

# The truth about the lockdown

## Facts emerging since the lockdown started

### Introduction

For an analysis of the effects of the lockdown on the old and the facts surrounding it, see my paper, *'The evils of the lockdown'*. Here I supply information that is coming to light based on empirical evidence collated as the virus epidemic (never a pandemic) fades away. It all proves that the lockdown was a dreadful mistake, as I predicted.

#### **The government is culpable**

Gradually more and more firm data [medical and statistical analysis plus economic observations] are coming in regarding the Covid-19 epidemic and it is proving the points I made in my earlier papers. We are also finding that information was available to the government, long before the lockdown decision, which confirmed that the impact of the virus would be similar to a bad flu season and was not easily spread. Epidemiologists that protested against the lockdown were completely ignored and suppressed by the government and in the media and it seems that the government did not consult widely but followed disastrous advice from a few men with vested interests.<sup>1</sup> Many died as a result.

There have been many bad mistakes in history but this will go down as the worst with the most avoidable deaths resulting from it. Boris has ruined his legacy.

#### **The NHS is also culpable**

But the managers and executives of the NHS are also culpable in allowing the most crazy policies, such as shutting down multiple hospital departments and treatments for no reason at all or offloading sick people into care homes. Medics also utterly failed to stand up for their patients and made no protest to the government. Just following orders is no excuse.

One of the most galling aspects of the pantomime surrounding the incredibly stupid and dangerous lockdown policy was the clapping, cheering and banging pots and pans for NHS workers every Thursday night. This had all the hallmarks of a mass delusion and an establishment distraction technique. Every crisis always needs a saviour figure to be a champion for the afflicted, whether deserved or not.

However, what needs to be understood are the real facts about what happened during this viral crisis because the government's policy and the actions of the NHS killed people unnecessarily (as I predicted in March), especially the elderly, sick, weak and needy. This needs to be exposed and answered for.

#### *Caveat*

I am not attacking genuine, principled health care workers. Indeed, I personally rely upon some of these, being severely medically compromised.

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<sup>1</sup> See my paper, *'Evils of the lockdown'*. Most are in the pockets of Bill Gates.

I praise those who give themselves sacrificially to care for patients day in and day out. I applaud nurses and doctors who spend themselves trying to fulfil their Hippocratic oath. But there are many in the NHS who do not act in this way, as I have seen first hand.

But my chief concern is with the managers, the heads of medicine and the executives that have made the most disastrous recent decisions. These deserve to be called out and even prosecuted for, at least, corporate manslaughter. Some medical doctors and nurses whistleblowers are even calling these people murderers.<sup>2</sup>

I will try to explain why.

## **The 2020 lockdown**

The lockdown will go down in history as one of the biggest mistakes ever made by governments. The fallout will be very severe and will take years to recover from. Some places, like Hong Kong (which had hardly any deaths from Covid-19) may never recover.

I will try not to repeat too much of what I have already written. For details of my stance on Covid-19 see my relevant papers.<sup>3</sup>

My chief concern in this paper is a critique of government strategy and the poor response of the NHS to the epidemic and also to establish confirmed medical facts regarding the virus and the response.

## **NHS planning and preparation**

The bogeyman behind the planning policy was a health service completely overrun like a Hollywood, apocalyptic, nightmare disaster movie. The initial crisis in Wuhan suggested such severity but this was not repeated in the rest of China and people should have noted this. The severity in northern Italy also caused panic, but this was not repeated in other European nations either. Planners should have also taken into account the less severe situation in Taiwan and South Korea relatively close to Wuhan, which all suffered before the virus reached Britain.

It was correct to increase ICU wards and Britain did this effectively by doubling its capacity. However, it was a huge mistake to close down all other departments and treatments. This alone will have killed more people than the virus.

The creation of temporary Nightingale hospitals was premature, a panic action and a waste of money and effort. Such decisions should have waited until they were necessary. In the event, they were not used at all (e.g. Washington) or hardly used when other beds were available (e.g. London). Just 19 patients were treated in the 4,000 bed London Nightingale hospital in early April – but there was capacity elsewhere.<sup>4</sup> Only one of the five makeshift hospitals treated anybody.<sup>5</sup> Such efforts and money could have been better spent expanding provision for the elderly in care homes.

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<sup>2</sup> E.g. Dr Vernon Coleman, Erin Olszewski.

<sup>3</sup> 'Covid-19: another pandemic panic'. 'Covid-19: A summary of facts'. 'The evils of the lockdown'.

<sup>4</sup> The Telegraph, 'Just 19 patients treated ....', 14 April 2020.

<sup>5</sup> The Telegraph, 'Only one Nightingale hospital in use as London centre is mothballed', 4 May 2020.

The prime focus on preventing the NHS being overrun was a policy that has led to much greater problems and deaths. The effects of the virus in Asia should have been studied before extreme measures were taken. For example, it was known that most people under the age of 80 would likely experience mild or even no symptoms at all. Only those with co-morbidities were at risk. This was also confirmed by the experience in Northern Italy. This was understood before the peak in Britain.

Protecting the NHS meant sacrificing the elderly. [See later.]

## The lockdown policy was medically wrong

### Mortality rate and peaks

The data shows conclusively that Covid-19 has a mortality rate similar to a bad season of influenza. I had stated this early on into the outbreak, along with many others. In a government list of serious epidemics since 1918, Covid-19 was low down on the list. Many outbreaks of flu have killed far more people.

On 19 March Public Health Britain (Four Nations) downgraded Covid-19 from being a very serious infectious disease. The Advisory Committee on Dangerous Pathogens also concluded that Covid-19 was no longer a serious threat. This was days before the lockdown was introduced.

Data now shows that the peak of the virus outbreak in Britain was around 10 March, before the lockdown. There was no reason to quarantine the whole population and shut down the economy and cause more deaths. Denmark's schools have been open since mid-April and this did not worsen the epidemic; the same was true in Austria, Norway, Finland, Singapore, Australia and New Zealand. Japan had a loose voluntary social distancing policy and no large scale testing. It was able to lift the state of emergency on 14 May.

What the quarantine did was to lengthen the period of the epidemic, as Knut Wittkowski and John Ioannidis warned weeks ago. All virus epidemics follow the same bell curve (Farr's law).<sup>6</sup> They rise and begin to fall relatively quickly; most last for a period of three to four weeks, occasionally longer. When sufficient people have become infected and defeat the virus with their immune system, the virus has nowhere to go and fades away. Prof. Isaac Ben-Israel claimed statistical analysis showed that Covid-19 peaks after 40 days and declines to zero after 70 days, no matter what actions are taken.<sup>7</sup> In all cases, the virus had peaked before any lockdown was introduced. As the virus fails to find new victims, it dies.

Thus you need to let most of the population get the virus quickly and protect those who are most vulnerable, the old and frail in care homes. We failed to protect these people. Worse, we stopped many healthy people getting the virus and becoming immune which could cause a second wave of this in the autumn.

### Quarantine is the wrong policy

Everything about the lockdown is wrong. The correct action was the very opposite.

