

QUILLETTE ARTICLE FIXED IN RED:

I am no lockdown junkie. I'd like to get that straight before I explain why the most extreme variant of lockdown scepticism is rebarbative and destructive. I will never forgive the government for dragging out the first lockdown for 14 weeks, pointlessly exhausting the public's patience and sowing the seeds of the non-compliance we see today. I think the second lockdown was an unnecessary overreaction to a surge in cases in the north-west that was being dealt with by local restrictions. I think the 10pm curfew was counter-productive and the tier system was clumsy and unfair. I always thought "circuit breakers" caused unnecessary hardship and had no chance of nipping the problem in the bud, as their advocates claimed. It was criminal to not reopen the schools in June and I'm not entirely convinced they should be closed now. I scorn the likes of Piers Morgan and "Independent" SAGE who would have had us in lockdown all year if they'd had a chance. No amount of comparing Sweden to its immediate neighbours will persuade me that the Swedes didn't have a better 2020 than most Europeans. Contrary to folk wisdom, you can put a price on life and it can't be denied that most of the people who die of COVID have had a good innings. I mention all this in the hope of establishing that I am not some wobbly-lipped pantry boy who's scared of a bit of flu. I am a libertarian at a free market think tank who has spent most of his working life critiquing the excesses of the nanny state. I do not secretly harbour thoughts of creating a police state or bankrupting the economy.

Nevertheless, I don't think it is necessarily a bad idea to prevent tens of thousands of people dying this winter from a disease [please provide data and science on cost-benefit of lockdown – much more to follow on this throughout this rebuttal, but table below was created in May 2020 – and remains salient]

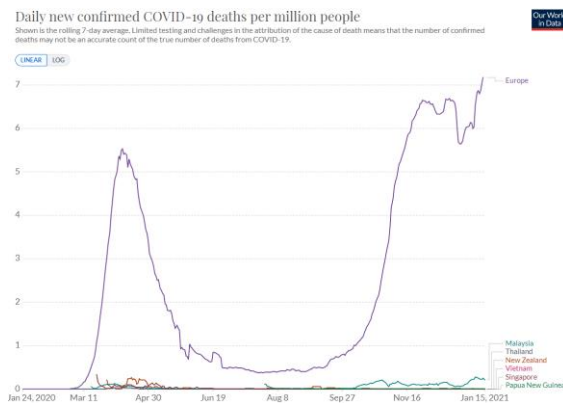
Hypothesis that LOCKDOWN adds Significant Value over Smart Distancing (e.g. Sweden)	
Note: assumes Lockdown after deaths have occurred i.e. when virus is well established in the area (Europe/USA) (e.g. UK's Lock-Down in late March when first cases were identified in January - France / USA etc. similarly)	
EVIDENCE FOR	EVIDENCE AGAINST
The Cost/Benefit of Lockdown over smart distancing - has anyone calculated it using established QALY system for instance? - can this be seen as a "for"?	The COST of lockdown - not being quantified - cancer diagnoses missed, cardiac issues missed, livelihoods destroyed, depression, suicides, substance abuse, effect of children, mental health generally, undermining of democracy and freedoms, etc.
Some country compares, <i>associate</i> lower death rates with lockdown	Many country compares, <i>do not associate</i> lower death rates with lockdown
<i>Specific - highly selective - associational compares</i> 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 <i>do not show</i> 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 - <i>associated</i> with lockdowns - in some cases	The rates are illustrated in many scenarios to fall - <i>not associated with</i> lockdowns - e.g. Koch Institute German analysis, R dropped to baseline ~1 before lockdown - same for many other countries - lack of concordance - 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 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	Professor Carl Heneghen, Oxford University School of Evidence Based Medicine - analysis shows Distancing contributed to falling R. Lockdown added little or nothing over distancing Wood's Hole Institute published paper - analysis of many countries shows Lockdown added little or nothing over distancing Professor of Mathematics Isaac Ben Israel - published analysis of many European countries shows Lockdown added little or nothing over distancing Nobel Prize winning Professor Michael Levitt - he and his Stanford team have shown for months - from China data, through to Italy data, through to all-Europe data - illustrates Lockdown added little or nothing 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...
In fact, papers were published years ago by experts in the field, and they illustrating that lockdowns are damaging <i>after</i> a virus has entered the population significantly - so the belief in lockdowns is a completely new phenomenon - and an associational one?	LOGIC: The millions of grocery workers across Europe and US, are the opposite of Locked Down - they deal with the great unwashed streaming past, 8 hours a day, but nowhere are they seen to have more issues LOGIC: The "Essential Workers across Europe and US, not Locked Down - no signal - e.g. UK ONS occupational Covid19 mortality data show that Healthcare workers and shopkeepers no elevated risk
e.g. "Disease Mitigation Measures in the Control of Pandemic Influenza" Biosecure Bioterror. 2006;4(4):366-75. doi: 10.1089/bsp.2006.4.366.	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 in London, bars full in Slovenia, Israel running concerts etc. etc. 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 ETC...

for which we now have multiple vaccines. I had hoped that we could muddle through with local restrictions, but the emergence in December of an extraordinarily infectious new strain [insert scientific evidence here of "extraordinarily"? Proper data and proofs – not associational stuff?] put an end to that. The number of COVID cases doubled in the first half of December and doubled again in the second half. [that's exactly what seasonal resurgences do – then they curl over. This phenomenon has been studied for more than half a century – and the answer to the viral triggering and then abatement, has never been understood. It's complex beyond belief. Immunity increasing in the susceptible, is part of the curl-over - but there's much more unanswered. This is the best work on the subject: Dr. Hope-Simpson's The Transmission of Influenza: <https://thefatemperor.com/wp-content/uploads/2020/11/11th-The-Transmission-of-Influenza-BOOK.pdf>]

