

# "Pandemic is Over"

WM

6 October 2020 at 09:24

IT IS OVER and the non diagnostic PCR "test" has 87-94% false positive errors! – but will Boris permit this fake test to continue? Follow the flu and the pneumonia or any illness but not fear panic and fraud. Why is Boris so anti-democratic when he appears so keen on a sovereign democratic Brexit? Curiouser and curiouser! Editor BFF

Thanks to Dr Mike Yeadon for the report below.

Roger Wright-Morris.

<http://www.briefingsforfreedom.co.uk/>

Begin forwarded message:

From: robert henderson <anywhere156@yahoo.co.uk>  
Date: 6 October 2020 at 08:30:43 BST  
Subject: Coronavirus - international snapshot - "Pandemic is Over"

<https://hubpages.com/politics/Pfizer-Chief-Science-Officer-Second-Wave-Based-on-Fake-Data-of-False-Positives-for-New-Cases-Pandemic-is-Over>

## Former Chief Science Officer for Pfizer Says "Second Wave" Faked on False-Positive COVID Tests, "Pandemic is Over"

Updated on September 29, 2020



**Ralph Lopez** ▶ more

[Contact Author](#)



*Dr. Mike Yeadon*

In a stunning development, a former Chief Science Officer for the pharmaceutical giant Pfizer says "there is no science to suggest a second wave should happen." The "Big Pharma" insider asserts that false positive results from inherently unreliable COVID tests are being used to manufacture a "second wave" based on "new cases."

[Dr. Mike Yeadon](#), a former Vice President and Chief Science Officer for Pfizer for 16 years, says that half or even "almost all" of tests for COVID are false positives. Dr. Yeadon also argues that the threshold for herd immunity may be much lower than previously thought, and may have been reached in many countries already.

In an [interview last week](#) Dr. Yeadon was asked:

"we are basing a government policy, an economic policy, a civil liberties policy, in terms of limiting people to six people in a meeting...all based on, what may well be, completely fake data on this coronavirus?"

Dr. Yeadon answered with a simple "yes."

Even more significantly, even if all positives were to be correct, Dr. Yeadon said that given the "shape" of all important indicators in a worldwide pandemic, such as [hospitalizations](#), ICU utilization, and deaths, "the pandemic is fundamentally over."

Yeadon said in the interview:

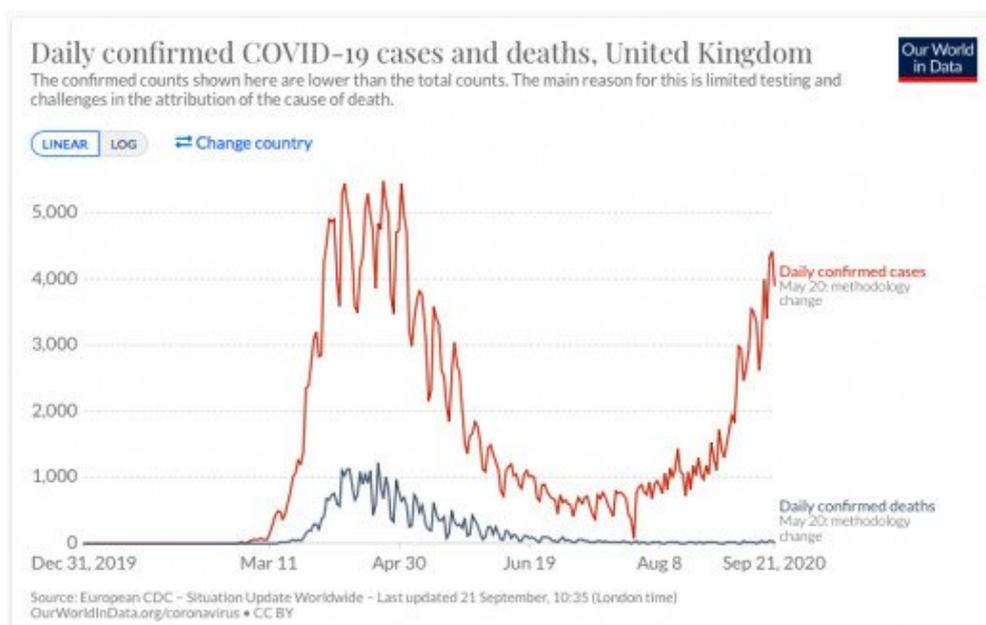
"Were it not for the test data that you get from the TV all the time, you would rightly conclude that the pandemic was over, as nothing much has happened. Of course people go to the hospital, moving into the autumn flu season...but there is no science to suggest a second wave should happen."

In a paper published this month, which was co-authored by Yeadon and two of his colleagues, "[How Likely is a Second Wave?](#)", the scientists write:

"It has widely been observed that in all heavily infected countries in Europe and several of the US states likewise, that the shape of the daily deaths vs. time curves is similar to ours in the UK. Many of these curves are not just similar, but almost super imposable."

In the data for UK, Sweden, the US, and the world, it can be seen that in all cases, deaths were on the rise in March through mid or late April, then began tapering off in a smooth slope which flattened around the end of June and continues to today. The case rates however, based on testing, rise and swing upwards and downwards wildly.

Media messaging in the US is already [ramping up expectations](#) of a "second wave."



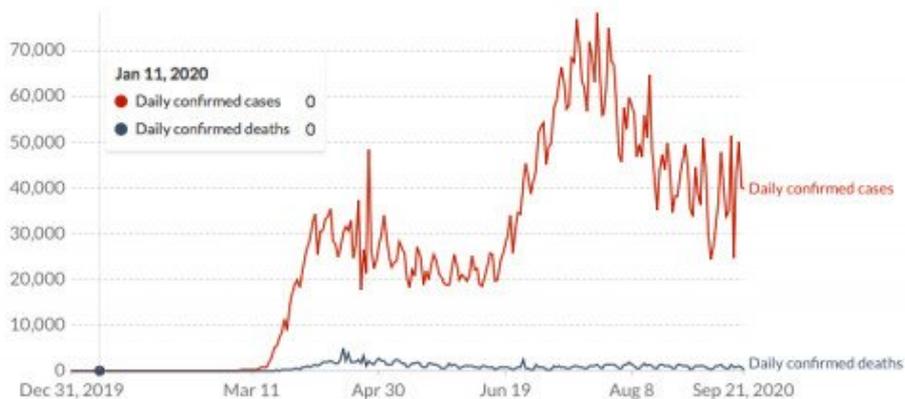
Source

## Daily confirmed COVID-19 cases and deaths, United States

The confirmed counts shown here are lower than the total counts. The main reason for this is limited testing and challenges in the attribution of the cause of death.