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<sup>6</sup> William Farr developed this law in 1840. Data in February from China, Wuhan and Hubei province all followed the law's predicted path. Essentially, the speed of a virus' progress matches the speed of its decline in a bell curve. Epidemics grow fastest at first, then slow to a peak and then decline in a symmetrical pattern.

<sup>7</sup> Israel's Channel 12 (Hebrew). Ben-Israel is head of the Security Studies programme in Tel Aviv University and the chairman of the National Council for Research and Development.

There was never a shred of scientific evidence for the use of a major lockdown, just as there is no evidence that social distancing is of any help whatsoever. The government needs to be taken to task for acting on poor evidence (the deeply flawed, non-peer reviewed Ferguson model) and not consulting a wide range of varying scientific viewpoints. Very qualified epidemiologists opposed to the lockdown were silenced. Stopping debate, silencing opposition and making decisions based on one flawed model is very bad government.

Throughout history nations have never quarantined healthy people; only sick people were isolated, for good reason. Separating healthy people from the work place has no foundation in common sense.

There are no historical observations or scientific studies that support the confinement by quarantine of groups of possible infected people for extended periods in order to slow the spread of influenza. [A WHO study concluded] ... '*forced isolation and quarantine are ineffective and impractical*'. ... The interest in quarantine reflects the views and conditions prevalent more than 50 years ago, when much less was known about the epidemiology of infectious diseases. The negative consequences of large-scale quarantine are so extreme ... that this mitigation measure should be eliminated from serious consideration.<sup>8</sup>

Different coronaviruses have different characteristics. A recent flu virus mainly infected children for example. However, Covid-19 mainly affects elderly people. Furthermore, research has shown that young people do not pass Covid-19 on to old people. This meant that there was no medical case to institute a lockdown of the young. Schools should have stayed open.

Furthermore, the majority of cases occurred indoors, in homes, in close social units. Shutting people in does not stop transmission in those units. In fact it worsens matters as people cannot get fresh air and sunshine to boost their immune system.

### **Asymptomatic people are not infectious**

Finally, asymptomatic people do not spread the virus to others. This has been definitely proved after a case study in Guangdong Provincial Peoples' Hospital in January. If this is the case, there is no point in a lockdown because sick people are easily identified and avoided (this also makes a vaccine, masks, contact tracing and social distancing pointless). In fact, studies have now shown that there is no spread of the virus in the community (shops, restaurants, hairdressers etc.). Even the WHO finally had to admit that asymptomatic people do not spread the virus.<sup>9</sup> Asymptomatic spread was the reason why authorities demanded a lockdown in the first place. It was all a waste of time. We knew in January that the policy was wrong.

You cannot catch the virus from a person not showing any symptoms. Everyone can go back to work immediately and firms can check temperatures of staff as they arrive to ensure the workplace is safe.

The fact that Covid-19 is not spread easily outdoors was certainly known by 2 April but many epidemiologists affirmed this long before that. It was proved by a study of 320 towns in China over five weeks titled, '*Indoor transmission of SARS-Cov-2*'. It stated, '*The*

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<sup>8</sup> Dr DA Henderson, 'Disease mitigation measures in the control of pandemic influenza'.

<sup>9</sup> CNBC, 'Asymptomatic spread of coronavirus is "very rare" WHO says', 8 June 2020.

*transmission of respiratory infections such as SARS-Cov-2 from the infected to the susceptible is an indoor phenomenon*.<sup>10</sup>

There is no significant risk of catching the disease when you go shopping. Severe outbreaks of the infection were always a result of people being closer together over a longer period of time.

When we took samples from door handles, phones or toilets it has not been possible to cultivate the virus in the laboratory on the basis of these swabs.

Professor Hendrick Streek, University of Bonn.

Finally, the CDC had to admit that the virus couldn't be caught from surfaces.<sup>11</sup> This meant there was no point in disinfecting clothes, PPE, grocery bags, using hand sanitisers and so on. You can shake hands with safety.

None of the fear and panic was necessary, as I have said since January.

### **Social distancing**

Despite there being no scientific evidence for the use of social distancing, the government mandated this policy universally so that even venues that were open for business reduced their traffic significantly and suffered financial damage – for which the government is culpable. It also meant that sick, weak, old, frail people had to queue everywhere they went. Many were too sick to even attempt this and this led to unnecessary pressure on them or restricted their ability to buy food and essentials. People are still queuing like sheep in the rain for hours in car parks.

Before the lockdown began it was already scientific knowledge that Covid-19 is not spread by air-transmission. This was why major transportation networks were not shut down, like the underground, railways, and aircraft (Heathrow airport remained open). Studies had proved that transmission was by repeated close contact with saliva droplets. The fact that potentially infected people were allowed to travel on buses and aeroplanes made the lockdown pointless.

In any case, if it were transmissible through the air, two-metre distancing would have achieved nothing at all. An infected person breathing out into the general atmosphere would infect everyone breathing the same air, no matter what distance apart they were.

Furthermore, the immune system is boosted every day by social contact. Shaking hands and hugging contributes to the immune system functioning properly. Staying alone indoors causes emotional stress, prevents one from getting sunshine and prevents proper exercise; all of which compromise the immune system – the only thing that defeats the virus.

Social distancing had no medical value at all. The agenda for this was deeper and more sinister and concerned separating people and isolating them as a part of social engineering.

Since all this was known in February, why did no medical professional complain about this draconian and harmful, policy?

Why is social distancing still enforced by law even when a chief government advisor said that it was based on zero evidence. *'I think it will be much harder to get compliance with some of*

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<sup>10</sup> Handley, see bibliogrphahy.

<sup>11</sup> FOX News, 'CDC now says coronavirus "does not spread easily" via contaminated surfaces', 20 May 2020.

*the measures that really do not have an evidence base. The two-metre rule was conjured up out of nowhere*.<sup>12</sup>

When the WHO finally admitted that asymptomatic people do not spread the disease the case for social distancing evaporated.

## **Masks**

Masks may well help avoid certain infectious diseases, such as and airborne bacteria and viruses like Ebola, but are of no use in stopping Covid-19.

Viruses are hundreds of times smaller than bacteria and easily pass through the mesh of facemasks. They do nothing at all to stop healthy people being infected. They are not only a waste of time but they suppress the immune system by reducing oxygen intake, re-breathing CO<sub>2</sub>, and increasing secretions.

This study is the first RCT of cloth masks, and the results caution against the use of cloth masks. This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection.<sup>13</sup>

They are a stupid policy. The only benefit regarding Covid-19 is that a facemask would help prevent an infected person spreading saliva droplets.

The filter material of facemasks does not retain or filter out viruses or other submicron particles.<sup>14</sup>

Masks and respirators do not work. There have been extensive randomised controlled trial (RCT) studies, and meta-analysis reviews of RCT studies, which all show that masks and respirators do not work to prevent respiratory influenza-like illnesses or respiratory illnesses believed to be transmitted by droplets and aerosol particles. ... The main transmission path is long-residence-time aerosol particles (<2.5 microns) which are too fine to be blocked and the minimum-infective-dose is smaller than one aerosol particle.<sup>15</sup>

I am no doctor or microbiologist but I have been saying this for months. Since this is basic biology and medical practice, why has the medical profession done nothing to protest this nonsense? Worse, why did it demand that its staff wear facemasks all the time, thus damaging their immune system and making them more susceptible to the virus?