Much of London, Kent, and Essex seemed impervious to even the stringent tier 4 restrictions. [maybe because they are not effective – being based on bad science mostly – bad propaganda from China, no less? <https://thefatemperor.com/published-papers-and-data-on-lockdown-weak-efficacy-and-lockdown-huge-harms/>] We did not need a model from Imperial College to see which way this was going. In London and the south-east, there are now more people in hospital with COVID-19 than at the peak of the first wave. There are more on ventilators too, despite doctors using mechanical ventilation less than they did in the spring. It is going to get worse for some time to come. We had to get the numbers down. [because no-one was bothered over the long uneventful summer to prepare the health system for the winter resurgence, no cross-training of staff - nothing – hell, they even dismantled the extra capacity built at huge expense back in March/April]

And so I reluctantly support this lockdown for the same reason I initially supported the first one, as a last resort. It seems to me to be the only way to ensure that everybody is able to access healthcare, whether they have COVID or not. As soon as it has achieved its goal, I will press for it to be lifted. I am fully aware of the social and economic havoc lockdowns cause. We will spend much of the remaining decade picking up the pieces.

I suppose my position is boringly centrist. If you want a more invigorating take, you might be drawn to the Zero COVID strategy supported by “Independent” SAGE or the plan laid out in the [the Great Barrington Declaration](#) to shield the vulnerable and achieve herd immunity the old-fashioned way. Both of these options carry significant downsides and have now been made redundant by the vaccines, but whilst these ideas might have been flawed or unrealistic, they were not crazy. The former had worked in New Zealand... **It did, did it? New Zealand is in Oceania. Notice how it performed largely the same as many other countries in the region, with varying approaches. The old Magick Sauce doesn't look so miraculous now, does it? Also – New Zealand banned all antibody tests back in February 2020, convenient if you wanted to have create a nice magick sauce narrative, and maintain it. I'd be fascinated to see a T-Cell assay applied to a large number of New Zealanders, given the reports of a severe respiratory disease flurry in Nov 2019 - which tested negative for influenza variants. Or they, as an isolated Island nation – simply got lucky.**



...and the latter had been the preferred policy of the chief medical officer until the hasty U-turn of March 2020. These were ideas that reasonable people could debate without being considered cranks.

But now, in the final months of this nightmare, the conversation among many of the noisiest lockdown sceptics has become decidedly cranky. The debate unfolding on social media is not so much about how to deal with COVID-19 as about whether COVID-19 exists at all. **[Strawman nonsense]** Mention the latest official COVID statistics on Twitter and you will be inundated with replies from recently set up accounts telling you that the people who tested positive for COVID-19 do not actually have COVID-19 and those who are recorded dying from it probably got hit by a bus. **[Strawman nonsense]**

This would scarcely be worth worrying about if it were not spilling out into the real world. “Lockdown sceptics” have been recording footage of empty hospital corridors which they then post on YouTube as evidence that the health crisis is being manufactured. It saddens me to admit that this kind of thing is coming from people on my side of the argument, people who are anti-lockdown. Grifters, conspiracy theorists, and bad faith actors have been tolerated for too long by lockdown sceptics. **[Strawman nonsense]** You can draw a straight line from those who talked about a “casedemic” a few months ago to the crowds of protestors outside hospitals today screaming that “COVID is a hoax.” **[Strawman nonsense]**

Worked the late A&E SHO shift on NYE and came out to this. Hundreds of maskless, drunk people in huge groups shouting "Covid is a hoax", literally outside the building where hundreds are sick and dying. Why do people still not realise the seriousness of this pandemic? pic.twitter.com/KTkCtNf62A — Matthew Lee (@mbklee_) January 1, 2021 **[Strawman nonsense]**

Although debates about the lethality of the virus and the effectiveness of restrictions on social contact have been circulating on the margins since the spring, September was the point at which these talking points began to attract widespread attention. Ivor Cummins, a former Research and Development manager at Hewlett-Packard, first crossed my radar several years ago when he was promoting the low carb diet **[👍 - which is now the basis of enormous success in combating T2 diabetes, obesity etc. - for Virta Health, LiveOnGo and many other massively effective and rapidly expanding health companies – so I was absolutely correct – again!]**. At the time, he struck me as a relatively harmless nutritional entrepreneur with a mildly amusing name and a book to sell **[you underestimated me then – I'm a hardcore corporate guy, yet massively principled when it comes to truth in science and helping the people – a very potent combination – the opposite of you]**. He was an annoyance to scientists and dietitians who found his claims

risible [infuriating more like to them – as none could debate the science with me, without being promptly technically eviscerated – look it up], but he was not a menace to public health [I was a saviour of public health – so nothing’s changed there]. Cummins came to wider prominence on September 8th, 2020, when he published a 37-minute video entitled “Viral Issue Crucial Update Sept 8th: the Science, Logic and Data Explained!” [see here: <https://youtu.be/8UvFhIFzaac>] In this presentation he claimed that “the epidemic largely ended around May/early June” [which it had] and asserted that around 80 percent of Europeans were “already de facto immune” to the novel coronavirus. [Absolutely – anyone ever suggest that after this has passed fully, there will be anywhere near 20% who got sick? See also my interview with Professor Emeritus of Immunology Beda M Stadler: <https://youtu.be/GBRcK-od50Q> , and articles like this which elucidate further: <https://thefatemperor.com/wp-content/uploads/2021/01/LinkedIn-Article-Immunity-80-percent.pdf>]

He claimed that increases in testing had created large numbers of false positives, leading to a “casedemic” in which the number of infections appeared to rise but there was “no mortality” because “the epidemic’s gone.” [Correct – the Casedemic was a creature of the summer, and we always warned of winter resurgence – but the panic-mongering “1918 Spanish Second-Waver” authorities chose to do NOTHING to prepare for it]. It attracted a million views on YouTube within days. [Because the science and logic suddenly made sense – even as we were being mandatory masked - in the middle of the Goddamn summer].

