## Fwd: How Lockdown Advocates Get Sweden Wrong

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From: Jeremy R. Hammond<jeremy@foreignpolicyjournal.com>

Date: On Thu, Oct 22, 2020 at 9:03 am

Subject: Fwd: How Lockdown Advocates Get Sweden Wrong

To: Micky < Micky G42@protonmail.com>

Cc:



Hi Micky,

The "lockdown" measures that persist in various forms today were sold to the public as a strictly temporary measure to "flatten the curve" and give hospitals enough time to secure supplies and increase bed capacity so that they wouldn't be overwhelmed with COVID-19 patients.

The influential model from Imperial College London projected that without *extreme* measures amounting to indiscriminate quarantine of the entire population, hospitals would be flooded and the death toll would be massive.

After the UK, US, and other countries implemented measures appropriately given the prison-inspired label of "lockdown", the lockdown advocates in the scientific community, academia, government, and the media bewailed Sweden's choice not to follow the pack.

The consequence, the doomsdayers warned, would be total hospital overwhelm and a massive death toll. *Time* magazine said it would be "a historical massacre".

What actually happened was that Sweden *successfully* flattened the curve *without* resorting to authoritarian measures.

So what did the lockdown advocates do? Did they acknowledge that they had been wrong and concede that perhaps, just maybe, such extreme measures were not necessary after all?

Nope. Just as the justification for lockdown shifted away from "flattening the curve" to eliminating "cases", so did the criteria for judging Sweden's approach shift. Rather than acknowledging the success of Sweden's policy in its stated goal, they pointed to Sweden's rate of deaths per capita, decrying how it exceeded that of its Scandinavian neighbors, Norway, Finland, and Denmark, and attributing this to the absence of authoritarian measures.

Yet, Sweden's death rate still remained *lower* than other lockdown countries, including the UK. As of last month, the population-adjusted death rate in the US also surpassed that of Sweden.

Also, the single greatest factor in Sweden's higher death toll compared to its neighbors was the number of deaths among long-term care facility residents. Its government has acknowledged this failure -- which is something the governors of lockdown states in the US have refused to do.

The fact that Sweden's decision to *not* implement lockdown *had nothing to do with* the tragic number of deaths among nursing homes residents is easily demonstrated by the fact that 40% or more of deaths in the US have also been linked to nursing homes, a proportion that rises to 50% or more *in dozens of lockdown states*.

Having shifted the justification, lockdown advocates also remain narrowly focused on "cases" while ignoring the immense harms caused by the policies they favor. Neil Ferguson and his coauthors on the Imperial College paper stated explicitly that, while advocating lockdown, they were *not* considering the economic harms that would result.

Moreover, "cases" are a practically meaningless metric, especially in light of how their numbers are determined by counting "positive" results from RT-PCR tests that do not distinguish between viable virus and non-infectious viral RNA. Even the lockdown-loving *New York Times* has admitted that 90% of so-called "cases" in the US have been individuals who were probably not contagious.

The harms of lockdown measures surely warrant consideration, as does their sustainability. Sweden's approach was based on the assumption that any policy

measures must be sustainable over the long-term.

Sweden has been accused of recklessly pursuing a "herd immunity" strategy, but the lockdown advocates are recklessly placing faith in vaccine technology to save us,

Natural herd immunity is basic epidemiology, and it is *precisely* what will enable those at highest risk to eventually come out of isolation, too, and enjoy their lives. The lockdown advocates say it's impossible to achieve without resulting in massive deaths.

Yet the number of daily deaths attributed to COVID-19 in Sweden has been in the single digits since July. How is that possible if not because a substantial enough level of population immunity has been reached wherein transmission is reduced such that those at highest risk can be kept protected?

To achieve herd immunity, the lockdowners argue, 60% or more of the population would have to become infected, and serological studies looking at antibodies as evidence of infection have indicated that no more than around 10% of Sweden's population has been exposed.

But that argument ignores numerous studies explaining why the herd immunity threshold could be much lower. There is heterogeneity in transmission dynamics so not everyone is equally likely to spread the virus to others if infected, and scientific evidence strongly indicates that there is already background immunity to SARS-CoV-2 due to cross-protective T-cell immunity gained from common coronaviruses that cause the common cold.

The lockdowners argue that natural immunity may wane quickly because antibodies wane over time, but they again ignore the fact that antibodies are neither always sufficient nor even necessary for immunity. Cellular immunity appears to play an equally if not more important role than antibodies. Plus, even if antibodies wane, memory B-cells are able to quickly produce them again as needed upon reexposure.

The cognitive dissonance and hypocrisy of the lockdowners is most glaring when it comes to their faith in vaccine technology. Natural herd immunity is unachievable, they argue, so we must continue lockdown measures until there is a vaccine that can confer herd immunity artificially.

Let's be clear: that is not a policy based on science but on *faith*. The arguments against natural herd immunity, such as the unknown duration of immunity, *are all the more true and relevant for their goal of vaccine-conferred immunity*.

This is not an academic debate. Both our health and our liberty are at stake.

The idea that humans were created without a properly functioning immune system such that we all require pharmaceutical intervention to achieve good health is arrogant, narcissistic, and scientifically ludicrous.

Likewise, the idea that we all require politicians to dictate our behavior, as though politicians were a special breed of benevolent homo sapiens blessed with omniscience, is dangerously and preposterously naïve.

Among the lockdown advocates, of course, are mainstream media corporations like the *New York Times*. In my latest fully referenced article, I demonstrate how the *Times* gets it wrong on Sweden and how it otherwise lies to the public by claiming that science supports the lockdown measures it advocates.

Learn how the New York Times gets it wrong on Sweden

With politicians having responded to the pandemic by deliberately shutting down the economy and driving millions of people toward financial ruin, there's no better time to get an education in how to become more independent financially.

And given how severe COVID-19 is associated with having one or more underlying chronic illnesses, there's no better time to focus on bettering or maintaining good health.

Unfortunately, to stay healthy these days isn't exactly cheap. It's no coincidence that poverty is associated with worse health outcomes. Tragically, toxin-laden processed foods are less expensive than organic raw foods, for example (not to mention the difficulty many people have in being able to afford to dedicate the time required to prepare healthy homemade meals every day).

In the upcoming docu-series <u>Money Revealed</u>, numerous successful entrepreneurs and investors will explain the methods that have enabled them to create and preserve wealth -- the kind of wealth that would *eliminate* financial obstacles to better health outcomes.

If you ever saw the docu-series *Vaccines Revealed*, this is from the same filmmaking team. *Money Revealed* will be available to watch for free online starting October 27:

Sign up for the free viewing of *Money Revealed* 

Regards,



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