A really effective facemask covering mouth and nose would suffocate you. Masks that allow you to breathe allow you to ingest viruses.

Even the WHO admitted that masks are pointless. *'If you do not have an respiratory symptoms such as fever, cough or runny nose, you do not need to wear a mask'*.<sup>16</sup>

Another study said, *'Our systematic review found no significant effect of facemasks on transmission of laboratory-confirmed influenza. Proper use of facemasks is essential because*

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<sup>12</sup> Prof. Robert Dingwall, Daily Mail, 30 May 2020.

<sup>13</sup> BMJ, 'A cluster randomised trial of cloth masks compared with medical masks in healthcare workers', (2015).

<sup>14</sup> 'Why facemasks don't work: a revealing review'.

<sup>15</sup> ResearchGate, DG Rancourt, 'Masks don't work: a review of science relevant to Covid-19 social policy'.

<sup>16</sup> Dr April Butler, WHO video (Match 2020).

*improper use might increase the risk for transmission*'.<sup>17</sup> [E.g. reusing a mask increases the risk.] This review spanned data going back to 1946.

Facts
The virus is not spread outdoors. But it could be passed on in crowded trains and buses (which the government kept going). It is mostly spread in homes.
Asymptomatic people do not pass the virus on.
The virus is not spread in the community (shops etc.).
The virus is not transmitted through the air.
The virus is not spread through contact with solid objects.
The virus is not passed on by children.

Everything the government has demanded has been wrong. This includes:

- The lockdown. Quarantine, house arrest of the old, closing schools, closing pubs and restaurants etc.
- Social distancing.
- Facemasks.
- Disinfecting items brought in from outside.
- Medics wearing full PPE.
- Medics changing full PPE after every patient.
- Contact tracing.

### Tests and tracing

Despite the massive hype, there is no 100% accurate test for Covid-19 in a person. The science behind this is complex for the three tests involved and cannot be described here.<sup>18</sup>

Essentially, the tests identify a coronavirus presence in certain circumstances, but not specifically SARS-Coivid-2. Thus, if you had a common cold recently you would test positive in some tests. Furthermore, the tests are so inaccurate that a papaya and a goat tested positive in Tanzania. It has been said that up to 80% of these tests are false.

Then, if you had Covid-19 in past months and recovered you are immune; the normal PCR test would show you negative. If you were tested while you were sick you would have been positive.

Since the tests cannot identify SARS-Covid-2, what is the point of the millions of tests?

Also, what is the point of tracing people? It has no medical basis for this virus.

Firstly, it is impossible to trace all contacts of an infected person. If you could, what would it gain? By the time a person realises that they have symptoms of the virus, they have already passed the virus on to thousands of people unwittingly: strangers on trains, buses, tubes, taxis, aircraft; people in the street and so on. How could you identify all these people? How would it help?

<sup>17</sup> 'Nonpharmaceutical measures for pandemic influenza in nonhealthcare settings – personal protective and environmental measures'. CDC website.

<sup>18</sup> The PCR (polymerase chain reaction) diagnostic test measures RNA and supposedly tests if a person is infected. It cannot demonstrate a recent infection, the swabs often don't work, and it gives false positives. The antibody test supposedly identifies a previous infection but does not show a current infection. There are 120 of these on the market of varying quality. They are not reliable to act on the results. The antigen test identifies a current infection. It is less accurate than the PCR test.

The purpose of tracing has nothing to do with defeating the virus. Only the immune system can do that. The track and trace policy is another part of a social engineering agenda that has nothing to do with medicine or prevention.

Again this is basic science understood by professionals. Why did no one in the NHS protest to the government?

Again the admission that asymptomatic people do not spread the disease makes track and tracing pointless. This process seeks to find people that don't know they have the infection because they were supposedly infected by an asymptomatic carrier. That is wrong – so no point in tracing. Apple and Google now need to remove their contact tracing apps from devices by law because that is illegal surveillance.

<b>The right policy in this epidemic</b>	<b>The wrong policy in this epidemic</b>
Keep schools open.	Close schools.
Keep the economy functioning.	Kill the economy.
Keep all young people working normally.	Shut everybody indoors except certain workers.
Get as many young people infected as quickly as possible to gain herd immunity.	Hinder gaining herd immunity by a lockdown.
Give special help to protect all old people.	Ignore almost all old people and make their life worse.
Give special protection and assistance to care homes.	Completely ignore care homes.
Under no circumstances send infected people into care homes.	Send infected people into care homes to increase hospital capacity.
	Demand social distancing.
	Demand that everybody wears a facemask.
	Track and trace.
	Work on a vaccine.
Good examples: Sweden, Iceland, Belarus, Japan.	Bad examples: Britain, USA, Canada.

The lockdown and wrong policies have led to Britain having a far worse outcome than many other nations. This fact cannot be ignored.

The lockdown is perhaps the most insane political decision in the history of the world. If the government ended it now and apologised they may be forgiven; if this continues they will be hammered when the truth is known.

Finally, the lockdown had no impact whatsoever on the epidemic. Indeed, we know from the situation in Sweden and elsewhere that the lockdown made it worse. As epidemiologists like Wittkowski predicted, trying to flatten the curve lengthened the period of the outbreak.

In any case it is now understood that Covid-19 was circulating much earlier than 'experts' originally thought. I have been saying for months that the virus was active in China in late October and was being experienced in Britain by November, when we had two spikes of influenza-type infections, in November and in December, before the official Covid-19 outbreak in February.

Economic data from JP Morgan is showing that the least damaged economies are the ones that had the least lockdown. Lifting lockdowns had no negative effect on the spread of the virus, neither did it increase hospital admissions or deaths. Many countries that stopped lockdown saw the infection rate fall. Thus lockdowns did no good. As I have explained several times, the virus was decreasing according to Farr's law before the lockdown began.



Our results show a general decay trend in the growth rates and reproduction numbers two to three weeks before the full lockdown policies would be expected to have visible effects. Comparison of pre and post lockdown observations reveals a counter-intuitive slowdown in the decay of the epidemic after lockdown. [I.e. the lockdown made it worse. PF] ... No lives were saved by this strategy.<sup>19</sup>

Using numerous National Institutes of Health Public Access publications, Centres for Disease Control and Prevention and Bureau of Labour Statistics data, and various actuarial tables, we calculate that those policies (lockdown) will cause devastating non-economic consequences that will total millions of accumulated years of life lost in the US, far beyond what the virus itself has caused ... Considering only the losses of life from missed health care and unemployment due solely to the lockdown policy, we conservatively estimate that the national lockdown is responsible for at least 700,000 lost years of life every month, or about 1.5 million so far.<sup>20</sup>

600 physicians say lockdowns are a 'mass casualty incident'.<sup>21</sup>

Epidemiologist: Sweden's Covid response isn't unorthodox, the rest of the world is.<sup>22</sup>

## The lockdown policy was statistically wrong

One of the triggers for the global scaremongering was the WHO's statement in early March that the mortality rate for Covid-19 was 3.4%, a huge figure. At that time a number of independent sources denied this and affirmed that the true figure was similar to seasonal flu at less than 0.1% (death rate per estimated cases). The data on the 17 March categorically proved this and data since then has confirmed it. In fact the death rate is less than two flu epidemics in the last 30 years and several more since 1918.