Cummins argued that the spring outbreak would have faded away naturally without non-pharmaceutical interventions such as lockdowns. [Duh what else could you conclude – the same curves pretty much everywhere, regardless of NPI <https://thefatemperor.com/published-papers-and-data-on-lockdown-weak-efficacy-and-lockdown-huge-harms/>] Herd immunity, he theorised, had been largely achieved and he insisted that there would be no second wave. [we always warned of winter resurgence, hard to predict degree of immunity achieved in the new virus epidemic phase – but the authorities did NOTHING to prepare for it, where we promoted all of the useful mitigating solutions e.g. vit D, metabolic health, Ivermectin (finally approved now), etc. etc. – all ignored, along with even bothering to expand the hospital system...]. In the winter, he said, we would see “a natural rise in the virome [the combined total of viruses in the human body]; we’ll see influenza, we’ll see more impacts on hospitals, we’ll see SARS-CoV-2 rising again, but that will be more normal winter resurgent [sic] of influenza like prior years.” [largely correct, but missing at the time the fact that CoV(2) had effectively deactivated Influenza in the human host, and some underestimating of the extent to which the season change had “clipped” the epidemic short – explained nicely here in a few mins – very important segment: https://youtu.be/p_vAQyVIXzU?t=1111]

Cummins dismissed those who warned of a second wave in France and Spain, where case numbers were already growing, and described the rising caseload in the US as a “double hump” caused by the southern states experiencing their first wave. [which it was]. He assured viewers that the American spike was already on the wane. Within two months, France and Spain were recording more than 400 COVID deaths a day [see the actual data below for excess mortality France and Spain – endemic virus resurgence, no “1918 Flu second wave” – and in any case, zero preparation by authorities, who were terrorizing the population all summer...with the promise of a catastrophic “second wave”]:

France



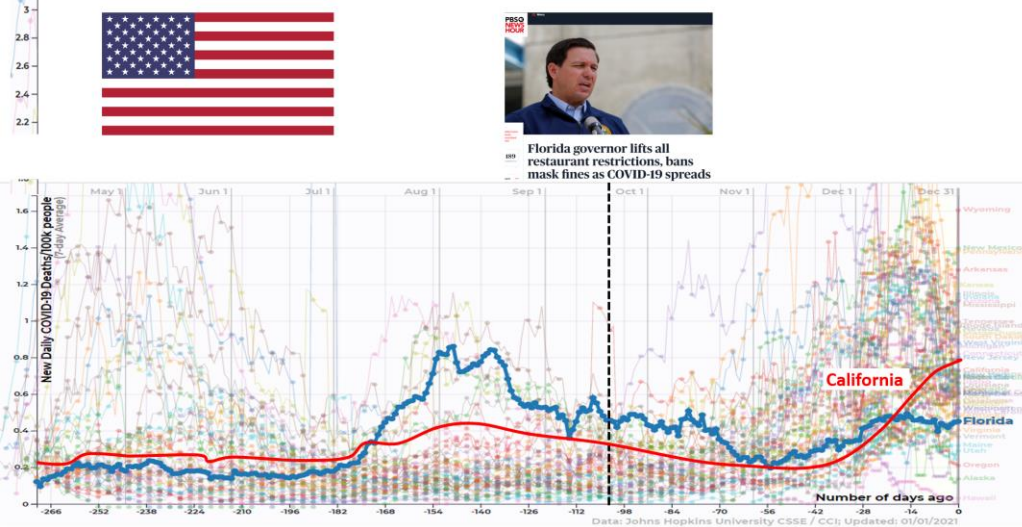
Spain



and the US was climbing its biggest “hump” yet, with every state except Hawaii experiencing uncontrolled community transmission. [To our endless correctness, note Florida is almost the best performer as USA seasonally resurges – even though Florida dropped lockdowns and masks way back in September! Thus proving for the Nth time

the uselessness of NPI. Note Lockdown & Mask-INSANE California is worse off than Florida in past months - even though it would have similar regional triggering scenario, and even an older population in Florida:

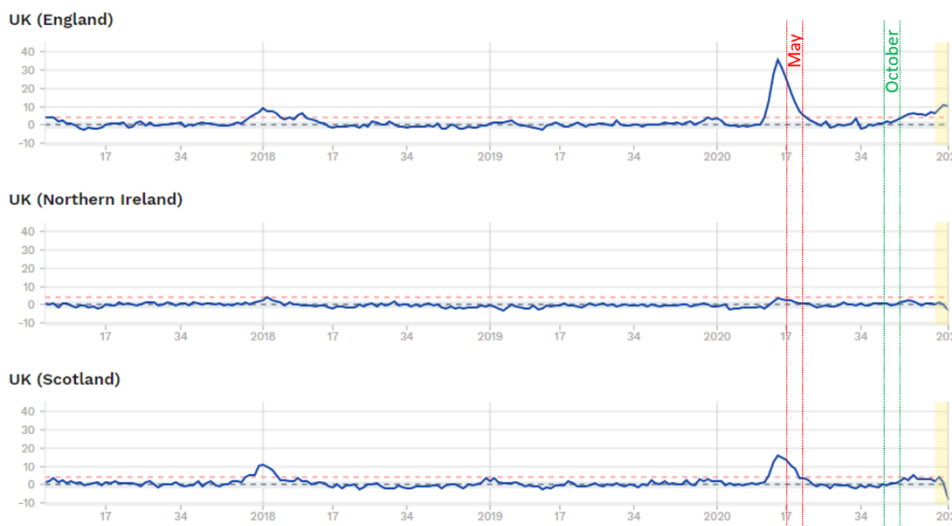
New Deaths from COVID-19 per Day by States/Territories, normalized by population



Twelve days after Cummins’s video went viral, Michael Yeadon, a former Pfizer scientist, wrote an article for the Lockdown Sceptics blog arguing that the vast majority of positive tests for SARS-CoV-2 were false. [in the Summer it was Casedemic City. Less correct in a real winter resurgence of course – which is obvious – it will return to tracking impacts broadly. The “casedemic” was a creature of the long summer of terror]

[removing the next section of blather – not interested – please see the correct test to manage epidemics here - in 2 mins flat: <https://youtu.be/-u6fbHGWYuc>]

During the summer months, it had become tempting to believe that the pandemic was over, as both Cummins and Yeadon claimed, and that only a “casedemic” remained. [I was correct – that was precisely what it was – a Casedemic which outrageously was used to justify mandatory masking in the middle of the summer, when nothing was happening. Sick and wrong beyond belief. Pure corruption. Winter resurgence was called out since August timeframe – but the authorities chose to do NOTHING to prepare for it – outrageous]. Maintaining this belief in October, when the death rate had risen to a level last seen in May, took a certain amount of mental agility but a significant number of people were able to do it. [See October mortality data below – death rates like May my arse...]



The core ingredients of this alternative theory are as follows: [according to you, a corporate-interests-over-the-people-promoter (long time central figure in one of the most funding-opaque think tanks in UK)

[Blather removed here – life’s too short]

Lockdowns don't inhibit the spread of the virus in any meaningful way and therefore do not reduce the COVID death count. [If you follow science and are a scientific thinker, that somewhat counter-intuitive conclusion is indeed the case – see here 27 analyses which falsify the Lockdown China Science narrative:

<https://thefatemperor.com/published-papers-and-data-on-lockdown-weak-efficacy-and-lockdown-huge-harms/> .

Note especially study #16 which eloquently indicates that lockdown, even if it succeeds in some suppression – will *MAXIMIZE* your overall Covid19 death count in the longer run (i.e. including the next seasonal resurgence) – not the only paper which indicates this either. Of course the Non-Covid suffering and death in terms of QALY's...is enormous compared to any notional benefits gained – that's a certainty. Also note that a natural experiment on effectiveness of lockdown from Denmark, indicates not only that lockdown is useless for mortality mitigation – but also for infection curve mitigation (#26). One only really needs one piece of evidence to falsify a notion (especially one coming from Chinese propaganda), but here we have 27 publications and myriad logical evidence against lockdown effectiveness]

Lockdowns cause a large number of avoidable deaths, not only in the long term from unemployment, poverty, and missed cancer screenings, but also in the short term, e.g., from suicide. [Duh – you don't say! Dwarves any notional savings in QALY's – orders of magnitude stuff here <https://thefatemperor.com/published-papers-and-data-on-lockdown-weak-efficacy-and-lockdown-huge-harms/>

So long as you believe these five tenets, you have a theory with almost impregnable circular logic. [rich - coming from the master of the latter]. The acid test of the casademic theory is whether the number of people being hospitalised and dying with COVID-19 increases after the number of positive tests increases. It clearly does, but true believers dismiss this as another mirage created by the false positives. [no idea what he's blathering on about here – in summer casademic, deaths don't follow. In epidemic phase or seasonal resurgence, they do. Not rocket science...]

A rise in the number of excess deaths would be compelling evidence that the people dying “with COVID” had died of COVID and would not have died of anything else that year. The ONS has recorded excess mortality every week since mid-October, with the north-west hardest hit at first followed by London and the south-east more recently. In total, there were 71,731 excess deaths in England last year and 76,610 people had COVID-19 mentioned on their death certificate. Coincidence? Why yes, say the sceptics. They claim that the excess deaths were not caused by COVID-19, but by the lockdowns themselves. In any case, they say, the rate of excess mortality is lower than it was in the spring and the current rate is not without historical precedent. Any suggestion that there would have been even more deaths without lockdowns is dismissed as impossible because “lockdowns don't work.” [Strawman fest indeed – an estimate might be ~50,000-55,000 deaths brought forward largely from Covid, and possibly ~20,000 from lockdown lack of care etc. maybe – very hard to tease out and will require long term analysis – but the QALYs lost from are gonna hurt way more over the long term, lockdown impacts will be cumulatively devastating for years after CoV(2) has passed into background endemic, with community immunity established to a high enough degree to make it so...]

