10 Key Facts That Unravel The COVID-19 Narrative

FACT ONE

#1 COVID-19 is not as dangerous as previously thought

"The Median COVID-19 infection fatality rate was 0.27%.".

In February 2020 the predictions of the Infection Fatality Rate (IFR), or "death rate" from COVID were estimated by the World Health organization (WHO) to be 3.4%^[1]. We were told that COVID was much more deadly than the seasonal flu and we must "flatten the curve" to avoid overwhelming the hospitals^[2]. Seven months later, the WHO acknowledges in its own report that "infection fatality rates tended to be much lower than estimates made earlier in the pandemic"^[3]. The WHO's report found the "median COVID infection fatality rate was 0.27%"^[4]. Other studies support this finding with IFRs of between .32% - .01%. By comparison, the flu has an IFR of .1% - .2%.^[5] The former Director of Israel's Health Ministry said, "You're not more at risk of dying of coronavirus than the flu."^[6]

With all the reports of COVID deaths, it is important to understand how that term is defined. At the start of the COVID outbreak, the WHO created a very broad definition of what is considered to be a "COVID death", and this definition was adopted worldwide. According to their definition^[7] a COVID death is one where a person had a confirmed or suspected case of COVID at any time, prior to death. This means that what is reported as a COVID death may have another cause, like cancer, heart condition, or accident. Center for Disease Control (CDC) reported that only about 6% of COVID deaths had no comorbidity.^[8] This means that 94% of COVID deaths had additional contributing causes of death listed on the death certificate.^[9] So even the deaths that are reported as COVID death, are mostly deaths that occurred with COVID and not because of COVID.

The original predictions for infections, hospitalizations and deaths resulting from COVID that led numerous governments to lockdown and implement panic-driven policies, were made in a report^[10] from Imperial College led by Neil Ferguson. The report, presented in mid-March 2020, predicted that absent any controls there would be 510,000 deaths in Great Britain and 2.2 million in the U.S. with in the next three months.^[11] In na appendix, issued days later, the report listed it's predictions for other countries including Sweden.^{[12][13]}

Sweden is significant because it was the only western country not to lockdown in those initial 7 months, it was predicted that they would suffer a minimum of 66,000 deaths by June, when in fact they experienced only 5,900 by September. Here, in the only control group to test the validity of the model, we see it overestimated the number of deaths by a factor of 11. In June, Neil Feguson of the Imperial College admitted that Sweden achieved similar results to the UK without imposing a lockdown. [14]

Fact: There are several effective early treatments for COVID backed by science research.

FACT TWO

#2 Early medical treatment works

"Ivermectin basically obliterates transmission of this virus...with miraculous effectiveness." - Dr. Pierre Kory

Since the emergence of COVID, various early treatments have been tried and shown to be successful in battling serious cases and deaths. The concept in early treatment is that medication is best administered as soon as symptoms start (or within the first four days) to prevent the infection from getting serious.

Hydroxychloroquine used with zinc represents just one of the safe and effective methods of treatment for COVID. Zinc is an essential mineral that has been used to stop viruses from replicating. Hydroxychloroquine has the ability to transport zinc through the cellular wall, to more efficiently stop that replication. With over 70 years of proven safety, the WHO considers Hydroxychloroquine one of "most efficacious, safe and cost-effective medicines" on the market. When used as part of the "Zelenko Protocol," developed by Dr. Zev Zelenko (USA), COVID hospitalizations were reduced by 84% in high risk patients. Aside from Zelenko's research, there are 32 other studies that show 96% positive effects, and a 75% reduction in death when used in various combinations.

Ivermectin was first developed as a veterinary drug in the 1970s, however since 1988 it has been prescribed for humans to combat various parasitic infections. Was later added to the WHO's list of essential medications and [23] in 2015 the inventors were awarded the Nobel Prize in Medicine. [24]

While Ivermectin can be used as a prophylactic in order to prevent COVID, it is also used in early and late treatment protocols. Used as an early treatment there have been 63 studies that have tested its effectiveness, overall these studies show a 69% improvement. As prophylactic, there have been 14 studies and overall show an 86% improvement.