The mortality projection of Imperial College (Neil Ferguson) – who have a track record of utter failure in predictions<sup>23</sup> – was 510,000 dead in Britain and 2.2 million in America. This fanned the flames of fear and led to the lockdown policies. These figures were challenged at the time but the challenges were ignored. It is now known that the assumptions in the models were wrong and the coding for them rubbish. Trash information was used to destroy the economy. Ferguson also denounced Sweden for not having a lockdown and predicted 100,000 deaths by June. Sweden had around 2,854 deaths and the virus peaked weeks ago. Indeed, Sweden's GDP grew in the first quarter. Proper scientists have called Ferguson, '*close to a charlatan*', and '*the master of disaster*'. Imperial's paper was not even peer-reviewed. He should be prosecuted.

In America Fauci and Birx used Ferguson's predictions to convince Trump to shut down the US.

Finally, despite months of independent researchers being criticised, even the CDC had to admit that the mortality rate was less than 0.3%. Oxford University stated that it was

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<sup>19</sup> Thomas AJ Meunier, Woods Hole Oceanographic Institution, 'Full lockdown policies in Western Europe countries have no evident impacts on the Copvid-19 epidemic'.

<sup>20</sup> A group of professors from Stanford, Duke, University of Chicago and Hebrew University, writing in The Hill.

<sup>21</sup> Forbes headline.

<sup>22</sup> Foundation for Economic Education, 28 May 2020.

<sup>23</sup> Among Ferguson's false predictions were: up to 150,000 deaths from BSE in 2002 (there were 177); 200 million killed by Bird Flu in 2005 (282 died); 65,000 deaths from Swine Flu in 2009 (457 died).

between 0.1% and 0.41%. Stanford University researchers estimated the IFR as between 0.12% and 0.2% on 17 April. A meta analysis of multiple studies (April to early May) done by John Ioannidis showed a rate of 0.06 to 0.16. This means that Covid-19 is comparable with seasonal flu and less severe than a number of past flu epidemics.

The recent Stanford University antibody study now estimates that the fatality rate if infected is likely 0.1 to 0.2%, a risk far lower than the previous WHO estimates that were 20 to 30 times higher and that motivated isolation policies ... Let's stop under-emphasising empirical evidence while instead doubling down on hypothetical models. Facts matter.

Dr Scott Atlas, Stanford University (not involved in the Stanford study).<sup>24</sup>

## NHS offloading policy

If you had wanted to cruelly kill off as many old, sick people as possible, then you could have done no better that follow the policy adopted by the government and the NHS.

The early quarantine of the old, even before the lockdown, made no sense (and has no scientific basis). The old are not more likely to die from the virus unless they have co-morbidities and are unfit. Those at great risk are the sick, the obese, those with serious debilitating afflictions, those with autoimmune diseases, the unfit, and the frail – which includes many old people. But not a few people over 70 are very fit indeed. Only those with greater risk needed to self-isolate out of their own choice.

The early quarantine of the old meant that their immune systems were more compromised than other people leading to a greater risk of death. During the fine spring sunshine they were told to stay indoors, when what they need most was sunshine.

### The need to protect care homes

It is common sense to protect the weakest people in society living in care homes and nursing homes. Yet our government neglected them cruelly.

Early on epidemiologists warned that care homes need special protection. It later turned out that in most places<sup>25</sup> 42% of all Covid-129 deaths took place in care homes. John Ioannidis had warned on 17 March that even common coronaviruses can have a fatality rate of 8% in care homes. He further explained that the catastrophe in New York centred on sending Covid-19 patients into care homes, hospital acquired infections and the early use of ventilators. The American Health Care Association called Governor Cuomo's decision to send sick patients into care homes a '*recipe for disaster*'. 12,000 (some say 20,000) nursing home residents died unnecessarily. This figure is six times the fatalities of Florida, a bigger state.

### Offloading

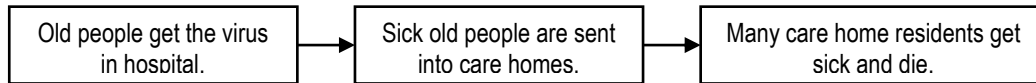
Throughout the world, countless thousands of old people were summarily thrown out of hospitals into care homes, where many infected other residents, who were already sick or weak. In fact, most of these transferred patients actually caught the virus in the hospital.

This is the most insane policy ever imagined. Instead of protecting the elderly, the politicians threw the old people to the lions. You cannot make this up!

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<sup>24</sup> The Hill newspaper, 'The data is in – stop the panic and end the isolation'.

<sup>25</sup> E.g. 43 states in America.



In Britain, nearly 20,000 old people were thrown out in the early lockdown. NHS England data showed that 19,124 people were admitted to care homes from hospitals in the 25-day period from lockdown announcement (22 March) to 16 April.<sup>26</sup> Government guidelines said that patients should be released into care homes even if they had tested positive for Covid-19. This is insane. More than 23,000 patients had already been discharged into care homes in the first three weeks of March. That's 43,000 in total.

No sane person would do this. Under normal circumstances, imagine the furore of an official sending an old person with confirmed influenza into a care home filled with dozens of weak, frail people. It is unthinkable. Instead our government sent 20,000 at risk people into care homes.

Worse than that, the government gave care homes no equipment to ameliorate this situation. Those sent could have worn facemasks during a period of quarantine for example.<sup>27</sup>

As a result, thousands of old people in care homes caught the virus. Because no one would treat them in hospital, they died in droves. This is tantamount to murder; wilful death.

Even worse, the poor carers left were under an onslaught. Many care workers were either ill or self-isolating, leaving care homes with a reduced staff and a massive crisis. This inevitably led to negligence.

Even worse, those who died were denied any domestic or spiritual support from family, friends or chaplains. They died alone in heartbreaking isolation. This is equivalent to a war crime.

### **Denial of treatment**

Throughout the world many elderly people were told that they would not be accepted in a hospital and would not get any medical treatment because hospitals were concentrating on Covid-19 (in fact most hospitals were half-empty and bored nurses started filming dance routines for Tik Tok).

Many old people were also pressurised into signing 'Do not resuscitate' forms.

### **Food**

Very many old people found that it was very difficult to get food. They were told to stay indoors but the panic-buying of idiots meant that the online delivery services were completely jammed up. Even care home managers found it hard to get food for many residents.

The government's scheme to help the vulnerable was utterly useless. It failed to include all sorts of needy people. It did not include those with diabetes, those who could not walk to a shop or queue, the blind, those with kidney disease and many others. It did not give priority food access for care home managers.