With the delusions of September [here we go again] colliding with the reality of a second wave-[nope – no 1918-style “second wave” seen – but a seasonal resurgence finishing off the community immunity vector from initial epidemic] that will kill more people than the first, true believers have had to double down or flee the scene. Many have doubled down [scientific thinkers mainly: <https://thefatemperor.com/published-papers-and-data-on-lockdown-weak-efficacy-and-lockdown-huge-harms/>]. Ivor Cummins, who once insisted that there could be “no second wave without a second virus” now claims that he “foretold the second wave” [foretold the seasonal resurgence – there never was a 1918 Flu-style “second wave” coming] and has shamelessly accused governments of not preparing for it. [Absolutely, it's a pivotal principle to uphold; the “second wave” terrorism of the summer was rhetoric directly linked to the only well-known “second wave” in history – that of the 1918 Spanish Flu (which was ~200 times worse than this situation, in terms of QALYs lost and lives impacted). I don't like terrorism you see – and that's what we had all summer. And yes – shockingly – the terrorists invoking the 1918 Flu rhetoric....did NOTHING to prepare for the threatened Armageddon. Nothing. They even dismantled the extra healthcare facilities built back in April. So ACTIONS...speak louder than words of terror – right?] Yeadon, who claimed in October that the pandemic was “over” in London and was “most unlikely to return” still insists that PCR testing is “wildly unreliable,” but has made his argument more technical so his lay followers have to accept it on trust.

As the HMS Casedemic slowly sinks into the ocean [it was entirely real all summer, now replaced by a seasonal winter resurgence – the impact of which depends on the degree of immunity achieved back in the initial new virus epidemic phase – which in varies hugely by country, see here: https://youtu.be/p_vAQyVIXzU?t=1111], the arguments used to keep it seaworthy stop making sense even on their own terms. COVID-19 has now killed more than 0.1 percent of the population in 20 countries, including Britain, but that has not stopped COVID sceptics claiming that the infection fatality rate (IFR) is 0.1 percent or lower. This would obviously require more than 100 percent of the population to have had the virus and is a particularly odd claim coming from sceptics who believe that most cases are false positives. Since the IFR is derived from the number of deaths and the number of infections, a lower number of infections would produce a higher IFR. Some sceptics believe that so few people have had COVID-19 that the IFR should be closer to 100 percent. [depends entirely on a region's metabolic health of aged, vitamin D status, cross immunity reserves etc. Back on October 5th the WHO estimated that nearly a billion of the world's citizens had been infected. With deaths at approx. 1 million back then, that's approx. 0.1% overall. And MASSIVELY tilted towards the aged frail - meaning quality-adjusted life years lost were even closer to bad flu than it seems at first glance. AND >100 times less, or two orders of magnitude less impactful than the 1918 Flu. Also massively less impactful than the 1957 one: <https://www.aier.org/article/in-the-asian-flu-of-1957-58-they-rejected-lockdowns/> Some countries have higher IFR (due to poor metabolic health of aged, vitamin D status, cross immunity etc. e.g. like UK, Belgium), and many, many ones much lower (e.g. Vietnam, Japan, Asian and Oceania countries generally) Nothing to do with lockdowns or NPI's essentially. Rather to do with factors I always talk about – real ones – scientific ones]

Cummins, who has raised over £148,000 to make a documentary about “one man's remarkable rise to prominence as a ‘go to’ COVID commentator,” is having to perform a particularly difficult balancing act as he seeks to reassure his fans that the second wave of COVID-19 is nothing more than the normal “winter resurgence” of seasonal viruses that he predicted. [we'll have a relatively easy job, and will cover all vectors. Including the apparently anomalous results from South Africa etc. – all covered 😊] His followers and subscribers seem not to mind his failed predictions and general inconsistency. [because when you're >80:20 right on a complex issue, and the China-Science-following authorities have been >80:20 wrong – you know the Pareto Guy is the one to follow...] Cummins recently suggested that the lack of excess mortality in Ireland last year was evidence that the panic over COVID-19 was overblown. [Simultaneously, he has claimed that lockdowns in the UK have killed tens of thousands of people. Ireland spent longer in lockdown than the UK and yet the Emerald Isle seems to have mysteriously avoided the lockdown deaths that have supposedly plagued Britain. [way to go Ireland – pity we don't have the stratified data on place and age of death like we have for UK from ONS] – UK/USA have been particularly hit with lockdown murder – to be elucidated later, though here's a Canadian analysis in the interim – (Ireland less impact and may have looked after people better) https://twitter.com/rubiconcapital_/status/1349788096741699587/photo/1] Ireland has also suffered far fewer COVID-19 deaths, but that cannot be explained by their lengthier lockdowns because—you guessed it—lockdowns don't work. [Yep – based on the science anyway: <https://thefatemperor.com/published-papers-and-data-on-lockdown-weak-efficacy-and-lockdown-huge-harms/>]

If we define lockdowns as laws commanding people to stay at home except for essential purposes, the claim that they don't work is either trivial or wrong. It is trivial if it meant to tell us that lockdowns merely push the problem into the future, and wrong if it is meant to suggest that they do not reduce the infection rate. As the standard of discourse has deteriorated, the latter interpretation has dominated. [Yawn – tired of the anecdotal associational claims – I prefer published analyses: <https://thefatemperor.com/published-papers-and-data-on-lockdown-weak-efficacy-and-lockdown-huge-harms/>]