Advocating for the use of Ivermectin is Dr. Pierre Kory, a Founder of Front Line Covid-19 Critical Care Alliance (FLCCC). Kory, along with the other professionals at the FLCCC developed the specific protocol to prevent and treat COVID using Ivermectin. [28]

In December 2020 Dr. Kory and others gave an impassioned plea, backed by scientific research at a committee hearing in the U.S. Senate. Stating that Ivermectin "basically obliterates transmission of this virus," with "miraculous effectiveness." [29]

Vitamin D deficiency was found to be high in COVID patients admitted to the hospital. Another study suggested that insufficient vitamin D could account for as many as 9 out of 10 COVID deaths. More recently another study found that preinfection deficiency of vitamin D is associated with increased COVID severity and mortality. [32]

With that background, vitamin D treatment seemed like a good treatment to try. Studies using vitamin D for COVID are fewer than the other treatments mentioned, five studies in total. When used as a prophylactic there was a 20% improvement [33] but when used as an early treatment studies found an overall improvement of 80%. [34]

Fact: There are several effective early treatments for COVID backed by science research.

FACT THREE

#3 PCR positive does not mean contagious

"The test should be limited to a maximum of 30-35 cycles, since, over 35 cycles 97% of the results would be false positives."

The PCR is a genetic test that can detect a section of COVID's genetic sequence within the sample, it does this by amplifying the sample thousands of times until it has reached its threshold or limit, after reaching its cycle threshold (CT), if it detects a genetic trace of the virus, it returns a positive, if not the result is negative. Several scientific studies have placed great importance on the number of cycles it takes until the genetic sequence of the virus is identified. If the genetic sequence is found after more than cycles, it does not mean the subject actually has Covid. As reported in the New York Times, experts acknowledge that the test should be limited to a maximum of 30 - 35 cycles, since, over cycles 97% of the results would be false positives. Anthony Fauci, former director of the NIH, also acknowledged that "you almost never can culture viruses from a threshold cycle". [41]

Perhaps more important from a public health perspective, a positive PCR test does not mean the person is contagious. Depending on when the sample was taken, a positive result even at 24 cycles would mean the subject is not infectious. [42] Dr. Jared Bullard The Chief Microbiologist of Manitoba estimates that only about 44% of positive cases can replicate the virus and are therefore contagious. [43] The Cycle Threshold is not uniform across all testing facilities, nor is this information usually made public. [44] However the CDC permits positive results based on up to cycles. [45]

In January 2021 the WHO acknowledged that individuals with high CT positive PCR test results should be retested. [46] Later, in July 2021 the CDC issued a statement withdrawing the

recommendation for continued use of the PCR tests, as of the end of the year. [47]

Fact: PCR test results are not an accurate indicator of whether someone has COVID, much less whether they are infectious.

FACT FOUR

#4 Asymptomatic transmission is rare

"A meta analysis of 54 studies and concluded that asymptomatic transmission even within the household was less than 1%."

As COVID was starting to spread around the world, experts agreed that asymptomatic spread was rare and does not have much of an impact. Anthony Fauci, former head of the NIH stated in Jan 2020 "Even if there is some asymptomatic transmission, in all the history of respiratory-borne viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person." [48]

Several studies were conducted to see if COVID was transmitted by asymptomatic carriers. One study from China looked at over 9 million people, and found 300 cases of asymptomatic people who tested positive for COVID, and none of the samples had a "viable virus" that would replicate and transmit. They followed the close contacts of those asymptomatic cases and found that none of them infected anyone who they were in close contact. [49] A study published in JAMA did a meta analysis of 54 studies and concluded that asymptomatic transmission even within the household was less than 1%. [50]

The issue of asymptomatic transmission is one of the key assumptions that is used to justify COVID regulations. The idea that anyone, even someone who is not sick, can infect others is what furthered the panic, social distancing, mass testing etc. After all, if only sick people transmitted the virus, then healthy people would be of no threat.

Fact: Asymptomatic transmission is rare.

FACT FIVE

#5 Lockdowns are ineffective and costly

"There is currently no compelling evidence to suggest that shelter in place policies saved a large number of lives or significantly mitigated the spread of COVID-19."

Widespread lockdowns to control a virus were largely unheard of before the emergence of COVID. A number of studies have been published to determine how effective lockdowns were at reducing the impact of COVID on the population. One study^[51] stated that "[the] data strongly suggest that the decline in infections in the United Kingdom began before the first full lockdown."^[52] The study shows this to be the case in the two following lockdowns as well. Meaning that the virus reduced the rate of infection without a lockdown on all occasions.