<sup>26</sup> Mogaznews en, 'Hospital discharged 20,000 patients into nursing centres...'

<sup>27</sup> Though facemasks are no use in stopping healthy people being infected, they are of use in stopping infected people pushing virus droplets into the air.

### Effects on the elderly summarised

- The government put the elderly under effective house arrest in a period of massive fear and worry.
- The government removed the elderly from seeing their loved ones in a time of deep crisis and confusion.
- The government removed helpful social treatments, such as visiting entertainers or social care workers.
- The government made it difficult for many old people to get food.
- The government stopped old people from getting necessary medical treatment.
- The government ensured that the old would catch Covid-19 from carers coming in from outside and from relocated hospital patients.

Some experts estimate that at least 100,000 died needlessly<sup>28</sup> while others estimate 1.5 million so far due to the lockdown globally.<sup>29</sup> I suspect that data will later show a much higher figure. In Ireland, Norway, France and Belgium more than half of virus deaths were in care homes. In Britain and Sweden it was over a third.

If homosexuals, young Black people or young women had been treated like this there would have been an outcry. Because it is old people, the media didn't care.

### Death certificate fraud

The unnecessary deaths of elderly people in care homes pushed up the death figures arbitrarily. But even then the death figures were not extravagant.

To boost death figures doctors were instructed in many regions to list Covid-19 as the cause of death even if there were other more serious co-morbidities and even if Covid-19 had not been diagnosed. In America, hospitals were given \$13,600 for every Covid-19 death certificate; no chance of that being misused is there?

In Britain an old lady with multiple ailments died in an ambulance before she could get to the hospital and before a doctor could make a diagnosis. Her death certificate said Covid-19.

Patients that died **with** Covid-19 were said to have died **of** Covid-19, but these are two different things entirely. Many doctors have complained about this.

There is no doubt that the number of Covid-19 deaths is greatly exaggerated and hyped by the media to spread fear.

### NHS infection inefficiency

#### The NHS spread the virus

Hospitals are supposed to be super clean but the truth is that they are far from hygienic. I have experienced this personally and family members have suffered from it. Even honest

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<sup>28</sup> Coleman, see bibliography.

<sup>29</sup> A group of professors from Stanford, Duke, University of Chicago and Hebrew University, writing in The Hill.

nurses have admitted to me that hospitals are centres of infection during normal circumstances.

Statistics from NHS England have demonstrated that up to 20% of hospital patients with Covid-19 were infected at hospital. Boris Johnson even called deaths from hospital-acquired Covid-19 ‘an epidemic’.<sup>30</sup> Sometimes staff had spread the disease, sometimes other patients. In all cases the prevention protocols were poor. Medical staff are believed to have caused 33% of Covid-19 infections.

A meta analysis of 40 studies found an even higher rate. The proportion of nosocomial (originating in a hospital) infections were 44% for Covid-19, 36% for SARS and 56% for MERS.

Modern large hospitals with enclosed, close quarters wards are facilitating the spread of disease far more than old style open-air hospitals. In the Spanish Flu, records show that an open-air hospital in Boston, where patients were treated outdoors in fresh air and sunlight, were spared the worst of the epidemic.

In America every day, 1 in 31 hospital patients has at least one health care infection. When I was in hospital some years ago I caught food poisoning and was very ill. It has been estimated that 1.7 million health care associated infections occur in American hospitals every year. During the SARS and MERS outbreaks, hospitals were called the ‘super spreaders’ of the diseases. In Ontario, 77% of SARS cases were contracted in a hospital.

In Wuhan 41% of Covid-19 infections were contracted in a hospital. Doctors from Bergamo warned in the *New England Journal of Medicine* that hospitals are the main Covid-19 carriers. Other Italian doctors told the *Journal of the American Medical Association* that hospital overcrowding explained the high infection rate of medical personnel and led to the spread of infection to patients. In Lombardy Covid-19 was largely a hospital-based infection.

Dr John Ioannidis, who has correctly commentated on this outbreak, explained<sup>31</sup> that hospital acquired infection was the reason for high mortality rates in certain areas, like Italy, Spain and New York. He stated that hospitals are the worst place to treat Covid-19 patients unless they are in a serious condition. Governments should have tried to keep those patients away from hospitals because those with mild symptoms can pass the virus on to more vulnerable patients.

## NHS treatment failures

### Proper treatments

Early on from the experience of Wuhan it was known that certain cheap natural methods of treatment greatly helped patients overcome Covid-19 but the NHS did not pay any attention. Subsequently, various scientific papers proved that these treatments were effective.

These treatments include:

- Vitamin C. Boosts the immune system.
- Vitamin D. Fundamental to the immune system.

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<sup>30</sup> NHS briefing, reported in The Guardian, 17 May 2020.

<sup>31</sup> Ioannidis, YouTube, ‘Perspectives on the pandemic, Update 17.4.20, episode 4’.

- Vitamin B. Helps the immune system and the build up of iron.
- Zinc, with a carrier. Helps the immune system. Hydroxychloroquine with Zinc is most effective. The Hydroxychloroquine opens the way for the zinc to work.
- Hydroxychloroquine.<sup>32</sup> This achieved success in treating patients in Wuhan and Northern Italy. It has been a generic, safe, cheap drug used widely for malaria for 70 years. It helps with oxygenation. It was proved effective in a report by French doctors. [See next.]
- Azithromycin. Hydroxychloroquine with Azithromycin was recommended by Dr Didier Raoult in April and supported by Dr Douste-Blazy, who started a petition signed by nearly 500,000 French doctors and citizens urging the French government to use Hydroxychloroquine early to treat patients before they require intensive care. The huge pressure against these treatments has been by doctors linked to Big Pharma, which cannot make money out of them.
- Oxygen through the nose. Vital for patients with low oxygen and safer than ventilators.
- Heferin (an anti-coagulate). Helps spread oxygen in the blood vessels.

And a mixture of all of these.

In addition, U/V light is advantageous, as is fresh air. The worst things you can do are put a patient in a small ward and pump them with chemicals, morphine and use a ventilator which is what most hospitals did.

The correct treatment is to boost the immune system and try to help the body get more oxygen quickly.

### **Ventilators**

I have explained before that ventilators can be very dangerous and should be a last resort. They easily lead to infections like pneumonia and the intrusive treatment can damage the lungs and cause death. However, it was realised early on that ventilators were not the treatment to use for Covid-19, which is an oxygen depleting illness.<sup>33</sup> The muscles work fine and the lungs do not need mechanical assistance. The patient needs oxygen. Using ventilators cause collapsed lungs and death. If oxygen blood levels are low, (hypoxemia) patients need CPAP<sup>34</sup> and BiPAP,<sup>35</sup> not ventilators.

This has now been confirmed by a study published in the *American Journal of Tropical Medicine and Hygiene*.<sup>36</sup> Ventilators damage the lungs of Covid-19 patients, especially the elderly. The lungs of patients with Covid-19 are white and often covered in a thick mucus. This prevents the lungs from being able to absorb oxygen even with a ventilator. Though the media deleted videos of doctors affirming this early on, science has now proved them right. Putting increased air pressure in these damaged lungs kills the patient.