The logic behind lockdowns is difficult to refute. [if you are a simplistic type who thinks simple “intuitive” feelings re better than published analyses from scientific teams: <https://thefatemperor.com/published-papers-and-data-on-lockdown-weak-efficacy-and-lockdown-huge-harms/> - note that many also explain their findings, and WHY the simplistic “intuitive” feelings can be beguiling but incorrect] If you reduce human interaction, you will reduce the virus's ability to spread. [soooo many reasons why this simplistic assumption can be inherently fallacious – welcome to complex interacting systems dude] In countries where mass testing is in place, you can see the effect very clearly. [observational associational stuff again – this'll help: <https://thefatemperor.com/published-papers-and-data-on-lockdown-weak-efficacy-and-lockdown-huge-harms/> - also it's a MUST to study Herr Doktor Professor Karl Popper's work on falsification – any amount of positive affirmations relating to a hypothesis can be observed, but cannot

prove. One good counter piece of evidence can destroy the hypothesis (Feynman's "ugly fact" is the other phrase) – and we have myriad] Within five to 10 days of a lockdown being introduced, the infection rate falls. [...except when that does not occur, or the fall is well before the intervention – and Karl Popper only requires one to falsify] A dramatic recent example is Ireland which went into lockdown on December 31st after seeing an almost vertical rise in cases. We saw the same thing in Wales in October and in England in November. [we saw stuff, we saw associations – but we chose not to see other contradictory examples] In country after country, you can tell when a lockdown began by simply looking at the case numbers on a graph. [we saw stuff, we saw associations – but we chose not to see the contradictory examples. We ignored that lockdowns are generally timed when a rise starts, and therefore will appear to affect the natural curves when they curl over – sometimes. And sometimes not] Of course lockdowns don't make the epidemic disappear [it's worse that – if they flatten...they likely exact a higher price, a little down the road – see analysis here: <https://thefatemperor.com/wp-content/uploads/2020/11/14.-FEDERICO-SARS-CoV-2-waves-in-Europe-A-2-stratum-SEIRS-model-solution.pdf>] and of course there are less restrictive policies that can reduce the caseload [like the WHO OCTOBER 2019 PANDEMIC GUIDELINES, before we copied China Lockdown "Science" instead], but the claim that they don't work at all is, to put it charitably, disingenuous.

In the heads-I-win, tails-you-lose world of the hardened denier, countries which lock down and have few deaths are proof that COVID-19 is a paper tiger, but if COVID-19 deaths fall after a lockdown comes into effect, the death rate was going to fall anyway because the virus was tired or herd immunity had been reached. [oh dearie me – you really MUST read Professor Karl Popper, and actually understand falsifiability, and the nature of scientific proof. Consider also the studies which allow a little flattening, and exact a higher price in Covid deaths down the road – and a massive bill in suffering, life years lost and the ruination of societal health, freedoms and happiness – and fundamental human rights.] In countries such as Britain which have managed to combine sporadic lockdowns with a high death rate, the claim is that the deaths are not due to COVID-19, but to the lockdowns themselves. [please see the data/analyses and provide counter-proof if you have it – data: <https://youtu.be/m121hAiREvc>] And yet, if lockdowns are indeed the true cause of excess mortality, the COVID sceptics need to explain why there has been no excess mortality in countries such as New Zealand [bugger-all lockdowns there] and Australia [mainly Victoria, <1/4 of the population] which introduced lengthy and draconian lockdowns and experienced very few COVID-19 deaths. They can't. [addressed at start – Oceania and local regions had bugger-all impact relatively regardless of policies – the whole broad region] Nor can they explain why excess mortality has been highest in the regions of the UK that have had the most COVID-19 cases. [CoV(2) is a nasty virus – so obviously areas with higher prevalence will have higher Covid impact generally. However the crucial point is the contextuality of PCR test data:

1. in a genuine epidemic, PCR data will generally reflect Covid disease impact (April 2020 UK)
2. in a casademic, PCR data will create hysteria and have almost no link to actual death from Covid (summer 2020)
3. In a seasonal resurgence, the link between PCR data and disease impact will be very variable
 - a. In areas hit hard in the April epidemic, the PCR will generally overcount "Covid deaths" grossly
 - b. In areas hit less in the April epidemic, the PCR will more accurately reflect actual Covid deaths**IN ALL CASES 1-3 ABOVE, the key metric is excess death versus expected rates – CORRECTED to remove lockdown-induced lack-of-care etc. excess deaths**

And while they believe that people are dying at home because the NHS has been turned into a "COVID Health Service," they cannot explain how creating more COVID patients is going to help on that front. [we've been through this – in the middle of an endemic winter resurgence, you won't create bugger-all more patients by having WHO Oct 2019 guidelines - rather than China Science Lockdowns. And if you do achieve some flattening / less patients - you'll pay for it in the long run most likely – and you'll have caused far greater collateral impacts than any saving gleaned. And the vaccine coming? Well it'll come largely after community immunity has become very established during the winter resurgence with such widespread positive rates – finishing off what the April epidemic started. And the drug trials were not designed to demonstrate any significant mortality benefit, and also no evidence of transmission mitigation etc. So without question, the strategy should have been to spend the long uneventful summer preparing staff and capacity to manage the winter resurgence. So obvious, it hurts. And it certainly hurts no, what a mess]

If tens of thousands of deaths have been wrongly attributed to COVID-19, then we are left to wonder what it is about testing positive for SARS-CoV-2 that makes people so much more likely to die within 28 days? Why are so

many doctors recording COVID-19 as the main cause of death on death certificates if these people actually died of cancer or got hit by a truck? [because the WHO told them to in no uncertain terms way back in March 2020 – excess mortality is the bottom line, per million, corrected for demographic shifts etc] Why is the government using a diagnostic test with a 93 percent false positive rate and why isn't that test producing false positives 93 percent of the time? [yawn – in a casademic like last summer, it's false positive city. In a real epidemic it's functional enough alright. Not explaining this again...here tagged short version: <https://youtu.be/8UvFhIFzaac?t=1467>] And if lockdowns produce no appreciable health benefits, then why are governments voluntarily cratering their own economies for no reason? [NOW THAT IS A GOOD QUESTION – HURRAH AT LAST! (one answer here in short vid – but there are many others: <https://youtu.be/978zLJJLo-l>)