Another study evaluating the effects of shelter-in-place (SIP) policies during the COVID pandemic states "We do not find detectable effects of these policies on disease spread or deaths", and concluded that "there is currently no compelling evidence to suggest that SIP policies saved a large number of lives or significantly mitigated the spread of COVID." [53]

Comparing different countries that implemented mandatory stay at home orders versus countries that didn't, this study looked at the possible effects on COVID cases. It concluded that "we do not find significant benefits on case growth of more restrictive NPIs [non-Pharmaceutical Interventions]". [54] A similar conclusion was drawn by another study that compared different counties in the U.S. and concluded, "Lockdowns are ineffective at reducing Covid-19 deaths."

A study published in the Lancet also concluded "government actions such as border closures, full lockdowns, and a high rate of COVID-19 testing were not associated with statistically significant reductions in the number of critical cases or overall mortality." [55] In addition to being ineffective at reducing the impact of COVID, lockdowns have come at a tremendous cost in health, economic and human rights.

During the lockdowns, a broad spectrum of medical professionals have observed that people are not receiving proper medical treatment, due to fear of contracting COVID. They believe that this has led to an increase in deaths from heart attack^[56], cancer, diabetes and more. The UK experienced a dramatic increase of dementia deaths during the lockdown.^[57] Fully two-thirds of excess deaths in nursing homes were not COVID related^[58], while at the same time about 40% of hospital beds remained unoccupied.^[59] The medical damage is not limited to just the time of the lockdowns but can be still seen months later due to illnesses that went undetected or untreated.^[60]

The economy worldwide has taken a substantial hit from the COVID lockdowns. The United Nations (UN) estimates that 225million worldwide will starve, as a result of COVID's economic impact. The global debt in 2020 rose by \$24 trillion (355 % of GDP) a level surpassing World War Two. In the USA, 7 million people already fell into poverty with children comprising the highest numbers. Months after the start of the disastrous policy of locking down, even the UN now admits that lockdowns just make the poor... poorer. Later the WHO also stated that lockdowns should be avoided. A meta analysis of over 100 studies on the cost/benefits of

lockdowns concluded that "Lockdowns are not just an inefficient policy, they must rank as one of the greatest peacetime policy disasters of all time." [67]

Fact: Lockdowns damage people's health, the economy with no clear benefit in fighting COVID.

FACT SIX

#6 Vaccine passports are unscientific and unethical

"A recent study concluded that natural immunity was 27 times more protective than the Pfizer vaccine."

With the waning enthusiasm for the new COVID vaccines, numerous jurisdictions have implemented various policies to encourage people to get vaccinated. One of the most intrusive is vaccine passports, which prohibit the unvaccinated from entering various public places including cafés and restaurants, attending in-person classes in post secondary institutions, places of worship, staying in hotels, attending celebrations in event halls. The first of these passport programs was implemented by Israel in early 2021. [68] Anyone who wanted to be allowed to participate had to show a digital or paper pass showing that they were either vaccinated, recovered, or had a negative PCR test in the last 48 hours [69].

Ostensibly the passports are there to prevent transmission of the virus, however, when pressed, policymakers have publicly acknowledged that the program is to encourage vaccination and not for epidemiological reasons.^[70]

There is a lack of solid proof that the vaccine prevents infection, the clinical trials that led to the authorization of the vaccines did not even look to see if the vaccines reduce infection or transmission. This fact was acknowledged by the WHO's chief scientist^[71] and the CDC7.^[72]

With the first post-vaccination wave, the notion that "fully vaccinated" people had a similar rate of infection was becoming clearer. [73][74] Some attributed it to the time lapse since the vaccination, while others attribute it to the new delta variant. either way, data from Israel's fourth wave showed the vaccine did not prevent infection. [75] Other studies confirmed that vaccinated people carry similar viral loads (a key measure in determining a person's ability to infect others) in vaccinated and unvaccinated individuals according to health officials in the U.K. [76][77] and the CDC. [78]

Indeed it is questionable whether the COVID vaccines should even be called vaccines since they weren't designed to prevent infection. Traditionally the definition of a vaccination was to produce "immunity to a specific disease".^[79] To avoid this confusion, in September 2021 the CDC simply

changed their definition of vaccination to say that it is to produce "protection from a specific disease" [80] instead of "immunity" against a disease.

