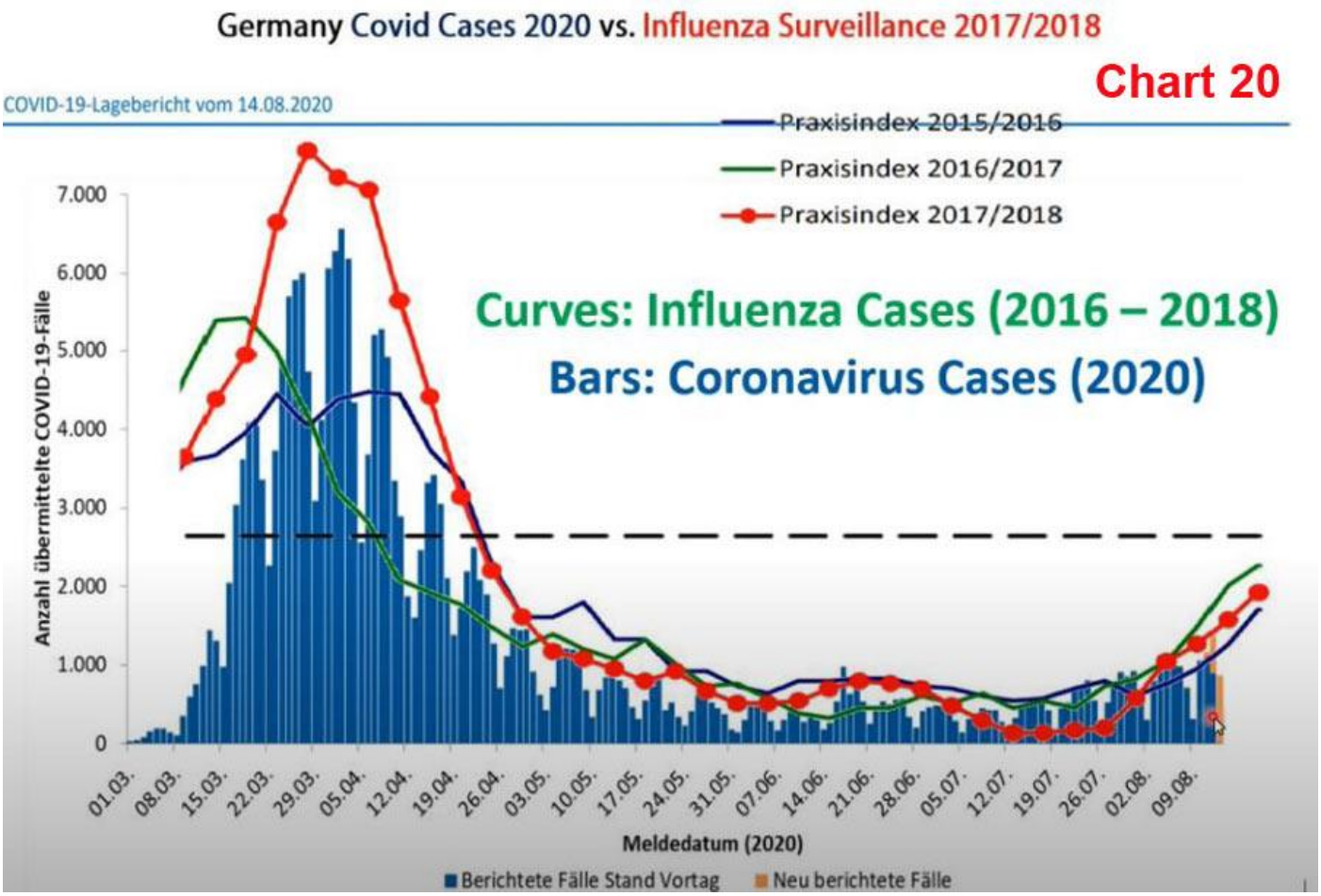



**Chart 20** shows in lines the progress of influenza in 2018 compared to the Covid-19 in bars in 2020 and shows how similar the progress of the two diseases are.

**Chart 21** shows the Spanish second wave which at its peak caused 900 deaths per day, and by May it fell to almost nothing, due to community immunity, passing of the susceptibles and seasonal factors, with just a statistical correction in June. If we take the mortality rate from 2017 and add it to the graph, we see that it would be perfectly normal to have higher death rates in Dec-Jan 2021 from influenza and/or Covid-19, either of which could predominate.

On the bottom right corner of the graph, the lower hump would be the normal deaths from flu or this year Covid-19 disease.

Lockdowns could cause additional deaths. Unintended consequences follow when you don't follow good science. The higher hump could be the result of extra deaths caused by more cancer deaths from late diagnosis, malnourishment and suicide. Add the dreadful suffering from destroyed economies, plus taking away our cherished freedoms. However for the first time in history due to poor science, we have imposed draconian measures all summer, and that is the safe time when we mix and develop TCel, mucosal and population immunity which will protect the old and frail next winter.

Could it be that the deaths next winter will be higher because we did not allow the normal ancestral immunity and the deaths are greater as shown by higher mortality?

Those pushing lockdowns might then have blood on their hands!

I see more articles with statistics and charts similar to those above that lockdowns cause far more deaths than they save such as this Twitter address

https://twitter.com/i/topics/news/e-908432667?cn=ZmxleGlibGVfcmVjcw%3D%3D&refsrc=email.

Please email me at info@endco19.com with your comments and any further information. I would love to hear some logical and fact-based contrary opinion as I cannot believe that we have been governed by so much stupidity by so few.