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<sup>32</sup> A study published in the Lancet claiming this is dangerous has been roundly condemned by hundreds of doctors and researchers. The authors had vested interests, the data was flawed and the analysis wrong.

<sup>33</sup> See the early video by a NYC ICU doctor, Cameron Kyle-Sidel, which keeps being deleted. See criticism of Dr Muriel Gillick, a palliative care physician at Harvard medical School.

<sup>34</sup> Continuous positive airway pressure masks.

<sup>35</sup> Biphasic positive airway pressure masks.

<sup>36</sup> AJTMH, 'Respiratory support in Covid-19 patients with a focus on resource-limited settings', AM Dondorp et. al., Vol 102, Issue 6.3, June 2020.

In New York, ventilators caused over 76% of patients to die. A *JAMA*<sup>37</sup> study<sup>38</sup> of 5,700 patients with Covid-19 in NYC between 1 March and 4 April showed mortality rates of those with ventilators of 76.4 to 97.2% depending on age. In other words, if they had stayed at home and used oxygen and the other known effective treatments they would have probably survived, but going to hospital and being put on ventilators killed them. Many patients were diagnosed with a secondary ventilator-associated pneumonia (i.e. infection caused by the ventilator).

### **Antivirals**

At least at the beginning, one of the main treatments was antiviral drugs which have very bad side-effects. One of these is Ribavirin, which massively reduces red-blood cells (anaemia).<sup>39</sup> But the main effect of the virus is to reduce oxygen levels and crash iron levels. The very worst thing that you could do is prescribe Ribavirin.

In many old people there is already an anaemia problem, and this combination quickly kills them.

If the virus causes anaemia, and the antiviral treatments cause anaemia and the patient already has anaemia then this treatment is criminal.

### **Morphine**

Why were patients lacking oxygen given morphine? In many cases the morphine killed them outright.

One young, otherwise fit, young Black girl went to hospital with a UTI.<sup>40</sup> The doctors gave her morphine and she died within hours. The family made complaints but nothing happened. Why was morphine prescribed for a UTI?

## **New York City treatment failures**

The excessive deaths in NYC were largely caused by doctors using the wrong treatment and nurses failing to care. One whistleblower leading nurse<sup>41</sup> made a video, in tears, lamenting that doctors were murdering people by using wrong treatments, maltreatment, gross medical mismanagement, and that nurses were too scared of the virus to properly care for patients.<sup>42</sup> Examples include:

- An anaesthesiologist intubated a patient wrongly and only one side of his chest was inflating. He died.
- A patient presented with a heart-rate of 40. A doctor did chest compression on him, which is the wrong treatment. The doctor then defibrillated him, also wrong, and killed him. The nurse warned that he would kill him and tried to stop him.
- One nurse confused a fast-acting insulin with a slow-acting insulin and killed the patient.

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<sup>37</sup> Journal of the American Medical Association.

<sup>38</sup> *JAMA*, 22 April 2020.

<sup>39</sup> [Cardiosmart.org](https://www.cardiosmart.org). Wikipedia, art. 'ribavirin', '*serious side effects include red blood cell breakdown*'.

<sup>40</sup> Urinary Tract Infection.

<sup>41</sup> YouTube, 'Covid not killing patients: doctors and nurses are'. A out-of-town nurse working in a NYC hospital laments multiple bad practices that killed people.

<sup>42</sup> The video keeps being deleted. It remained on Brassneck TV for longer; it may still be there.

- Patients were being medically mismanaged. Patients low on blood oxygen were refused new oxygenated blood when Covid-19 crashes oxygen levels and haemoglobin in the blood.
- Nurses were put in charge of dialysis machines that had been given no training.
- Nurses were putting in ventilators who had not been trained how to do it.
- Patients reacting badly to ventilators were not treated properly but were instead highly dosed with sedatives. They died.
- Patients died and nurses failed to notice.
- Patients who were cold were left cold.
- Patients were put immediately on to a ventilator instead of safer measures such as CPAP<sup>43</sup>, and the lungs were traumatised.
- Nurses were not changing their PPE and thus potentially passed on Covid-19 to non-Covid patients.
- Patients were not being properly assessed and there were no rapid results tests.

The nurse said:

I am literally watching them everyday kill people. ... It's like the Twilight Zone here. ... People are dying who don't have to die. ... It's like a horror movie, but not because of Covid-19.

### **Cameron Kyle-Sidel**

A NYC ICU doctor (Kyle-Sidel) also blew the whistle and uploaded a video explaining that doctors were using the wrong treatment. His video was deleted and he was moved out of ICU. He explained that the paradigm used by hospitals was for ARDS (Acute Respiratory Distress Syndrome) but this is not what Covid-19 is. It is an oxygen-depleting virus. The paradigm is wrong and the treatment is causing great harm. It is not a pneumonia. The extra pressure put on the lungs by ventilators is actually killing people.

### **Elmhurst hospital, Queens, NYC**

Whistleblower nurse Erin Marie Olszewski spent months on the frontline of the epidemic in New York and in Florida and gave an interview regarding her experience to Journeyman Pictures.

In Florida they treated patients carefully and used Hydroxychloroquine and zinc. No Covid-19 patients died. In fact, patients presenting with severe breathing difficulties were cured with 8-10 hours, or at most 2 days. The 'pandemic' wave never happened in Florida (people were at the beach) and so Olszewski went to help in New York for a month. In Elmhurst public hospital at the very epicentre of the epidemic, patients were very badly treated and put on ventilators immediately with masses of drugs to sedate patients. They all died except one man who woke up and pulled his ventilator out.

The mismanagement and malpractice of patients by most doctors and nurses at Elmhurst was so severe that Olszewski called them murderers. Some facets of malpractice include:

- Hospitals gained \$29,000 for using a ventilator, so all patients were intubated almost immediately on coming in – which killed them. Many non-Covid-19 people presenting with breathing difficulties were actually having panic attacks caused by fear and did not need ventilators. They were lucid and walking but were vented and died. Orders to incubate everyone came from very high levels.

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<sup>43</sup> Continuous positive airway pressure.



- To help with intubation alarming numbers of sedatives were given to each patient, enough to kill them over a month period. These included: Propofol, Fentanyl, midazolam (?), Precedex, Heferin, Versed, Levophed, nio (?), Vasopressin all at once in multiple drips. Patients were effectively anaesthetised like patients under surgery.
- Some floors of the hospital were run by student doctors (residents) that had no clue what they were doing. One was a dentist.
- No one was held accountable for bad treatment and unnecessary deaths.
- Cuomo prohibited the use of Hydroxychloroquine (why, he is no doctor?).
- Non-Covid-19 patients were put in Covid-19 wards. There were rooms for non-Covid-19 people but these were not used. People coming in with strokes and other illnesses caught Covid-19 and died.
- The available but expensive rapid-result lab test (45 minutes) was never used and the test used took over five days.
- Patients that lab-tested negative for Covid-19 were titled as 'Covid-19 confirmed' patients. This contradiction remained on the computer records.
- The vast majority of people dying were low-class Black, Hispanic and Asian people who were treated as expendable.
- 'Do Not Resuscitate' orders were put on patients without their consent or the consent of the family. This was official hospital policy for Covid-19 patients.
- Nurses argued with doctors about treatments that were killing patients.
- A patient was doing fine and expected to live. Olszewski was removed from the ward (her questioning had been noticed). Within 20 minutes the patient had died from malpractice by a doctor.