The claims made by Cummins, Yeadon, and other supposed authorities are demonstrably nonsensical [read my commentary in this document above, and then look in a mirror] and yet they are eagerly lapped up by an army of social media disciples who have adopted the yellow smiley face as a badge of their scepticism. [the people who want to bring science, rationality and ethics back] The smiley symbol is supposed to represent optimism in the face of adversity, but instead it makes the whole movement look decidedly cultish, creepy, and faceless, like the children in John Wyndham's Village of the Damned. This disconcerting impression is reinforced by their tendency to say exactly the same things over and over again. [truth in science and caring for our society...bears repeating. It not only used to be important – it IS important still. Crucial in fact] Misleading graphs and blatantly doctored images are circulated with abandon, spreading far beyond the hub of hardcore believers and planting doubt in the minds of normal people. [read the replies in red again, go to the links if need be – and then look hard in that mirror. After that you can do as you please...free world, right? Oh – no it's not anymore, is it? It's a draconian dystopia world now really...be careful what you ask for]

Doubt is at the heart of this phenomenon, [I'll Say – more a disbelieving horror at the unscientific China stuff we've dumped our society into; what a tragic mess] and it is being unscrupulously exploited. Can we prove that every death attributed to COVID-19 was caused by COVID-19? No. [see above] Some of them almost certainly weren't. How many deaths were caused by lockdown? No one knows. [or cares enough – it's covid or nothing] Has the government ever specified precisely what the false positive rate is? No. [they can't do a single thing in preparation for winter resurgences – so I wouldn't ask them much at this stage] Can we prove beyond doubt that the decline in case numbers seen around the world shortly after lockdowns were introduced would not have taken place anyway? No. How could we? [that's why we have scientific analyses from many different teams – to answer these questions: <https://thefatemperor.com/published-papers-and-data-on-lockdown-weak-efficacy-and-lockdown-huge-harms/>. You think all these teams worked so hard to answer the question – just for giggles?]

Some data simply don't exist. Definite proof is only to be found in mathematics.

<https://thefatemperor.com/published-papers-and-data-on-lockdown-weak-efficacy-and-lockdown-huge-harms/>] In life, as in court, you can only exclude reasonable doubt. [<https://thefatemperor.com/published-papers-and-data-on-lockdown-weak-efficacy-and-lockdown-huge-harms/>] Those who cling to unreasonable doubts cannot be persuaded by facts or logic. The smiley crowd are persistent in asking questions about trivial issues for which there are no definitive answers, [eh, that's you – we ask questions which are of profound importance to societal health, freedoms and our future] but have no answer to the most fundamental questions asked of them in return. Smileys generally won't spell out the conclusion that their "scepticism" leads them to because they know how contemptibly stupid it would sound, but the scenario must go something like this:

A virus that has killed millions of people, including 50,000 in Britain last spring, suddenly disappeared, and so the government approved a highly inaccurate diagnostic test to keep the panic going because Boris Johnson has always wanted the public to wear face masks or something. Very few people actually have SARS-CoV-2 and even according to the official figures only two per cent have it at the moment. As luck would have it, a hugely disproportionate number of them happen to be admitted to hospital and die from something else, thereby producing scary death

counts which are corroborated by corrupt doctors. [strawman nonsense, not worthy of my reply – read red text and then mirror son]

Another stroke of luck for the government is that last year happened to have the largest number of excess deaths since 1940. This could be due to lockdown deaths, whatever they are, or some other epidemic unrelated to the coronavirus. Have you noticed how few flu deaths there are this year? Bit suspicious, isn't it? One possibility is that despite a drastic reduction in air travel and an unprecedented amount of social distancing, hand-washing, mask-wearing, and self-isolation, Britain is suffering from an exceptionally severe flu season, with flu deaths being wrongly classified as COVID-19 deaths by corrupt and/or incompetent doctors. . [Flu disappearance addressed here at tagged point, with falsification of this story – surprise surprise, simplistic intuitive “feelings” about how the world of viruses work can be very misleading https://youtu.be/p_vAQyVIXzU?t=1540]

Pretty far-fetched, isn't it? And that's before we get to the theories about Bill Gates and the Chinese Communist Party that are on the lunatic fringes even in the smiley universe. Poor Chris – can't even tolerate basic factual realities – on the historical record – no-one denying them – clear as day. Yes the WHO told the world DIRECTLY to copy China CCP policy of lockdown – that is the fact of the matter – that is simply what they did: https://www.youtube.com/watch?v=978zLJLo-I&ab_channel=IvorCummins)

What is driving this insanity? [only you can tell us, after a long sojourn in front of that mirror] Almost all COVID sceptics admit that there was a pandemic in the spring which killed tens of thousands of people in Britain. [Of course] Why, then, is it so hard for them to accept the overwhelming likelihood that the same coronavirus is doing what viruses do and spreading rapidly in the winter? [it is – winter resurgence as discussed – driving huge volumes of community immunity as it goes] This is perhaps the most puzzling and interesting aspect of the whole phenomenon. The casedemic theory is just one of many daft ideas that have been thrown around in relation to COVID-19 in the last 12 months. [casedemic was a creature of the summer – as called out many times] Why has it not been quietly forgotten like so many others? How has it managed to survive, spread, and mutate with all the tenacity of the virus itself?

