




LOCKDOWNS

"If you are reaching a point of lockdown fatigue, you are NOT alone"

As of Summer 2021 – **how many of you are aware that the median age of those who die with COVID-19, is 83 years – beyond the age of life expectancy?** Or that 95% of the Covid-19 deaths recorded in Spring 2020 – were people who were not afforded ICU treatment (*as they were too elderly or sick to justify ICU admission*)?

After more than a year, and a truly massive population exposure to the virus (as evidenced by the >25% test positivity rate during both seasons), we now have the real-world data on the risk levels. Was the fearmongering justified along with the economic and societal destruction? Was the isolation and effective abuse of our elderly necessary, while the nursing homes were impacted regardless of the measures?

<p>Under 70's: ~600 dying, in 4,400,000 (0.014%)</p> <p>~1 in 7,500 risk</p>  <p>Approx. = risk of death from poisoning</p>
<p>Under 50's: ~70 dying, in 3,400,000 (0.002%)</p> <p>~1 in 50,000 risk</p>  <p>Approx. = risk of death from fire or smoke</p>
<p>Under 25's: 6 dying, in 1,650,000 (0.00036%)</p> <p>~1 in 275,000 risk</p>  <p>HALF the risk of death from falling down stairs/ladders</p>

Some claim that *"lockdowns have kept these numbers lower than they might have been"*. However, this is not borne out by the many scientific analyses recently published. The overwhelming majority clearly show that lockdowns have a minimal impact on mortality rates, if any (nearly 200 countries have been analysed to date).

In stark contrast, there are effectively no credible, unbiased analyses demonstrating that lockdowns have a meaningful effect on mortality rates.

In addition to the many published analyses demonstrating the inefficacy of lockdowns, simple logic can demonstrate this reality. For example, supermarket workers were "the opposite of locked down", during the March 2020 wave. Working indoors, not wearing masks, and exposed to the public 8 to 10 hours per day. Surely by being the opposite of locked down, they *must* have experienced higher infection rates. In fact, they did not. There are many more examples which verify this reality.

While offering little to no benefit, lockdowns have many shockingly negative impacts. The National Screening Service (NSS) saw a delay of 300,000 cancer screenings in 2020. Over 120,000 Irish women have not been screened for breast cancer as a result of the disruption to our health service, with a >50% reduction in cervical cancer screenings.

Given cancer survival rates are fundamentally linked to early detection, this is a life-or-death situation for many people. Lockdowns have detrimental impacts on the detection and treatment of cardiovascular disease and diabetes also. Suicide helpline calls have increased by 500% since the introduction of lockdowns. The Director of Public Prosecutions reported an 87% increase in domestic abuse incidents in 2020 compared with 2019. Yet still no cost-benefit analysis of this upheaval of our lives has been done nor have the public been consulted in a supposedly democratic nation. We urge you as a fellow Irish citizens to stand up and make your voice heard.

There is hope, people need to take positive action by contacting their TDs and demanding that they vote for the removal of restrictions. Otherwise, we face our children being sent home from school again this winter, due to measures based on bad science which has been disproven comprehensively by the real-world data and experience. The media and Governmental institutions have unfortunately become addicted to lockdown "bad science". If you allow the continuance of this lockdown ideology, it will most likely end very badly for all of us – and especially our children.

The only strategy that makes scientific sense is that proposed by the >60,000 doctors and scientists who drafted the **Great Barrington Declaration** (visit www.GBDeclaration.org).

This approach would have followed the 2019 WHO Pandemic Guidelines, and focused protection efforts on the genuinely vulnerable minority.

For more information and to join the community go to

www.irelandonlockdown.com OR www.openeire.com

or

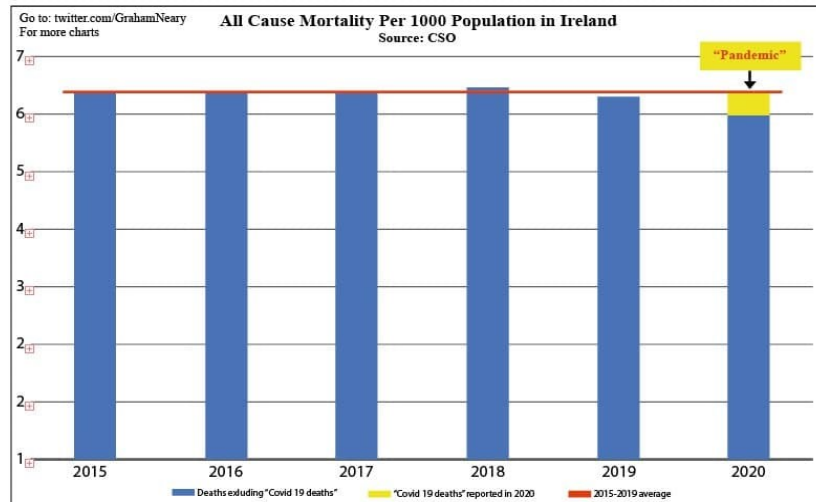
Use your smartphones camera to scan this QR code and join Telegram