Olszewski had everything to lose by her exposé and after the interview had to leave Elmhurst. She said that the treatment in Elmhurst was worse than Third-World hospitals she had worked in.

## **Vaccines are the cause of severe symptoms**

The question is often asked why certain areas (Wuhan, Northern Italy, NYC) had much more serious effects than other areas.

One possible answer is that these were all test beds for the rollout of 5G, which I have examined in earlier papers.

The answer that is being suggested in scientific papers, based on statistical data, is that these areas had previously had a high uptake of flu vaccination.<sup>44</sup>

Dr Judy Mikovits and others (including a US Army report) have proved that those who died or had severe effects from Covid-19 had previously had the flu vaccine. She explains that the flu vaccine includes retroviruses from animals that react with Covid-19 and cause the serious effects.<sup>45</sup> Immunologist Delores Cahill also explains that flu vaccines often contain a coronavirus from animals used as a growth agent. This also exacerbates Covid-19.

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<sup>44</sup> See Dr Delores Cahill's multiple interviews on YouTube..

<sup>45</sup> See Mikovits book, Plague and many interviews on YouTube.

The current clamour for a vaccine to be a magic bullet to cure Covid-19 is ridiculous. Since 2003 and the SARS outbreak, chemists have been trying to make a vaccine for SARS Covid-1 and have completely failed. It is very difficult to do; just as there is no vaccine for the common cold. Why do people think that a vaccine for SARS Covid-2 will be achieved in weeks?

Vaccines are extremely dangerous treatments because they contain deadly toxins, like mercury, formaldehyde, aluminium and carcinogens. The use of injection through the skin by-passes the body's normal protection barriers and enables these toxins to get straight to the organs, such as the brain, where they create disorders like Autism, paralysis and cancer. [See my paper on '*Bill Gates*' for multiple examples of the injuries and deaths caused to hundreds of thousands of young people by vaccines. Vaccines have been killing people since the 1700s.<sup>46</sup>]

Recent studies categorically show that unvaccinated children are far healthier than vaccinated children. It is insane to inject aluminium and mercury into an infant.

It was a vaccine that caused Covid-19 to present much worse symptoms than in healthy people. Why would anyone want a vaccine?

The establishment's desire for a vaccine has other reasons, which I have explained in my paper on the lockdown.

## **The medical consequences of the lockdown and social distancing**

I warned from the beginning that the lockdown would kill more people than the virus. I was encouraged to find that a number of medical specialists I talked to agreed with me and feared for their patients.

It is blatantly obvious that terminating elective procedures and shutting down clinics and many medical departments would cause many people to suffer unnecessarily. For some reason this was ignored by the government.

Gradually medics began to speak out and put estimated numbers to the problem, such as an initial guess that 28,000 cancer patients would die unnecessarily. Though it's going to take years to gather all the information and really find the actual needless deaths, already reports are coming in of a massive spike in suicides and other problems. I have already explained the thousands of unnecessary deaths of people in care homes.

The government, its advisors and the hospital managers need to take responsibility for these deaths because they are responsible. Department heads should have protested and refused to close their departments.

The sorts of areas where there will be unnecessary deaths include:

- Kidney patients (CKD 4-5 especially).
- Cancer patients. In April leading oncologist Dr Karol Sikora estimated that 60,000 deaths would occur from a denial of cancer treatments if the lockdown should last 6 months.

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<sup>46</sup> American Theologian and philosopher Jonathan Edwards was killed by a smallpox vaccine in 1758.

- Sepsis cases. UK specialists noted that the normal three patients with Sepsis every week (in every hospital) had disappeared. This will certainly mean that these missing Sepsis cases will have died an avoidable death.
- Trauma.
- Stress.
- Heart disease patients.
- Stroke cases.
- Domestic violence.
- Child abuse.
- Mentally ill patients.
- Suicide. In Australia a spike in suicides is expected to exceed deaths caused by the virus by a factor of ten.<sup>47</sup> In America the CDC stated that suicide rates had increased in areas where there was already economic deprivation. In Tennessee suicide rates quickly surpassed death from the virus. One in three suicides involve unemployed people. For every one-point increase in unemployment the suicide rate grows by 0.78 points.<sup>48</sup>
- Diabetes patients.
- Death from loss of income or unemployment.

Even in April it was reported that the government had figures of 150,000 avoidable deaths caused by the lockdown. *Spectator* editor Fraser Nelson claimed this figure was circulating in Whitehall before 17 April. Although the Covid-19 death statistics are grossly exaggerated (see earlier) it looks like the mortality rate is around 40,000; let's say 50,000. This means that the government needlessly killed 100,000 people by instituting the lockdown policy.

## Data

- Visits to A and E are down by over a third.
- 33+ million unemployed in the US.
- UK GDP is crashing.
- There was a sharp increase in deaths in the community that are not known to be due to Covid-19 according to Prof. Denning.<sup>49</sup>
- During the week ending 3 April there were 16,387 deaths. 3,475 mentioned coronavirus (but that doesn't mean they died of it). But the ONS said that there were 6,082 more deaths compared to the five-year average. If this proves to be typical per week, so far that means the lockdown caused 72, 984 deaths in Britain alone.
- A data analyst consortium in South Africa found that the economic consequences of lockdown will lead to 29 times more deaths than the virus.<sup>50</sup>
- The deaths caused by unemployment-related stress, depression and anxiety will take months to unravel. The full data on avoidable deaths will only be evident in years to come.

## Quotes

The flattening of the curve, the prolongation of the epidemic, makes it more difficult to protect the elderly, who are at risk. More of the elderly people become infected and we

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<sup>47</sup> Sydney University Brain and Mind Centre.

<sup>48</sup> RT, 7 May 2020.

<sup>49</sup> MSN.com, Nina Massey, 'Coronavirus: is lockdown leading to deaths from other causes?', 14.4.20.

<sup>50</sup> Summit News, Paul Joseph Watson, 'Professor: economic impact of lockdown will cause more deaths than coronavirus', 7 May 2020.

have more deaths. ... Firstly, we have the direct consequences: suicides, domestic violence and other social consequences leading to death. And then we have people who are too scared to go to the hospitals for other problems like strokes or heart attacks. So people stay away from hospitals because of the Covid fear. And then they die.

One could have prevented 20,000 deaths in the US by just isolating the nursing homes.

Prof. Knut Wittkowski, *PJ Media*, Megan Fox, 'Censored epidemiologist says there's no justification for foolish lockdown', 18 May 2020.

It's so important to understand that the deaths of Covid-19 will be far less than the deaths caused by societal lockdown when the economy is ruined.