The answer, I think, lies in despair. Since March, there has been a sense of living in a nightmare from which one cannot awake. [I was never once asleep on this job] The non-pharmaceutical interventions introduced to contain the virus—especially lockdowns—have been soul-destroying. [correction: SOCIETY DESTROYING] The economy is battered beyond belief, redundancies have gone through the roof, and there are more grey weeks of a cold winter lockdown to endure. [well the WHO clearly wanted that – WHO are we to argue?] https://www.youtube.com/watch?v=978zLJLo-I&ab_channel=IvorCummins] On the other hand, we also have a potentially lethal and frequently debilitating virus infecting at least 50,000 people a day, hospitalising 4,000, and killing close to a thousand. [that's the fault of the virus. We can only apply serious and analytical cost-benefit analysis to OUR actions – to avoid making things massively worse] That, too, will go on for weeks and, assuming you believe in germ theory and exponential growth, these figures would be much worse if we resumed normal social contact. [mirror – oh and ask your lot why they did NOTHING to prepare health system capacity over 6 long idle months where nothing was happening?]

It's an awful situation to be in. [I'll say...] It's a zero-sum game in which disease and death is traded off against misery and poverty. [the bad people decided to make it so – rather than being scientific, while preparing excellently for the winter resurgence] Until the first vaccine arrived in December, COVID scepticism offered people a way out. If the dangers of the virus were being overhyped by fearmongers, and lockdowns were entirely ineffective, then societies could reopen secure in the knowledge that there was nothing that could be done to reduce the death toll (which would, in any case, be a fraction of what we were told). [it was a fraction – approximately 1/10 of what Ferguson made up – and average age around life expectancy, so QALY impact thankfully is way, way lower than even 1957, >100 times lower than Spanish Flu (possibly several hundred) – and also in the envelope of some other bad flus over past few decades. The main problem in some ways is that your lot....NEVER prepared the health system for the winter resurgence, hence it's a bit of a disaster now] The comforting lie that trade-offs could be avoided has proved irresistible to those who have surrendered to confirmation bias and constructed a parallel and preferable version of reality.

In this project, they have been ably assisted by the ignorance and statistical illiteracy that pervades Twitter. People who are not used to dealing with statistics have been trying to familiarise themselves with concepts and figures they've never seen before and don't properly understand. Words and phrases are confidently repeated by those who don't really know what they mean. [mirror] There is no shortage of stupidity on Twitter, but this is something different, something almost transcendent. [what's amazing is that the WHO copied China, and everyone went unscientific from that moment on: https://www.youtube.com/watch?v=978zLJJLo-I&ab_channel=IvorCummins] The inability to absorb or even acknowledge the most basic facts is beyond anything I've seen before. [mirror]

But perhaps it's not inability. Perhaps it's just a refusal to face the reality of agonising choices. It is an extreme form of motivated reasoning, the flip-side to which is total credulity when presented with claims that suggest that there is no problem, no trade-offs, no pandemic, only malevolent governments and elites who could end the nightmare any time they wanted, but prefer to terrify their populations and needlessly wreck their economies instead. [blather]

We are in a no-win situation. The trade-offs are horrible. And so, when confronted by someone who tells you that's it's all fake, that the hospitals are empty and the test doesn't work and the disease is basically harmless and the government is lying, who wouldn't want to believe it? What could be more appealing than the idea that the thing we hate is causing the problem we're trying to solve? [strawman, blather]

It would be nice if the hospitals were empty and the hundreds of thousands of people being infected each week were false positives. But we don't live in that world, we live in this one. The smileys are not bad people. They are not necessarily unintelligent people. They are unhappy people wearing a mask of happiness, confused and beaten and searching for an easy answer. They want someone to flick a switch and make everything normal again. Who doesn't? The trouble is that there are no easy answers this time. [mirror, blather]

Christopher J. Snowden is head of Lifestyle Economics at the Institute of Economic Affairs [a funding-opaque think tank to further corporate interests at the expense of society and it's citizens – see data below] and the author of Killjoys and Polemics. You can follow him on Twitter @cjsnowdon.

UNITED KINGDOM RESULTS TABLE

ORGANIZATION	SCORE	
Amnesty International	*****	HIGHLY TRANSPARENT
Development Initiatives	*****	
European Council on Foreign Relations	*****	
Fabian Society	*****	
GODAN	*****	
Institute for Fiscal Studies	*****	
Institute for Government	*****	
Institute of Development Studies	*****	
New Economics Foundation	*****	
Overseas Development Institute	*****	
Tax Justice Network	*****	
Transparency International UK	*****	
Chatham House	****	
Demos	****	
Institute for Public Policy Research	****	
International Institute for Strategic Studies	****	
ResPublica	****	
Royal United Services Institute ⁸	***	HIGHLY OPAQUE
Center for European Reform	***	
LSE IDEAS	***	
Policy Network	**	
Civitas: Institute for Study of Civil Society	**	
Center for Economic Policy Research	**	
Adam Smith Institute	*	
Centre for Policy Studies	0	
Institute of Economic Affairs	0	
Policy Exchange	0	

Note: As most of the UK institutions listed above are new to our data base, we have not included historical data and trends in the UK results table. Organizations are listed in alphabetical order.