Another problem with the vaccine passports is that most do not recognize that a high degree of protection against infection can be achieved through natural immunity generated by the body after having been infected with the virus. This non-vaccine-induced immunity was found to be stronger than vaccine-induced immunity in dozens of studies. [81] A recent study concluded that natural immunity was 27 times more protective than the Pfizer vaccine. [82] Most vaccine passports mandated simply don't acknowledge that there are many people whohave had the virus, and are therefore protected even more than those who are vaccinated.

If there should be any specific restriction to entry in public spaces for epidemiological reasons, it should be limited to restrictions on sick people since vaccine statutes do not make one less infectious, and asymptomatic transmissions are rare. [83] The most logical restriction would be to prohibit entry of symptomatic people since these are the drivers of infection.

The ethical issues in restricting people's participation in society in order to get them to take medication are serious. "public health policy is effective only when it is based on education and dialogue. Aggressive discourse might result in the loss of trust of significant sectors of the public, and lead to lowering the rates of other routine vaccinations that are of crucial importance." writes a team of medical experts.^[84]

Instituting green passes and other coercive measures contradicts the resolution passed by the Council of Europe (an international organization founded in the wake of World War II to uphold human rights^[85]), in Jan 2021 where it clearly stated: "7.3.1 ensure that citizens are informed that the vaccination is NOT mandatory and that no one is politically, socially, or otherwise pressured to get themselves vaccinated if they do not wish to do so themselves; and section 7.3.2 ensure that no one is discriminated against for not having been vaccinated, due to possible health risks or not wanting to be vaccinated.^[86]

Coercion of medical procedures was something that was supposed to be relegated to the history books as a reminder and warning to how free societies could be corrupted to do evil. If it's permitted to protect against a virus that has an over 99% survival rate, it sets a precedent to be permitted in many other instances.

Fact: Vaccine passports are ineffective, set a dangerous precedent, and have no place in a free society.

FACT SEVEN

#7 Vaccine passports are unscientific and unethical

"85% of those infected with COVID wore masks some or all of the time before their infection."

For decades, dozens of scientific papers have suggested that masks are ineffective at preventing viral disease transmission. [87] Both the WHO and Dr. Fauci (Spokesman for the Coronavirus task force in the USA) corroborated that claim as recently as March 2020. [88] Later that same month, there was a sudden flip. We were told that masks would now protect us from COVID, despite claims to the contrary from the mask manufacturers [89]. By September, 2020, the head of the CDC claimed in testimony before a US Senate subcommittee, that masks were more effective at preventing COVID than vaccines. [90]

Despite the now "conventional wisdom" that masks prevent the spread of viruses, there are in fact numerous studies that show they don't^[91]. Interestingly, there is even research showing that surgeons' mask-wearing during surgery had no effect on whether the patient developed a subsequent infection.^[92] CDC's own data reveals that those who wear masks get infected with COVID at the same rate as those who don't,^[93] indeed, 85% of those infected with COVID wore masks some or all of the time before their infection.^[94] The countless jurisdictions that mandated masks actually saw an increase of infections during the mandate.^[95] A key randomized, controlled study of mass masking during the COVID outbreak, concluded that wearing a mask had no significant effect on viral spreading.^[96] Copenhagen University's Professor Henning Bundgaard, who conducted the study, concluded that "it would take 300 people wearing a mask for a month to protect one person from getting an infection."^[97]

Even if masks were slightly effective, one must also consider the negative effects of continuous mask-wearing, such as; decrease in the levels of oxygen intake, [98][99][100][101] headaches, [102] Mask-Induced Exhaustion Syndrome (MIES), [103] reduced immunity, [104] increased germ load, [105] and skin reactions. [106]

Fact: There is insufficient scientific basis to mandate masks.

FACT EIGHT

#8 Kids are paying a disproportionately high price for the covid response

"A team of Johns Hopkins researchers found a mortality rate of zero among children without a preexisting medical condition such as leukemia."