Our World in Data

LINEAR LOG Change country



Source: European CDC - Situation Update Worldwide - Last updated 21 September, 10:35 (London time)  
OurWorldInData.org/coronavirus • CC BY

▶ Dec 31, 2019 ◯ Sep 21, 2020

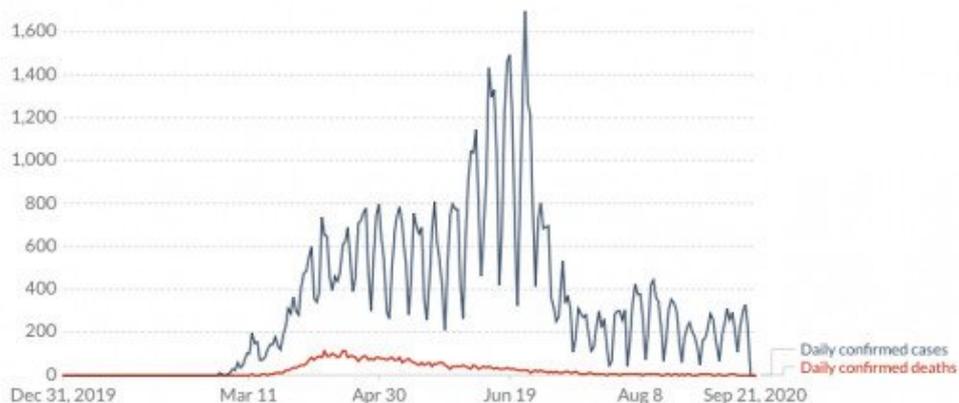
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## Daily confirmed COVID-19 cases and deaths, Sweden

The confirmed counts shown here are lower than the total counts. The main reason for this is limited testing and challenges in the attribution of the cause of death.

Our World in Data

LINEAR LOG Change country



Source: European CDC - Situation Update Worldwide - Last updated 21 September, 10:35 (London time)  
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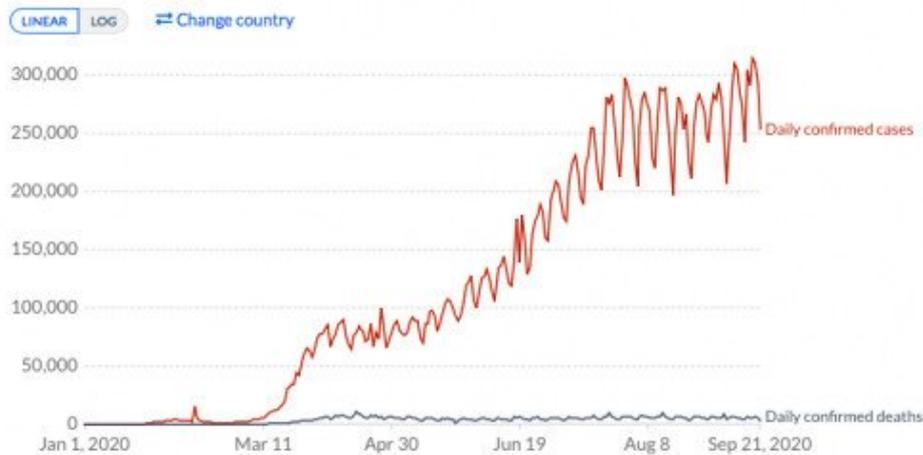
Source

## Daily confirmed COVID-19 cases and deaths, World

The confirmed counts shown here are lower than the total counts. The main reason for this is limited testing and

Our World in Data

challenges in the attribution of the cause of death.



Source: European CDC - Situation Update Worldwide - Last updated 21 September, 10:35 (London time)  
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Source

### **Survival Rate of COVID Now Estimated to be 99.8%, Similar to Flu, Prior T-Cell Immunity**

The survival rate of COVID-19 has been upgraded since May to [99.8% of infections](#). This comes close to ordinary flu, the survival rate of which is 99.9%. Although COVID can have serious after-effects, [so can flu](#) or any respiratory illness. The present survival rate is far higher than initial grim guesses in March and April, cited by Dr. Anthony Fauci, of 94%, or 20 to 30 times deadlier. The Infection Fatality Rate (IFR) value accepted by Yeadon *et al* in the paper is .26%. The survival rate of a disease is 100% minus the IFR.

Dr. Yeadon pointed out that the "novel" COVID-19 contagion is novel only in the sense that it is a new type of coronavirus. But, he said, there are presently four strains which circulate freely throughout the population, most often linked to the common cold.

In the scientific paper, Yeadon *et al* write:

"There are at least four well characterised family members (229E, NL63, OC43 and HKU1) which are endemic and cause some of the common colds we experience, especially in winter. They all have striking sequence similarity to the new coronavirus."

The scientists argue that much of the population already has, if not antibodies to COVID, some level of "T-cell" immunity from exposure to other related coronaviruses, which have been circulating long before COVID-19.

The scientists write:

"A major component our immune systems is the group of white blood cells called T-cells whose job it is to memorise a short piece of whatever virus we were infected with so the right cell types can multiply rapidly and protect us if we get a related infection. Responses to COVID-19 have been shown in dozens of blood samples taken from donors before the new virus arrived."

Introducing the idea that some prior immunity to COVID-19 already existed, the authors of "How Likely is a Second Wave?" write:

"It is now established that at least 30% of our population already had immunological recognition of this new virus, before it even arrived...COVID-19 is new, but coronaviruses are not."

They go on to say that, because of this prior resistance, only 15-25% of a population being infected may be sufficient to reach herd immunity:

"...epidemiological studies show that, with the extent of prior immunity that we can now reasonably assume to be the case, only 15-25% of the population being infected is sufficient to bring the spread of the virus to a halt..."

In the US, accepting a death toll of 200,000, and a survival rate of 99.8%, this would mean for every person who has died, there would be about 400 people who had been infected, and lived. This would translate to around 80 million Americans, or 27% of the population. This touches Yeadon's and his colleagues' threshold for herd immunity.

The authors say:

"current literature finds that between 20% and 50% of the population display this pre-pandemic T-cell responsiveness, meaning we could adopt an initially susceptible population value from 80% to 50%. The lower the real initial susceptibility, the more secure we are in our contention that a herd immunity threshold (HIT) has been reached."