Bernhard Kirschner

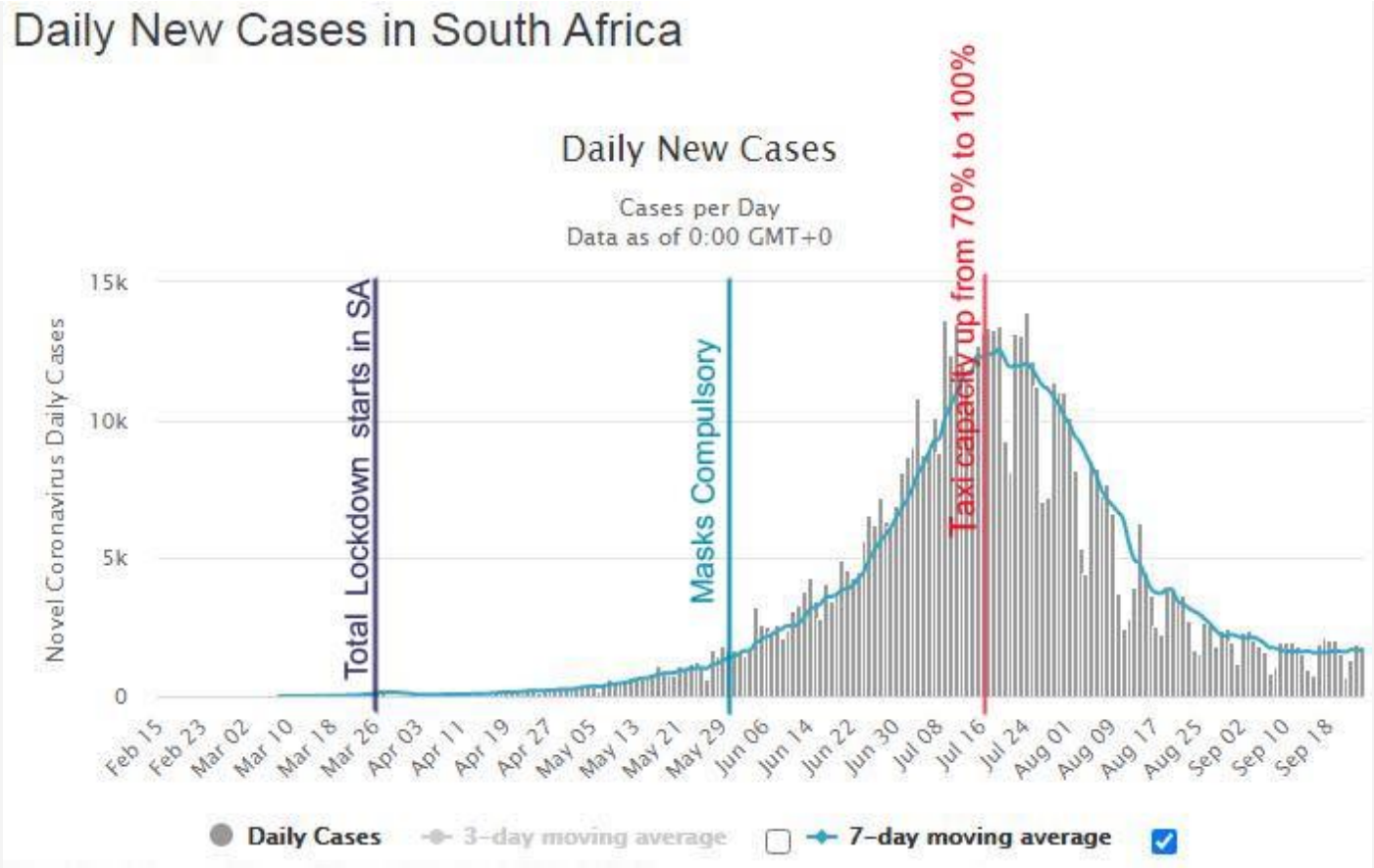
## Additional Information – South Africa – Not included in the video

Many are looking at the death rates around the world and realising that introducing lockdowns, compulsory mask-wearing and social distancing may not be effective.

In South Africa, with its younger median age, 18, high level of HIV, 80% of deaths were over 40.

**Until July 16, 2020, Taxis in South African were limited to 70% capacity but then allowed to carry their maximum capacity. This change was about the time the coronavirus reached its peak, but the number of detected cases continuing to fall.**

Toyota Quantum size taxis with 4 rows of seats 4, often 5 abreast accounts for many of the 15 million commuter trips daily. As from July 17, 2020, they were allowed to be crammed full as long as they kept their windows partially open by 5cm. https://www.biznews.com/inside-covid-19/2020/07/26/taxi-drivers-covid-19




*There were warnings that limited space and ventilation meant the risk of contracting the virus was greater not only for commuters but for drivers too.*
SA Medical Association Chairwoman Angelique Coetzee said. About 6% of infected commuters could end up hospitalised, and among those, half could die, she said.

Many, myself included expected a surge in infections as 15 passengers squeezed four abreast in a minibus or taxi. **There was no effect on positive Covid-19 tests.**

**Additional Information – Australia – Not included in the video**

# Flu season which struck down 310,000 Australians 'worst on record' due to early outbreaks

ABC Sunshine Coast / By Tara Cassidy

Posted Tue 11 Feb 2020 at 2:19am

"Last year, Australia experienced its worst flu season on record.
The figure is seven times greater than Australia's previous 18-year average", explaining Australia's low Covid-19 rates. There would have been a high-level immunity in the population, while flu would have claimed the lives of some of the most vulnerable. There may not be any Australian pandemic due to the upcoming warmer months.

Daily New Deaths in Australia


There is no known reason why the graph dropped during the winter months then rose again.

It could have been due to the high level of immunity, or due to the isolation of many of the population, that is was a warmer winter or any number of reasons that we are still to learn.