Kids are significantly less affected by COVID compared to adults, and mortality from COVID is considered rare [107]. The Infection Fatality Rate (IFR) is very low in younger children, only 0.002% at

age 10 compared to 1.4% at age 65.^[108] his very low mortality rate is for all children, including those with pre-existing medical conditions. A team of Johns Hopkins researchers found a mortality rate of zero among children without a pre-existing medical condition such as leukemia. ^[109] When comparing to the seasonal flu, children are at a much greater risk of hospitalization due to seasonal flu vs COVID.^[110]

While COVID itself is of very minimal risk to children's health, some justify instituting restrictions on children because they are more likely to spread the virus to adults. However, after examining the data from U.S. schools, the infection rate among both children and school staff was significantly less than the infection rate in the broader community. [111] Nor was there an increase of cases following the opening of schools. [112] A study found that school teachers teaching in Swedish schools during COVID outbreaks were not hospitalized more than other professions. [113] In a study of NC school districts with a total student population of around 90 thousand, 773 infections were traced to interactions outside of school, while only 32 infections from within and no instances of the child to adult transmission in school were found at all. [114]

Kids have been less affected by COVID itself, but did not escape the damage caused by the COVID regulations including isolation, mask mandates, and school closures. The evidence was coming in fairly strong even at the start of the lockdowns policies, in May of 2020 just a couple of months into the restrictive measures, one of Canada's top children's hospital reported a 100 percent increase is admissions due to suicide atempts and a 200 percent increase in admissions from drug abuse. [115] This was not limited to Canada, similar reports were made in other countries and throughout the COVID restrictions. [116][117][118][119] There are numerous linkages between socialdistancing policies and deteriorating mental health in children, including domestic violence, reduced social interactions with friends, reduced physical activities, and the guilty feeling that results from being told you may kill someone you love. Some attention has focused on the virtual learning that replaced in-class learning. [120] In MR4g53 for example, 60% of child suicides were linked to online learning. In California, an 11-year-old killed himself during a virtual class meeting. [121] The CDC published a report showing the proportion of emergency department visits related to mental health were up nationwide, 24% for children aged 5 to 11 and 31% for children aged 12 to 17 from April through October, compared with the same time period last year. [122] By December of 2020 suicide was the number one cause of death in children aged 10 to 14 in the state of Ohio. [123]

As the scale of the damage was becoming clear, some medical experts pleaded with policy-maker to change course, open the schools and leave the children out of the harsh restrictions. Most notably was the collection of medical experts that supported the Barrington Declaration which recommended the COVID response to be focused on the high-risk population, and freeing up of the low-risk population - the declaration was signed by over 48 000 medical professionals. Those recommendations largely fell on deaf ears with the early and courageous exception made by the Prime Minister of Norway who conceded that she made the decisions to close schools out of fear.

In places where schools were allowed to open between infection waves, numerous jurisdictions required children who have been in close proximity to an infected person to "self-isolate" for 14 days. This policy of solitary confinement is perhaps the harshest of the COVID restrictions. A doctor of infectious diseases wrote: "This is a cruel punishment for a child, especially for younger children, 4-10 years old, shutting a child off from their parents and siblings for up to 14 days in this manner could produce significant and long-lasting emotional and psychological effects."

"I don't understand how any health-care professional has moved so far away from the fundamentals of public health and of doing no harm that they would think that basically incarcerating a child in a room for 14 days is in any way justified," said Dr. Martha Fulford, an infectious diseases physician at Hamilton Health Science who focuses on pediatrics. [126]

Perhaps the most unnoticed damage to kids resulting from panic-driven COVID policies are to the ones who were never born. The U.S. experienced a 4% drop in births in 2020, numbering about 97,000 in fewer children being born, 2021is expected to see an even greater reduction estimated at 300,000. [127] Israel with its overall rising birth rates, experienced a 2.5% decrease in births numbering 4709 fewer births in 2020 compared to the previous year. [128] When compared to the 2609 increased deaths, a stunning conclusion is revealed - the panic resulted in almost twice as many fewer births than the virus may have caused in increased deaths.

Fact: Kids have a very low risk from COVID, but a high risk from the COVID response.

FACT NINE

#9 The COVID vaccine safety record

"Reported deaths in connection to the COVID vaccines totaled more than all vaccinesrelated deaths over the past 31 years, combined."