## **Lockdown Sceptics**

*Stay Sceptical. Control the Hysteria. Save Lives.*

### **How Likely is a Second wave?**

*7 September 2020. Updated 8 September 2020.*

Paul Kirkham, Professor of cell Biology and Head of Respiratory Disease Research Group at Wolverhampton University

Dr Mike Yeadon, former CSO and VP, Allergy and Respiratory Research Head with Pfizer Global R&D and co-Founder of Ziarco Pharma Ltd

Barry Thomas, Epidemiologist

*Masthead for "Lockdown Sceptics.org" publisher of "How Likely is a Second Wave?"* | Source

#### **The False Positive Second Wave**

Of the PCR test, the prevalent COVID test used around the world, the authors write:

"more than half of the positives are likely to be false, potentially all of them."

The authors explain that what the PCR test actually measures is "simply the presence of partial RNA sequences present in the intact virus," which could be a piece of dead virus which cannot make the subject sick, and cannot be transmitted, and cannot make anyone else sick.

"...a true positive does not necessarily indicate the presence of viable virus. In limited studies to date, many researchers have shown that some subjects remain PCR-positive long after the ability to culture virus from swabs has disappeared. We term this a 'cold positive' (to distinguish it from a 'hot positive', someone actually infected with intact virus). The key point about 'cold positives' is that they are not ill, not symptomatic, not going to become symptomatic and, furthermore, are unable to infect others."

Overall, Dr. Yeadon builds the case that any "second wave" of COVID, and any government case for lockdowns, given the well-known principles of epidemiology, will be entirely manufactured.

In Boston this month, [a lab suspended](#) doing coronavirus testing after 400 false positives were discovered.

An analysis of PCR-based tests at medical website [medrxiv.org](https://www.medrxiv.org) states:

"data on PCR-based tests for similar viruses show that PCR-based testing produces enough false positive results to make positive results highly unreliable over a broad range of real-world scenarios."

University of Oxford Professor Carl Heneghan, Director of Oxford's Centre for Evidence-Based Medicine, writes in a July article "[How Many COVID Diagnoses Are False Positives?](#)":

"going off current testing practices and results, Covid-19 might never be shown to disappear."

Professor Heneghan's scientific article on the topic is "[Virological characterization of COVID-19 patients that test re-positive for SARS-CoV-2 by RT-PCR.](#)"

Of course, the most famous incidence of PCR test unreliability was when the President of Tanzania revealed to the world that he had covertly sent samples from a [goat, a sheep, and a pawpaw fruit](#) to a COVID testing lab. They all came back positive for COVID.

### **Made in China**

In August, the government of Sweden discovered [3700 false COVID positives](#) from test kits made by China's BGI Genomics. The kits were [approved in March by the FDA](#) for use in the US.

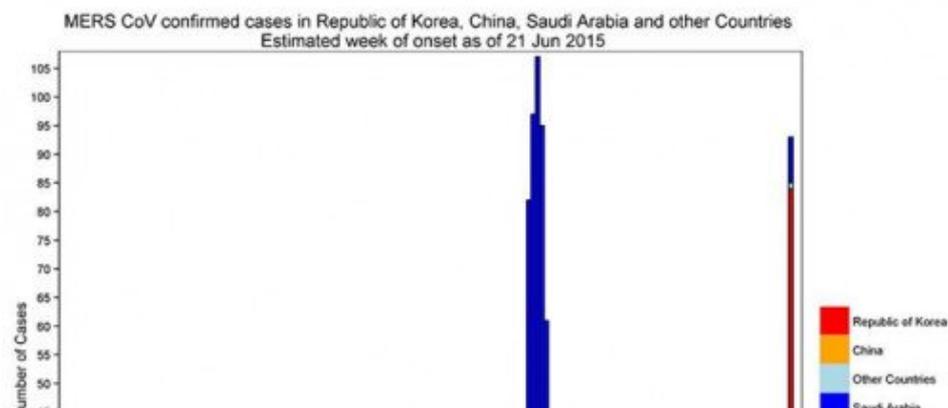
### **Second Waves of Coronaviruses Not Normal**

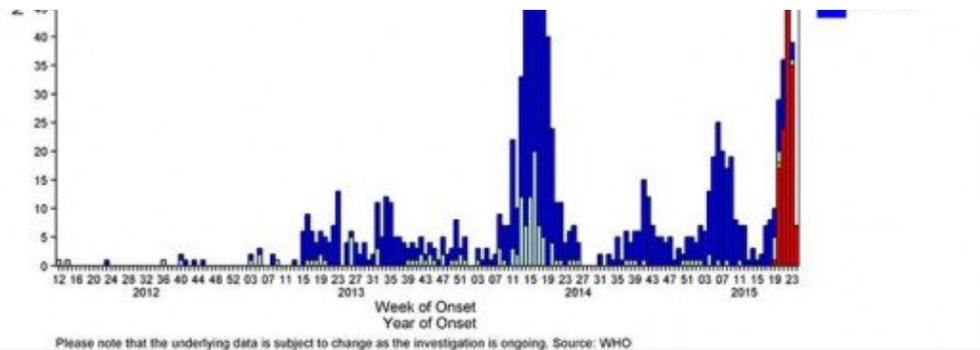
Dr. Yeadon challenged the idea that all pandemics take place in subsequent waves, citing two other coronavirus outbreaks, the [SARS](#) virus in 2003, and [MERS](#) in 2012. What may seem like two waves can actually be two single waves occurring in different geographical regions. They say data gathered from the relatively recent SARS 2003 and the MERS outbreaks support their contention.

In the case of the MERS:

"it is actually multiple single waves affecting geographically distinct populations at different times as the disease spreads. In this case the first major peak was seen in Saudi Arabia with a second peak some months later in the Republic of Korea. Analysed individually, each area followed a typical single event..."

In the interview, when questioned about the Spanish Flu epidemic of 1918, which came in successive waves during World War I, Yeadon pointed out that this was an entirely different kind of virus, not in the coronavirus family. Others have blamed general early century malnutrition and unsanitary conditions. World War I soldiers, hard hit, lived in cold mud and conditions the worst imaginable for immune resistance.





*Saudi and Korea Waves of MERS Coronavirus*

### ***Lockdowns Don't Work***

Another argument made by Yeadon *et al* in their September paper is that there has been no difference in outcomes related to lockdowns.

They say:

"The shape of the deaths vs. time curve implies a natural process and not one resulting mainly from human interventions...Famously, Sweden has adopted an almost laissez faire approach, with qualified advice given, but no generalised lockdowns. Yet its profile and that of the UK's is very similar."

### ***Mild-Mannered Yeadon Demolishes Man Who Started It All, Professor Neil Ferguson***

The former Pfizer executive and scientist singles out one former colleague for withering rebuke for his role in the pandemic, Professor Neil Ferguson. Ferguson taught at Imperial College while Yeadon was affiliated. Ferguson's [computer model](#) provided the rationale for governments to launch draconian orders which turned free societies into virtual prisons overnight. Over what is now estimated by the CDC to be a 99.8% survival rate virus.

