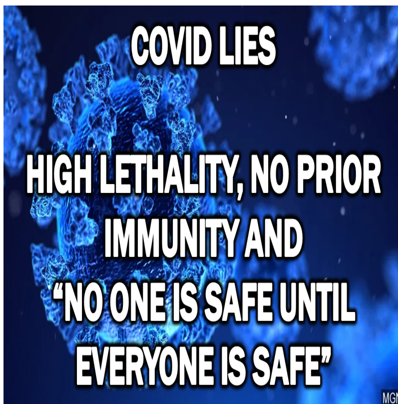

Covid Lies: High Lethality, No Prior Immunity And "No One Is Safe Until Everyone Is Safe"

Description

"I contend that all the main narrative points about the coronavirus named SARS-CoV-2 are lies. Furthermore, all the "measures" imposed on the population are also lies. In what follows, I support these claims scientifically, mostly by reference to peer-reviewed journal articles. In 2019, World Health Organisation (WHO) scientists reviewed the evidence for the utility of all non-pharmaceutical interventions, concluding that they are all without effect. Given the foregoing, it is no longer possible to view the last two years as well-intentioned errors." – Dr. Mike Yeadon

By Dr. Mike Yeadon, 10 April 2022

THE NARRATIVE POINT 1

SARS-CoV-2 has **such a high lethality that every measure must be taken to save lives**.

Note: Covid-19 is the disease resulting from infection with the virus, SARS-CoV-2. They are often used interchangeably. Sometimes it doesn't much matter, but the confusion was sowed deliberately.

IMPORTANCE

Essential to claim high lethality in order that unprecedented responses may seem justified. To "pep up" the claim, recall **"falling man" in Wuhan?** The person was allegedly sick but walking about, before falling dead on his face. That was never real. It was theatre.

THE REALITY

Early estimates of lethality were very high with, in some reports, an "infection fatality rate" (IFR) of 3%. Seasonal influenza is generally considered to have a typical IFR of 0.1%. That means some seasons, IFR for flu maybe 0.3% and other times, 0.05% or lower.

In practice, and this was usual, estimates of IFR for Covid-19 were revised downwards repeatedly and now are generally recognised as in the range of 0.1–0.3%. **It cannot now be argued that it is significantly different from some seasonal influenza epidemics**.

Why, then, have we all but destroyed the modern world over it?

CONCLUSION AND VERDICT FALSE

FALSE

- The perpetrators knew that lethality estimates of new respiratory viral illnesses ALWAYS start high and reduce. This is because, early on, we do not have any estimate of the number of people infected but not seriously ill and the number infected with no symptoms at all.
- They created the impression of extreme danger, which was never true. **This is such a crucial point, for once one sees it for what it is, the rest of the narrative is superfluous.**
- Dr. John Ioannidis is one of the world's most-published epidemiologists and he has been scathing about the inappropriate responses to a novel virus of not particularly unusual lethality. Like most respiratory viruses, SARS-CoV-2 represents **no serious health threat** to those under 60 years of age, certainly not children, and is a serious threat only to those nearing the end of their lives by virtue of age and multiple comorbidities.[1]
- Dr. Ioannidis's **current estimate** of global IFR is around 0.15%. For reference, a typical seasonal influenza outbreak has a typical IFR of around 0.1%, but can be markedly worse in bad winters.[2]

THE NARRATIVE POINT 2

Because this is a new virus, there will be **no prior immunity** in the population.

IMPORTANCE

Seems reasonable, doesn't it? This remark, made repeatedly early on, aimed to squash any notion that there was a degree of "prior immunity" in the population. Prior immunity and natural immunity are only now, two years in, not considered "misinformation".

THE REALITY

Within a few months, multiple publications showed that a large minority (ranging from 30%–50%, some later said even more) of the population had T-cells in their blood which recognised various pieces of the viral protein (synthesised, as no one seemed to have any real virus isolates to use).

While some people argued that recognition by T-cells didn't mean functional immunity, really it does.

We were prevented from learning that we already knew of six coronaviruses, four of which cause

"common colds," which in elderly and infirm people can cause death.

CONCLUSION AND VERDICT FALSE

FALSE

- This was a straight lie. It's pretty much never true that there's no prior immunity in a population. This is because viruses are each derived from earlier viruses and some of the population had already defeated its antecedents, giving them either immunity or a big head start in defeating the new virus. Either way, a sizeable proportion of the population never had cause to worry.
- **This article** includes all the important peer-reviewed articles to mid-2020, with many showing at least 30%–50% having prior immunity (it depends upon the measure used to assess it).[3]

THE NARRATIVE POINT 3

This virus does not discriminate. **No one is safe until everyone is safe**.

IMPORTANCE

Intention was to minimise the numbers who might reason they're not "at risk" people.

THE REALITY

This claim was always absurd. The lethality of this virus, as is common with respiratory viruses, is 1000X less in young, healthy people than in elderly people with multiple comorbidities.

CONCLUSION AND VERDICT FALSE

FALSE

- In short, almost no one who wasn't close to the end of their lives was at risk of severe outcomes and death. In middle-aged individuals, obesity is a risk factor, as it is for a handful of other causes of death.
- **This intriguing review** details how the initial modelling induced fear and provided the excuse for heavy-handed measures, especially "lockdowns".[4] It was, however, just that: an excuse. All experienced public health experts knew that lockdowns were absurd, ineffective, and hugely destructive. There's no way to sugar-coat this. It was wrong before it was ordered, and it's necessary to examine why those who knew did not protest. It's almost as if they were complicit.

References

1. [1] Ioannidis JPA, Axfors C, Contopoulos-Ioannidis DG. Population-level COVID-19 mortality risk for non-elderly individuals overall and for non-elderly individuals without underlying diseases in pandemic epicenters. Environ Res. 2020 Sep;188:109890.
2. [2] Ioannidis JPA. Reconciling estimates of global spread and infection fatality rates of COVID-19: an overview of systematic evaluations. Eur J Clin Invest. 2021 May;51(5):e13554.

3. [3] Doshi P. Covid-19: Do many people have pre-existing immunity? BMJ. 2020;370:m3563.
4. [4] Jo#e AR. COVID-19: Rethinking the lockdown groupthink. Front Public Health. 2021 Feb 26;9:625778.

Source

Dr. Mike Yeadon wrote a paper titled 'The Covid Lies' which was published on the Doctors for Covid Ethics website. This paper is a working draft dated 10 April 2022.

At 31 pages long the paper is longer than most would read in one sitting. As it details vital information for all of us, we are republishing his paper in more easily digestible portions in a series of articles, one each day over the next week or so. This is the first in our series, 'Covid Lies', and covers lies 1-3 as listed in Dr. Yeadon's paper.

BY RHODA WILSON

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