In order to contact your TD, visit www.whoismytd.com



linktr.ee/irishsaynotolockdowns

Commentators will say: “but surely lockdown must have an impact – surely it **HAS** to have had a big effect on spread?”. This is sadly a case where simplistic thinking and/or one’s “intuition” gives the wrong answers. The reality is that for pervasive flu-like viral spread, only the complete isolation of all individuals from the start would have made a worthwhile impact. This ultra-isolation is of course impossible.



These partial measures taken (however severe in their dreadful societal impacts), make very little real-world difference in terms of Covid-19 mortality outcomes. The reasons are complex, so we can only give a brief explanation here:

(i) When triggered seasonally, the virus spreads ubiquitously via airborne aerosols and other mechanisms. It is so pervasive that “normal, pre-lockdown interactions” result in similar real-world outcomes as activities such as grocery shopping etc. During lockdown Sweden maintained these “normal interactions”, and they are now in 43rd place for mortality rates - hugely outperforming many countries which deployed merciless regimes of lockdowns & masks. **Sweden outperformed more stringent jurisdictions with no draconian lockdowns/no mask mandates. Additionally, Florida, Texas and other regions over recent months performed the same.**

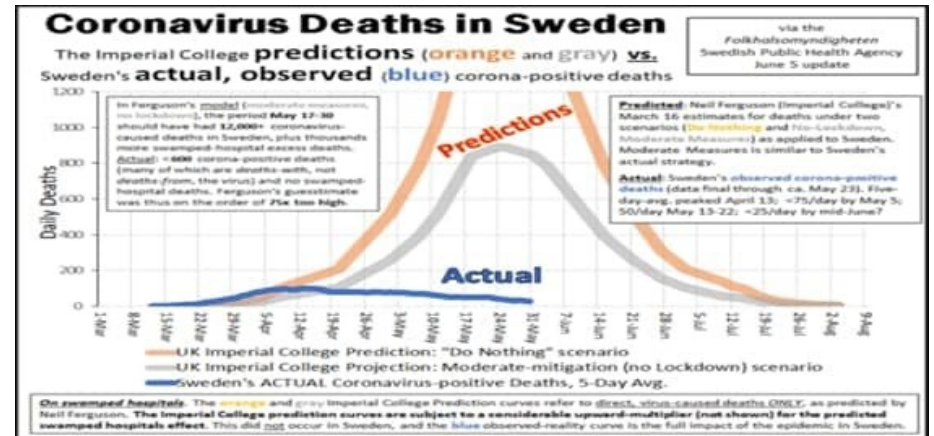
(ii) Asymptomatic spread does not drive epidemics and symptomatic people isolate themselves anyway. **Therefore, by locking down everyone, you are overwhelmingly locking down asymptomatic people and achieving very little as a result.**

(iii) A huge proportion of the mortality impact was in nursing homes/hospitals. These scenarios were not helped by locking down everyone, and would largely have occurred independently of societal measures.

(iv) Locking down the healthy will tend to hinder the development of herd immunity in the non-vulnerable population. As a result, the risk to the vulnerable is increased in the longer term. There are substantial scientific analyses which predict that locking down the healthy will tend towards a worse outcome for Covid deaths over time.

(v) People tend to voluntarily adopt the sensible, logical measures which can help soften the spread (washing hands, staying home when sick etc.). Therefore, lockdown policies simply don’t improve the actual outcomes over voluntary actions. Lockdowns do, however, come with huge negative consequences, far outweighing any potential benefit.

It is vital to understand that the apocalyptic scenarios predicted by the modellers **never transpired**. In general, the modellers were out by a factor of 10. Imagine that – *they were out by nearly a factor of ten*. The “Predictions” versus the “Actual” mortality rates are shown in the following graph, using Sweden as an example - no lockdowns and no masks. There are now endless examples of this miscalculation around the world.



Florida removed lockdowns and mask mandates in September 2020, consequentially they have had lower mortality rates than most other states. Texas did the same earlier this year – their case and mortality rates were not affected in the least, in fact their cases kept falling after the measures were dropped. The examples go on and on. **The modelling was wildly incorrect.**