Dr. Yeadon said in the interview that "no serious scientist gives any validity" to Ferguson's model.

Speaking with thinly-veiled contempt for Ferguson, Dr. Yeadon took special pains to point out to his interviewer:

"It's important that you know most scientists don't accept that it [Ferguson's model] was even faintly right...but the government is still wedded to the model."

Yeadon joins other scientists in castigating governments for following Ferguson's model, the assumptions of which all worldwide lockdowns are based on. One of these scientists is [Dr. Johan Giesecke](#), former chief scientist for the European Center for Disease Control and Prevention, who called Ferguson's model "the most influential scientific paper" in memory, and also "one of the most wrong."

It was Ferguson's model which held that "mitigation" measures were necessary, i.e. social distancing and business closures, in order to prevent, for example, over 2.2 million people dying from COVID in the US.

Ferguson predicted that Sweden would pay a terrible price for no lockdown, with 40,000 COVID deaths by May 1, and 100,000 by June. Sweden's death count [is now 5800](#). The [Swedish government says](#) this coincides to a mild flu season. Although initially higher, Sweden now has a lower death rate per-capita than the US, which it achieved without the terrific economic damage still ongoing in the US. [Sweden never closed](#) restaurants, bars, sports, most schools, or movie theaters. The government never ordered people to wear masks.

Dr. Yeadon speaks bitterly of the lives lost as a result of lockdown policies, and of the "savable" countless lives which will be further lost, from important surgeries and other healthcare deferred should lockdowns be reimposed

Yeadon is a [successful entrepreneur](#), the founder of a biotech company which was acquired by Novartis, another pharmaceutical giant. Yeadon's unit at Pfizer was the Asthma and Respiratory Research Unit. (Yeadon, [partial list of publications](#).)



Sweden During International "Lockdowns"

### **Why is All This Happening? US Congressman Says He is Convinced of "Government Plan" to Continue Lockdowns Until a Mandatory Vaccine. Conspiracy Theories?**

The list of news items grows which reflects unfavorably upon the narrative being played out on the major television networks, of a mysterious, "novel" virus which has been controlled only by an unprecedented assault on individual rights and liberties, now ready to pounce again, on already suffering populations with no choice but to submit to further government orders.

Governors have quietly extended their powers indefinitely by shifting the goalpost, without saying so, from "flattening the curve" to ease the strain on hospitals, to "no new cases." From "pandemic," to "case-demic."

In Germany, an organization of [500 German doctors and scientists](#) has formed, who say that government response to the COVID virus has been vastly out of proportion to the actual severity of the disease.

Evidence of chicanery mounts. Both the [CDC](#), and US Coronavirus Task Force headed by [Dr. Deborah Birx](#), are candid that the definition of death-by-COVID has been flexible, and that the [rules favor calling it COVID](#) whenever possible. This opens the possibility of a vastly [inflated death count](#). In New York, Governor Andrew Cuomo's administration is under [federal investigation](#) for all but signing the death warrants for thousands of nursing home elderly, when the state sent [COVID patients into the nursing homes](#), over the helpless objections of nursing home executives and staff.

Why are the major media ignoring what would seem to be an eminently newsworthy item, an industry rockstar like Yeadon, calling out the biggest guns in the public health world? Would not the Sunday talk shows, the Chris Wallaces and Meet the Press, want to grill such a man for record audiences?

Here the talk may turn to dark agendas, and not just mere incompetence, obtuseness, and stupidity.

One opinion was put forth by US Representative Thomas Massie (R-KY) when he said on the [Tom Woods Show](#) on August 16th:

“The secret the government is keeping from you is that they plan to keep us shut down until there is some kind of vaccine, and then whether it’s compulsory at the federal level, or the state level, or maybe they persuade your employers through another PPP program that you won’t qualify for unless you make your employees get the vaccine, I think that’s their plan. Somebody convince me that’s not their plan, because there is no logical ending to this other than that.”

Another theory is that the COVID crisis is being used to consolidate never-before-imaged levels of control over individuals and society by elites. This is put forth by the nephew of the slain president, John F. Kennedy Jr., son of also-assassinated Bobby Kennedy. In a speech at a massive anti-lockdown, anti-mandatory COVID vaccination rally in Germany, Bobby Jr. [warned of the existence](#) of a:

“bio-security agenda, the rise of the authoritarian surveillance state and the Big Pharma sponsored coup d’etat against liberal democracy...The pandemic is a crisis of convenience for the elite who are dictating these policies,”

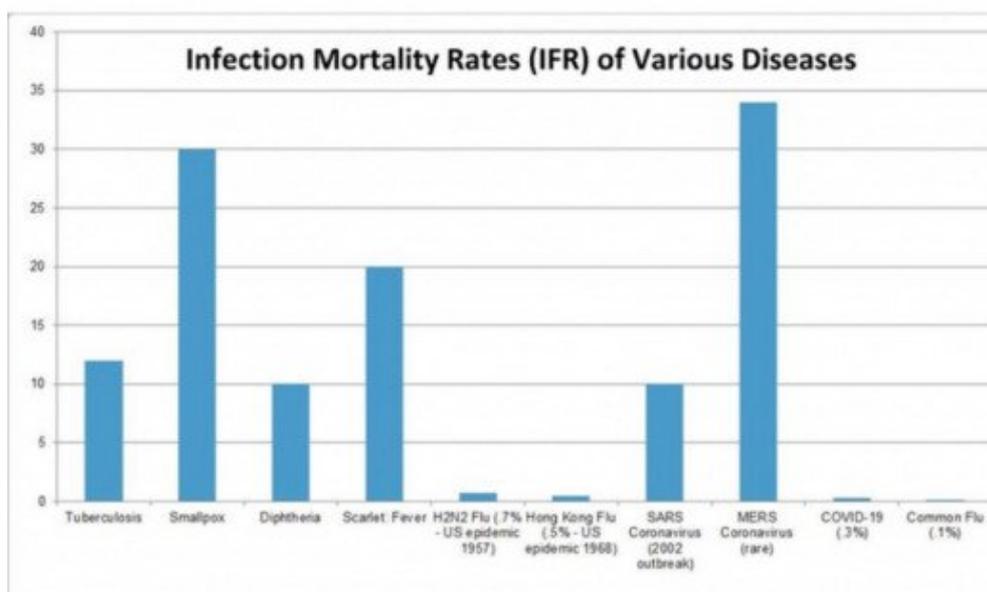
[In a lawsuit](#), Kennedy Jr.’s medical witnesses warn that mandatory flu shots may make many children more susceptible to COVID.