With the start of the mass vaccination in January 2021, numerous reports of serious adverse reactions following the injections were being reported from all over the world^{[129][130][131][132]} and still more were being cataloged.^[133]

The government acknowledged that there would be significant amounts of people with mild short-term side-effects^[134] but that it was better to take the shot anyway^[135]. The more serious adverse reactions around the new vaccines were dismissed^[136] as having no proven link to the vaccination.

All-cause mortality rates began to climb in several countries with the start of vaccinations^[137]. As time passed, concerned doctors began voicing their objections.^{[138][139][140]} Of particular concern were the adverse effects on younger people, since they are at a much lower risk from COVID. The

Israeli Public Council of experts called for suspending vaccinations of people under 30,^[141] as did a group of physicians from Sweden, and America's Frontline Doctors (AFLDS)^[142] in the U.S.

By September the VAERS system, whose function is to report on adverse reactions from all vaccines in the U.S., tallied over 15900 deaths associated with the COVID vaccines alone. [143] Reported deaths in connection to the Covid vaccines totaled more than all vaccines-related deaths over the past 31 years, combined. [144] A similar phenomenon was observed with the European reporting system [145], and in England [146]. Not only deaths are being widely reported, but other serious adverse reactions that led to permanent disability, hospitalization, or threatened the patient's life. [147] Since these cases are self reported, and have not been confirmed as having been caused by the vaccination, it is difficult to say exactly how many are actually a result of the vaccine. However that is the case for all reports to the systems, and with the COVID vaccine there is a dramatic increase. [148] It's worthy to note that If these suspected vaccine deaths were cataloged using the same criteria as COVID deaths are cataloged, [149] they would all be considered vaccine deaths.

Other vaccines with much safer profiles have been pulled from the market in the past. For example, the Rotavirus vaccine was suspended by the US authorities in the late 1990s after 100 babies became ill, and one died - out of approximately one million doses. The vaccine was pulled from the market despite the fact that officials stated that "no firm link had been drawn between the vaccine and the children's illnesses". The 1976 swine flu vaccine was pulled from the market safer 500 people contracted Guillain-Barre syndrome, and was associated with 25 deaths out of 43 million doses (1 in 17 million). There was no conclusive proof that these relatively few deaths were a result of the vaccine, yet the government halted the entire vaccination campaign. As of September 2021 there are over 18,000 deaths in question, yet the government still maintains the COVID vaccines are safe.

Fact: The COVID vaccines are far more dangerous than we're being led to believe.

FACT TEN

#10 COVID-19 Vaccine effectiveness

"A study in the European Journal of Epidemiology concluded that there was no difference between jurisdictions that were highly vaccinated and those that had lower levels of vaccination when it came to new COVID infection."

The COVID vaccines were promoted as being the tool that would end the pandemic and return life to normal. Surprisingly the clinical trials for the Moderna [153], Pfizer, AstraZeneca [154], and Johnson & Johnson vaccines did not test or even measure the extent to which their products reduce

infection.^[156] So, at the time of receiving the Emergency Use Authorization, there was no study to support the claim that the vaccines prevent infection. This was acknowledged by Moderna and Pizer and the WHO^[157]. The +90% percent effectiveness was for reducing the the severity of symptoms, not reducing infections.

After several months the fact that the vaccines do not reduce infections was clear. After comparing 68 countries and almost 3000 counties in the U.S. The European Journal of Epidemiology concluded that there was no difference between jurisdictions that were highly vaccinated and those that had lower levels of vaccination when it came to new COVID infection. In fact, the opposite was found in many instances, that higher rates of vaccination correlated with increased infections. ^[158] This phenomenon was also observed in a comparison between European countries. ^[159] According to Ministry of Health data, during the fourth wave, infections in Israel were found to be at the same rate in the vaccinated vs unvaccinated. ^[160] In the UK vaccine effectiveness actually turned negative, meaning the vaccinated were proportionally getting infected more than the unvaccinated. ^[161]

Several published studies support the notion that the vaccine's effectiveness wanes with time. A study in The Lancet showed a dramatic decline in vaccine-induced immunity over just five months. [162] Another study found that the decline accelerates after the fourth month to reach only about 20% effectiveness by the fifth month. [163]

Lest one think that vaccination would reduce an infected person's ability to infect others, reports from Health officials in the U.K. [164][165] and the CDC [166] show this is not the case - once infected, the vaccinated have similar viral loads as the unvaccinated.