Prof. Peter Nilsson, *Summit News*, Paul Joseph Watson, 'Professor: economic impact of lockdown will cause more deaths than coronavirus', 7 May 2020.

Sweden could reach herd immunity earlier than other countries which means that the spread of the virus and the number of deaths will decrease since a majority of the population will be immune. Other countries that start to reopen now may experience a second wave of the virus. So it might be that they have just postponed a severe outbreak.

Prof. Mikael Rostila, *Summit News*, Paul Joseph Watson, 'Professor: economic impact of lockdown will cause more deaths than coronavirus', 7 May 2020.

Protecting those at most risk of dying from covid-19 while relaxing the strictness on others provides a way forward in the SARS Cov-2 epidemic, given the virus is unlikely to disappear in the foreseeable future.

Cambridge University professors, *British Medical Journal*, 'Shielding from covid-19 should be stratified by risk'.

## The economic consequences

The insanity of the lockdown and social distancing will trigger the worst economic downturn in 150 years. Jobs are disappearing on a daily basis. 10,000 car manufacturing job losses were announced this week alone.

Although it will take years to fully assess this as businesses will gradually crumble over the next several months and firms will lay off staff when the government's furlough scheme ends, some predicted economic data is starting to emerge.

An OECD report published in early June<sup>51</sup> stated that the UK projected GDP will dip 11.5% this year with a marked rise in the deficit. If there is a second wave it will fall to -14%. It affirmed that there was an 18% dip for April alone. The global economy, on the other hand, was only predicted to fall by 6%, so Britain is doing worse than most nations. In fact, it is said to be the worst affected in Europe except for France.

The OECD also predicts wage freezes and wage compression. All the claimed benefits of ten years of austerity have been thrown in the dustbin. Living standards are going to fall and five years of income growth will be lost by 2021. Unemployment will climb from 5.4% in 2019 to 9.2% in 2020.

I have already mentioned other reports stating that the countries that had the most severe lockdown will be the most badly affected economically.

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<sup>51</sup> OECD Economic Outlook, 'the world economy is on a tightrope', June 2020.

Reports are also coming in of hospital waiting lists rising to ten million in England alone.<sup>52</sup> This will also have a knock on effect on the economy as there are going to be far more sick people and unnecessary deaths than normal – all caused by the lockdown.

## **Facts about Covid-19 that should have determined sane policy**

- The infection fatality rate is low, comparable with seasonal flu. It is somewhere between 0.07 to 0.2%.
- It has asymmetric impact by age and medical condition. That is, young people are hardly affected at all but frail old people are vulnerable. The virus also has a big impact on those with co-morbidities, i.e. associated sicknesses. In Italy 96% of fatalities from the virus had co-morbidities and were over 80-years old. In NYC two thirds were over 70, 95% were over 50, 90% had underlying illnesses.
- It is non-transmissible by asymptomatic people.
- In outdoor environments it has a near zero fatality rate for children.
- Children do not spread the virus (are not vectors) and are hardly affected by it.
- Farr's law determines the course of the epidemic, a bell curve showing its decline soon after it begins. The curve flattens all on its own. Nothing you can do stops this natural progress.

Without any doubt, this shows that the decision to initiate a lockdown was insane and possibly malicious.

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<sup>52</sup> The Guardian, 'NHS hospital waiting lists could hit 10 million in England this year', 10 June 2020.

## Conclusion

Considering that the data that was available for months before 23 March<sup>53</sup> the decision to demand a lockdown (house arrest) was insane and stupid. It was known that it would crash the economy and kill more people than the virus. I repeat, this was known to the government in written reports. I, and very many others,<sup>54</sup> stated this publicly and wrote about it in March and continually afterwards.<sup>55</sup> If I knew the facts, why didn't the Prime Minister?

The needless deaths, especially to the elderly, needs to be accounted for in a public enquiry and heads must roll. The biased medical and science advisors to the government need to be sacked and prosecuted. They had access to correct data from dissenting epidemiologists and ignored them and shut them up. Government ministers that acted on the basis of a rubbish computer model from a discredited professor with no debate from a wide stream, need to resign and possibly face prosecution because many people died as a result of their decisions. The media that fanned the flames of fear that undergirded bad political and medical decisions must also face accountability and public scorn. Medical professionals that added to the problems and caused harm to many patients by closing departments and using wrong treatments should also face a public enquiry. The NHS greatly contributed to human suffering instead of alleviating it.

Strict accountability must be achieved to stop this from ever killing people again.

The truth is coming out slowly and politicians will have nowhere to hide. Already hundreds of medical scientists are gathering into groups to protest what has happened, publishing reports and issuing petitions. The truth will out.

It is ironic, but I predict that the government policy of trying to prevent hospitals being overrun during the epidemic will actually lead to hospitals being overrun when the lockdown ceases. The reason is that there is a tidal wave of needs being held back by fear and the lockdown, plus suspended elective treatments, postponed surgery and multiple cancelled clinic treatments. Hospitals will be deluged with patients crying for treatment very soon.

During the mass quarantine hospitals were half-empty and most departments closed. Many medics were bored or were sent home, while temporary staff were laid off. In America, private hospitals are facing bankruptcy due to being empty of patients. All this will change when patients that should have attended hospital weeks ago suddenly need treatment and are in a worse condition. The hospitals will not be able to cope and people will die unnecessarily. Again, the government and hospital managers will be culpable.

### Afterword

I am not a political opponent of Boris Johnson; in fact I am apolitical; I just observe facts and comment on them. However, I supported Johnson in his plan to get us out of the EU

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<sup>53</sup> The epidemic started in Wuhan in late October and would have gone global by the middle of November.

<sup>54</sup> All sorts condemned the lockdown; from political commentators like Peter Hitchens and James Corbett, to epidemiologists like Knut Wittkowski and Johan Giesecke, immunologists like Delores Cahill, microbiologists like Judy Mikovits, journalists like James Delingpole, historians like David Starkey, scientists like biologist Shiva Ayyadurai, medical professors like John Ioannidis, doctors like Vernon Coleman and many others.

<sup>55</sup> My first paper on Covid-19 was published on 23.3.20, but I had been speaking publicly about it for several weeks hoping that sense would prevail.

and hoped he would make a better leader than recent candidates. I urge him to plead *mea culpa*<sup>56</sup> and apologise to the British people for the wrong medical decisions and crashing the economy. Since the population has been terrified into doing stupid things (like not being with parents when they died) and is also guilty, I think he could survive and be forgiven – but he must act now. If he doubles-down on social distancing and the lockdown, he will never be forgiven when the truth comes out and the government could fall. Johnson has a sword of Damocles hanging over his head [the classical allusion is deliberate for a classical scholar].<sup>57</sup>

If that happened and Keir Starmer became PM, we could find ourselves back in the EU and Britain would have no chance of economic recovery. Britain would be finished (which is what certain globalist powers want).

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<sup>56</sup> Latin: 'by my fault'.

<sup>57</sup> Damocles a legendary courtier who extravagantly praised the happiness of Dionysius I, ruler of Syracuse. To show him how precarious this happiness was, Dionysius seated him at a banquet with a sword hung by a single hair over his head.

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