The warnings of dire intentions of Kennedy’s “elite” are coming from more mainstream sources. Dr. Joseph Mercola, of the highly trusted, mega-traffic medical information site Mercola.com, has penned a careful review of one doctor’s claims of [genetics-altering vaccines](#) coming our way.

And it does not assuage fears that a defense establishment website, [Defense One](#), reports that permanent under-the skin biochips, injectable by the same syringe that holds a vaccine, may soon be approved by the FDA. It does not help the anti-conspiracy theory cause that, [according to Newsweek](#), Dr. Anthony Fauci actually did give NIH funding to the Chinese Wuhan lab, for bat coronavirus research so dangerous it was opposed on record by 200 scientists, and banned in the US.

In 1957, a pandemic hit, the [H2N2 Asian Flu](#) with a .7% Infection Fatality Rate, which killed as many people per capita in the US as the COVID has claimed now. There was never a single mention of it in the news at the time, never mind the extraordinary upheaval that we see now. In 1968 the [Hong Kong Flu](#) hit the US (.5% IFR,) taking 100,000 people when the US had a markedly lower population. Not a single alarm was raised, not a single store closed nor even a network news story. The following summer the largest gathering in US history took place, [Woodstock](#).

Mass hysteria is never accidental, but benefits someone. The only question left to answer is, whom?



## Dr. Mike Yeadon Interview

[https://www.telegraph.co.uk/global-health/science-and-disease/george-w-bush-crafted-social-distancing-plan-ignored-us-britain/?li\\_source=LI&li\\_medium=liftigniter-rhr](https://www.telegraph.co.uk/global-health/science-and-disease/george-w-bush-crafted-social-distancing-plan-ignored-us-britain/?li_source=LI&li_medium=liftigniter-rhr)

# How George W Bush crafted a social distancing plan - and why it was ignored by the US and Britain

Former president ordered scientists to devise a social distancing strategy to slow a pandemic, but it was not used for Covid-19

*By* **Paul Nuki**, GLOBAL HEALTH SECURITY EDITOR

4 October 2020 • 6:00am



George W Bush and his vice president Dick Cheney wanted scientists to work on a strategy for future pandemics | CREDIT: GETTY IMAGES

Hindsight is a wonderful thing. Imagine if a world leader, a president with unlimited resources, had marshalled a crack team of scientists to devise a pandemic strategy that could have prevented a new respiratory virus from turning western society upside down.

A strategy specifically designed to hold back a lethal new pathogen long enough to allow a vaccine or other pharmaceutical interventions to be created without the need for a total lockdown. A strategy that was not just academic but one which had been approved as policy, operationalised and shared with allies around the world, including Britain.

Looking at the world today you would think it was China and its neighbours across south east Asia which had developed such a protocol. They are the nations which acted quickly to control Covid-19 through a carefully crafted set of social distancing measures or “non-pharmaceutical interventions” (NPIs), as they are technically known.

Yes, they too have taken a hit, but by acting early, national lockdowns have been brief or avoided completely, as have large-scale deaths, direct and indirect. Moreover, they have dramatically limited damage to their economies and their geopolitical power and status has surged as a result.

China acted quickly to stop the spread of the virus





China acted quickly to stop the spread of the virus | CREDIT: GETTY IMAGES

The truth is entirely different, and you don't need hindsight to unearth it.

It was the unlikely duo of the former US President, George W Bush, and his deputy Dick Cheney who, in 2003, ordered that a social distancing plan be researched, devised and tested in order to protect America from a new pandemic pathogen, man made or naturally occurring.

They placed the full might of the Department for Homeland Security behind it and made sure it was in place and ready to be deployed before they left office in January 2009.

The Telegraph has spoken to several of those involved in this little reported and sometimes secretive project. They say that had the protocol been more widely adopted and properly deployed in the west when Covid-19 broke out, our experience of the resulting pandemic may have been more closely aligned to that of countries like South Korea, Taiwan, Vietnam and Singapore.

In Britain, the fundamentals of the US protocol were considered but largely poo-pooed in a review by the Civil Contingencies Secretariat of the Cabinet Office in 2010/11.

Called [“Early, Targeted, Layered Use of Nonpharmaceutical Interventions”](#) the protocol was first formally adopted as policy by the US Centers for Disease Control and Prevention (CDC) in February 2007. The latest iteration was [published just three and a half years ago, in April 2017.](#)

“NPIs: Our Earliest Line of Defense”, is the first descriptive chapter heading in the 2017 document. “The basic concept is to reduce the occurrence and duration of human interactions by implementing social distancing measures in combination with personal and environmental hygiene measures,” it goes on to explain.

The original protocol - the result of five years intensive work by a small hand picked team - aimed to use a variety of social distancing measures including school and office closures, case isolation and home quarantine early in a pandemic to slow and limit its spread.

It's stated goals were to "mitigate disease, suffering, and death; and sustain infrastructure and lessen the impact on the economy and the functioning of society".

"Without mitigating interventions, even a less severe pandemic would likely result in dramatic increases in the number of hospitalizations and deaths", the authors noted. "In addition, an unmitigated severe pandemic would likely overwhelm our nation's critical healthcare services and impose significant stress on our nation's critical infrastructure".

The protocol introduced, for the first time, a "Pandemic Severity Index" in which the case fatality ratio (the proportion of deaths among clinically ill persons) defined the severity of a pandemic over five tiers - each sparking a different set of social distancing measures.

George Bush encouraged his staff to plan for a pandemic event



George Bush encouraged his staff to plan for a pandemic event | CREDIT: ERIC DRAPER

The Covid-19 pandemic, which started with a case fatality ratio above

two, comes in at the higher end of scale - tier four or five.

As such, the full range of social distancing measures, including quarantine of all affected households, school closures and the suspension of large scale public events were “recommended” by the protocol and should have been instigated across the US soon after the first cases were detected in Washington state in late January.

“Implementing these interventions after extensive spread of pandemic influenza illness in a community may limit the public health benefits of employing these measures,” the document prophetically warns.

“Implementation needs to be early enough to preclude the initial steep upslope in case numbers and long enough to cover the peak of the anticipated epidemic curve while avoiding intervention fatigue”.

The Telegraph has interviewed several of the key players involved in the preparation of the protocol, some of whom now hold pivotal positions in the fight against Covid-19.

Their story is one of science and historical research conducted with what was then unprecedented urgency. Their backers were the two most powerful men in the world and the full resources of the White House and the US Biosecurity complex were put at their disposal.