The other aspect of the COVID vaccine's effectiveness is in the prevention of serious illness and death. Before examining this aspect, one must consider the issue in the context of other treatments and prophylactics, see early treatments, as well as the absolute risk associated with becoming seriously ill from COVID. Comparing the chances of serious illness between those who have been vaccinated to those who have not - is called the Relative Risk Reduction (RRR). An article published in the prestigious Lancet explains that "RRR should be seen against the background risk of being infected and becoming ill with COVID-19" In other words, RRR does not take into account the general chance of infection, rather, "The absolute risk reduction (ARR), which is the difference between attack rates with and without a vaccine, considers the whole population" meaning it provides a more real-world presentation of effectiveness. [167] Just as an umbrella is very effective at keeping out the rain it is not any more effective if it's not actually raining.

The ARR for the COVID vaccines ranges from 0.84% - 1.3% depending on the particular vaccine. The authors explain that "ARRs tend to be ignored because they give a much less impressive effect size than RRRs".

Fact: COVID-19 vaccines appears to be ineffective at reducing infections, and possibly effective at reducing serious illness and death in the short term.

Footnotes:

[1]: WHO says coronavirus death rate is 3.4% globally" - https://www.cnbc.com/2020/03/03/who-says-coronavirus-death-rate-is-3point4percent-globally-higher-than-previously-thought.htm

[2]: "A flatter curve, on the other hand, assumes the same number of people ultimately get infected, but over a longer period of time" - https://www.livescience.com/coronavirus-flatten-the-curve.html

[3]: "The inferred infection fatality rates tended to be much lower than estimates made earlier in the pandemic" - https://www.who.int/bulletin/online_first/BLT.20.265892.pdf

[4]: "median COVID-19 infection fatality rate was 0.27%" - https://www.who.int/bulletin/online_first/BLT.20.265892.pdf

[5]: "coronavirus might not be as deadly as flu" - https://www.spectator.co.uk/article/stanford-study-suggests-coronavirus-might-not-be-asdeadly-as-flu

[6]: 'You're not more at risk of dying of coronavirus than the flu" http://www.israelnationalnews.com/News/News.aspx/280874

[7]: https://www.who.int/classifications/icd/Guidelines_Cause_of_Death_COVID-19.pdf

[8]: "CDC report shows 94% of COVID-19 deaths in U.S. had contributing conditions" - https://abc-7.com/news/2020/08/31/cdc-report-shows-94-of-covid-19-deaths-in-u-s-hadcontributing-conditions/

[9]: https://abc-7.com/news/2020/08/31/cdc-report-shows-94-of-covid-19-deaths-in-u-s-hadcontributing-conditions/

[10]: https://www.imperial.ac.uk/media/imperial-college/medicine/mrc-gida/2020-03-16-COVID19-Report-9.pdf

[11]: https://www.imperial.ac.uk/media/imperial-college/medicine/mrc-gida/2020-03-16-COVID19-Report-9.pdf - Page 7

[12]: https://www.imperial.ac.uk/media/imperial-college/medicine/mrc-gida/Imperial-College-COVID19-Global-unmitigated-mitigated-suppression-scenarios.xlsx

[13]: "Predicted 96,000 deaths by the end of June" - https://www.spiked-online.com/2020/10/01/sweden-has-destroyed-the-case-for-lockdown/ - https://swprs.org/studies-on-covid-19-lethality/#foobox-1/7/sweden-projection-realityjune-28.png

[14]: https://www.telegraph.co.uk/news/2020/06/02/prof-lockdown-neil-ferguson-admits-sweden-used-science-uk-has/

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10 COVID-19 Facts

#1 COVID-19 is not as dangerous as previously thought

#2 Early medical treatment works

#3 PCR positive does not mean contagious

#4 Asymptomatic transmission is rare
#5 Lockdowns are ineffective and costly
#6 Vaccine passports are unscientific and unethical
#7 Vaccine passports are unscientific and unethical
#8 Kids are paying a disproportionately high price for the covid response
#9 The COVID vaccine safety record
#10 COVID-19 Vaccine effectiveness