Ahead of Covid-19, they thought that in America at least, their work was done. What they underestimated, they say, was not what was needed but the political resolve and operational single mindedness to get the protocol live and the social distancing done.





The "Pandemic Severity Index" devised for the US social distancing protocol

Dr Marc Lipsitch, professor of epidemiology at the Harvard T.H. Chan School of Public Health and a member of the original team puts it two ways.

He compares the indecision of western policy makers early on in the pandemic to a man standing on the tracks of a rail line with a fast train approaching, unable or unwilling to move because he doesn't have the necessary data to calculate the train's exact velocity.

On the other hand, said Prof Lipsitch, constructing ideas and policy is a very different thing from implementing it - something that comes with different responsibilities and consequences.

"Talking about it in some hypothetical future [as we did in 2005] where you imagine how scared you're going to be of both the virus and the consequences of shutting down society is very different from acting on it". In a real crisis, the "psychology is totally different".



Social distancing measures and their "trigger points" as described in the US protocol

Other key players in the creation of the ill-fated protocol (dubbed "targeted layered containment" or "TLC" by the team) included the White House official Dr Richard Hatchett, now chief executive of the Coalition for Epidemic Preparedness Innovations (Cepi); Dr Howard Markel, a medical historian with special expertise in quarantine; and Dr Marti Cetron, director of the division of global migration and quarantine at the US CDC.

Professor Neil Ferguson, the UK epidemiologist, was also recruited to help and was flown to the White House for several briefings on the project between 2003 and 2007. One member of the team says Prof Ferguson was "ambivalent" about the concept of NPIs in policy terms, another that he was a "full throated" advocate. All praised his science and his modelling.

Drs Markel and Cetron described the initial burst of research ordered by President Bush in 2003 as "like the Manhattan Project".

Numerous computer modellers, including Prof Ferguson, were asked to run pandemic influenza simulations in order to understand how different types of social distancing within different age cohorts might flatten an pandemic's curve and buy time for vaccines and other pharmaceutical countermeasures to be developed.

Others, including Dr Markel, were dispatched to the National Archives with orders to dig up every newspaper cutting relating to social distancing they could find from the 1918 Spanish flu pandemic. Tens of thousands of cuttings were collected and categorised.

This historic data, eventually covering more than 43 American cities, resulted in two pivotal scientific papers published within months of each other in 2007. They showed that cities that acted early and decisively to implement social distancing in 1918 had markedly lower death rates.

"These findings demonstrate a strong association between early, sustained, and layered application of nonpharmaceutical interventions and mitigating the consequences of the 1918-1919 influenza pandemic in the United States," concluded the [paper by Markel et al.](#)

I got  
locked

“Cities in which multiple interventions were implemented at an early phase of the epidemic had peak death rates 50% lower than those that did not and had less-steep epidemic curves”, reported the second paper by [Hatchett, Mecher and Lipsitch](#). Cumulative excess deaths were also found to be about 20% lower.

Bush and Cheney had good reason to be worried by existential threats. The 9/11 attacks in 2001 were quickly followed by an anthrax attack, early outbreaks of H5N1 influenza with a case mortality rate of 60% and the deadly Sars epidemic of 2003/4.

President Bush is said to have had a copy of *The Great Influenza: The Story of the Deadliest Pandemic in History* by John Barry on his bedside table, and, according to Dr Cetron, CDC officials had taken the trouble to highlight the most pertinent passages in the many copies of the book that were distributed in the White House.

A 2004, vaccine contamination disaster in a manufacturing plant in Liverpool also helped focus attention on non-pharmaceutical interventions.

“It caused the US to lose half of their seasonal flu supply overnight and it underscored the fact that the US was completely reliant on just two producers of flu vaccine”, said one of those involved.

In America, project TLC eventually resulted in a detailed social distancing protocol being put in place. But in Britain the work was all but ignored at a policy level.

A 2010/11 [Cabinet Office assessment of the evidence underlying the UK Influenza Pandemic Preparedness Strategy 2011](#) concludes that “so-called social (or non-pharmaceutical) measures are potential tools which could mitigate the impacts of a pandemic” but goes on to rule them out on grounds of evidence and cost.

“Overall the scientific evidence base for developing policy and/or guidance on social measures is limited”, says the report overseen by Bruce Mann, then director of the Civil Contingencies Secretariat in the Cabinet Office.

“Even more limited is the evidence on the cost impacts of these measures, and the understanding of how people will think and behave in response

out of  
Twitter  
for  
having  
the  
'wrong'  
opinion  
on  
Covid

We need free and vigorous debate – yet the social media giant has put me on the Naughty Step for sharing an evidence-based idea

[ALLISON PEARSON](#)

29 September 2020 • 7:18pm



to social measures. A better understanding of these social and psychological factors is a key gap in our understanding”.

The Telegraph has tried to contact the key officials involved in the UK's early decision making on social distancing, including Mr Mann and the former Chief Medical Officer Dame Sally Davies, but to no avail.

Many in the UK public health establishment still maintain that an influenza pandemic would be "unstoppable" and that such measures are not worth looking at - a opinion described by Dr Merkel last week as “colossally stupid” and by another on the US team as “palpably false” post-Covid-19.

Dr Cetron, who remains at the CDC fighting the virus, could not comment on UK planning but accepted that America had not got things right despite having devised a workable social distancing protocol in advance - a protocol that has been used across much of south east Asia.

“My sadness is that the implementation of the response didn't follow a plan that we had fairly solid evidence could work”, he said. “I don't blame anyone, I think I just underestimated how hard implementing that plan would be.

“Even with all the lessons of history, even with all the modelling and science behind it... it pales in comparison with the communications challenges you have when you are facing the real thing”.

<https://www.telegraph.co.uk/women/life/got-locked-twitter-having-wrong-opinion-covi>

Matt Hancock delivers more grim news in Parliament



Matt Hancock delivers more grim news in Parliament | CREDIT: AFP

I woke yesterday morning to find that I had been locked out of Twitter for “violating our rules against abuse and harassment”. I was dumbfounded. Which of my recent tweets had been abusive or harassed anyone? I glanced down the email to see something I had posted last week in response to yet another We’re All Doomed! report on the BBC news. “How hard is it for people to understand? We WANT students to get the virus. They will speed us towards community immunity. It may not be very far off.”

Whether you agree with my tweet or not, it accurately represents the opinion of a number of distinguished scientists, including Oxford’s Prof Sunetra Gupta (whom I interviewed for the [Planet Normal podcast](#)) and Prof Michael Levitt, winner of the Nobel Prize for Chemistry in 2013. Neither is a wacky Covid-denier. They just happen to agree that the worst-case scenario of 500,000 deaths arrived at back in March by Professor Neil Ferguson, which presumed (wrongly) that all age groups were equally susceptible to the virus, was possibly inflated by a factor of 10 or 12. They also reckon that the best strategy now is to shield the elderly and the vulnerable and allow the virus to infect the healthy population, notably the young, so we build up that terrific community immunity that seems to have served the Swedes so well.

Why would Twitter object to my sharing that evidence-based idea? Especially as the latest figures from the Office for National Statistics show there is no enormous spike in Covid deaths, which makes locking up 25 per cent of the population look ever more cruel and futile. Is it a coincidence that the Twitter algorithms, which put me on the Naughty Step for 12 hours, align so closely with government policy? Or is it that Lefties get to shut down any version of the truth but their own?

If there’s a risk that the present lockdown strategy will do more harm than good – a

suspicion which sadly grows by the day – then surely there has to be free and vigorous debate of the kind we gratifyingly started to see in Parliament this week, as 50 Tory MPs volubly registered their concerns.

Increasingly, what we are witnessing is a brutal stand-off between The Science (or one aggressive, politicised version of it) and Humanity. Take a recent headline in this very paper: Ministers will do whatever it takes to save Christmas. Too kind!

Look here, Christmas is not for Matt Hancock to withhold or bestow on a grateful, cowering populace. Christmas has done very well for more than 2,000 years, it has survived wars and pestilence far worse than Covid, reuniting families, shining the light of love and hope into the darkest corners of our history. Christmas is non-negotiable. (Perhaps the Archbishop of Canterbury, rather than recommending the NHS app, could have made that point rather forcibly himself.) For the Government to pretend that the celebration of the birth of Jesus Christ is in their gift, but only if we comply with the rules, is disgusting, frankly.

My friends are a pretty law-abiding bunch, but none of them has any intention of obeying the Rule of Six over the festive season, especially when small children are counted in your half-dozen in England but not in Scotland or Wales. So a new grandchild, a babe in arms, can make the difference between being allowed to invite a widowed uncle for the one day of the year when he gets a slap-up meal with all the trimmings. What is the logic behind that? No one has a clue. Not our Prime Minister, burbling bafflingly yesterday about households being allowed to mix indoors in the North East (er, they're not). Nor his squirming skills minister, Gillian Keegan, who admitted she didn't know whether, under punitive new laws smuggled on to the statute book under cover of darkness, friends were allowed to meet in a pub garden.

Oh, for crying out loud, just stop it with your ludicrous no loud singing or dancing. At the start of *The Great British Bake Off*, Matt Lucas did a wickedly good impersonation of a hapless Boris announcing the latest back-of-a-fag-packet wheeze: "We are now approaching Phase 46!"

Sorry, but it's gone beyond a joke now. People are suffering, really suffering. Here is Russell's story: "My mum (82) and my dad (83) live in Newcastle. My mum is bewildered by this latest lockdown, she has had to cancel meeting her friends, which is about the only thing that has kept her going. She feels a sense of hopelessness. It has been six months of mental pain and loneliness. She says they don't have long left and she wants to LIVE. They have a new grandson due in November but have no idea when they will see him. Their niece is getting married in December and they cannot attend. They know they will probably see very little family around Christmas. How much misery is this government going to cause before it ceases its reign of terror?"

Good question. Perhaps Boris would like to address it at his press conference today. The cure is now far worse than the disease, Prime Minister. There are people who would rather die than live in this theatre of the absurd. The risks your scientists frighten us with are vanishingly small. Even under Imperial's worst case scenario of 500,000 deaths without lockdown, only 99.3% of the UK's population would not have succumbed to the virus. Many will suffer with loneliness and some will lose the will to live. Many, many more will perish from other diseases. It's quite simple; shield the vulnerable and let the rest of us get on with pulling this great country out of the mire.

You may get locked out of Twitter for saying it, but I won't stop. Censorship be damned. The truth will out.

**Read Allison Pearson at [telegraph.co.uk](https://www.telegraph.co.uk) every Tuesday, from 7pm, and listen to **[Planet Normal](#)**, her podcast with fellow *Telegraph* columnist, Liam Halligan**

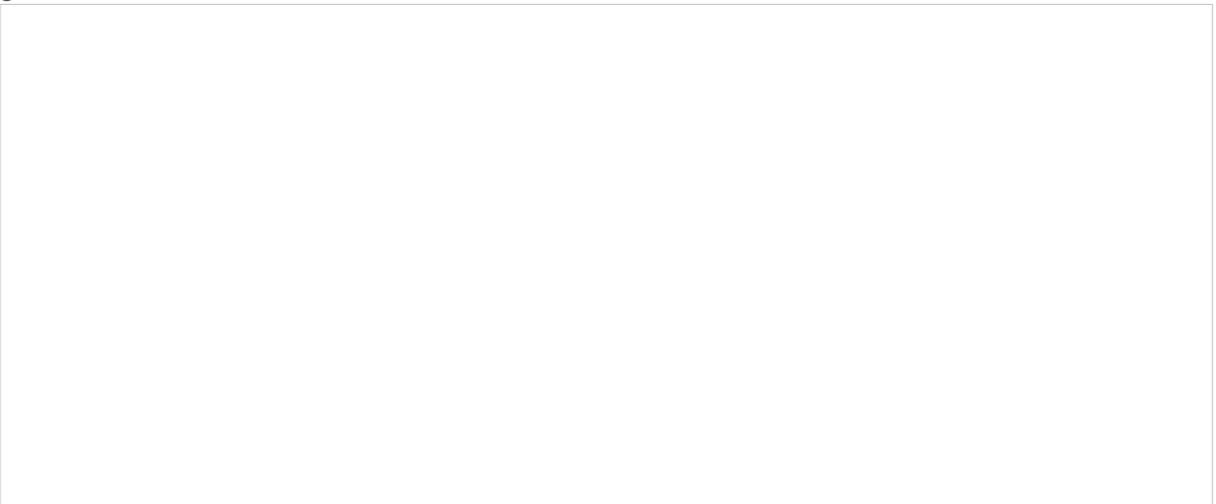
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## Return of Covid to New York deals blow to hopes of localised immunity

Some of the neighbourhoods in Brooklyn and Queens hit hardest in March and April are now seeing some of the highest rates of infection

By Josie Ensor, US CORRESPONDENT, NEW YORK

5 October 2020 • 6:00am





New York City Mayor Bill de Blasio does a social distancing elbow bump as he welcomes students returning to school in Queens | CREDIT: AFP

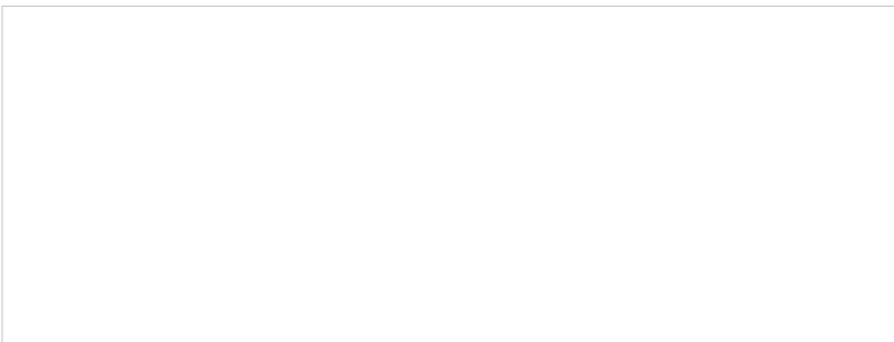
New York is reporting “concerning” signs of a coronavirus resurgence, which would dash hopes that its high rate of immunity would spare it from a second wave.

The city, which had been the epicentre of the US’s Covid-19 outbreak before it was hailed as a model of containment, was one of the few success stories in a country struggling to get the pandemic under control. However, it is now seeing the most dramatic uptick in daily cases since June.

While numbers in southern and western states have been steadily rising, New York’s positive test rate had for months been holding at around one per cent.

But as one of America’s longest and strictest lockdowns eases, the infection rate in New York has soared to an average of more than 3 per cent and 6 per cent in the “hotspots.”

Bill de Blasio, the city’s mayor, announced on Sunday that he intended to “rewind” the reopening in nine neighborhoods that have had a testing positivity rate of more than 3 percent over the last seven days.





Workers wearing a protective masks prepare to open in the outdoor dining area at the Crown Shy restaurant in New York, US. | CREDIT: Bloomberg

In those neighbourhoods, the city will curtail indoor dining and close down schools - both of which only restarted last week, as well all other non-essential businesses.

“Today, unfortunately, is not a day for celebration,” Mr de Blasio said. "It will be difficult for people who have done so much to fight back in this crisis.”

If approved by Governor Andrew Cuomo, the plan would go into effect on Wednesday.

Mr Cuomo has been widely praised for his handling of the outbreak, despite recording 23,800 deaths - 7,000 more than the next nearest state, neighbouring New Jersey.

His book *American Crisis: Leadership Lessons from the Covid-19 Pandemic*, which is due for release next week, has been described as a “powerful testament to true leadership in times of extreme crisis” by the publisher.

Some of the neighbourhoods in Brooklyn and Queens that were hit hardest in March and April are now seeing some of the highest rates of infection, defying some predictions.





Trump supporters gather at a "Triumph Rally" on Staten Island in New York City | CREDIT: Reuters

Professor William Hanage, an epidemiologist at the Harvard T.H. Chan School of Public Health, had said last month that pockets of Brooklyn and Queens, which had recorded the world's highest rate of antibodies, could have achieved "substantial immunity".

"There are places where there should be less community transmission in the Fall (Autumn) than there would have been," he told The Telegraph. However, he said the question of what localised immunity meant for the wider population as a whole is "much more fraught."

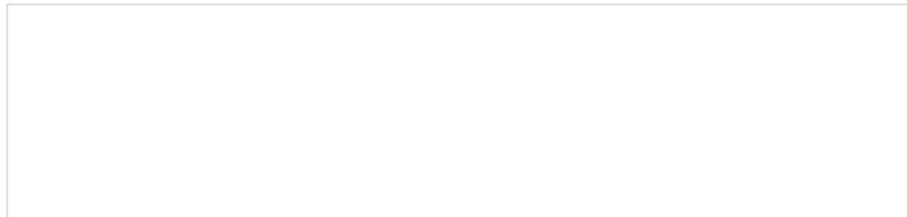
"Even though it's true the more immunity you have in a population the more bang you get for your buck when it comes to pharmaceutical intervention, if it isn't distributed there's only so far it matters."

New York City has recorded some of the highest rates of immunity in the world.

City-wide, more than 27 per cent of those tested have positive antibody results. The borough with the highest rate is the Bronx, at 33 per cent, while Corona in the borough of Queens recorded a nearly 52 per cent positivity rate.

Over the past two weeks, the case numbers in just nine postcodes have accounted for more than a quarter the city's cases, despite the fact that the population in those areas make up only seven per cent of the population, according to New York Health Department figures.

According to authorities, the most pronounced jumps have been in neighbourhoods of Brooklyn with significant Orthodox Jewish communities, and have coincided with gatherings for the recent holidays of Rosh Hashanah and Yom Kippur.





Men, some not wearing masks, shop for supplies for the festival of Sukkot in the Hasidic Jewish neighborhood of Boro Park in Brooklyn, New York | CREDIT: Shutterstock

New York has mandated the wearing of face masks in public places, however compliance has been found to be lowest in these areas, including Midwood, where the positivity rate is now approaching six per cent, and Williamsburg, whose numbers are three times the citywide rate.

Health officials were heckled during a recent outreach effort in Midwood.

"Brooklyn is not a Jewish community, we are part of the community," said Steve Zuker speaking in front of the Landaus Shul synagogue.

Mr Zucker, 52, said some people believe they have antibodies and are safe from further infection, using that idea as an excuse not to exercise social distancing.

"You try to provide and do the right thing, and the rest, we believe in God -- hopefully he is going to do the right thing," he said.

The city has looked to address the increase by making automated calls in both English and Yiddish.

Mr de Blasio is also sending in police and health workers to the worst-affected areas to promote distancing and mask-wearing, and to issue fines and summons if necessary to anyone refusing to comply.

"We should be concerned any time there is a spike," Dr Angela Rasmussen, associate research scientist at the Center of Infection and Immunity at the Columbia University School of Public Health, told The Telegraph. "New York has done a pretty good job with

SCHOOL OF PUBLIC HEALTH, told THE TELEGRAPH. "NEW YORK HAS DONE A PRETTY GOOD JOB WITH testing and messaging about risk reduction, but they should rethink opening bars, restaurants, schools in particular."

She said one explanation could be that New Yorkers had become complacent, believing they would not see a second wave after such a brutal first one. "It's definitely a possibility," she said. "Based on seroprevalence data, people should take notice that positivity is going up in NYC and that's something we should all be wary of."

Mr Hanage also warned that winter - when the virus thrives - could be a dangerous time for America's most populated city as people crowd together on the underground and indoors in restaurants.

"We cannot go back to normal just yet," he said.

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