

# BROWNSTONE

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## I N S T I T U T E

### State Power and Covid Crimes

By [RAMESH THAKUR](#)

The three major controversies over pandemic management for the past three years have been lockdown measures, universal masking recommendations and mandates, and Covid vaccines.

The last was a pharmaceutical intervention using revolutionary new technology. The first two were radical departures from the existing scientific and policy consensus as encapsulated in official documents from the World Health Organisation (WHO) and in several national pandemic preparedness plans. They established the willingness of the state to dictate every aspect of people's lives, down to the most ridiculous and absurd details.

For example, people were told when they could shop, the hours during which they could shop, what they could purchase, how close they could get to others, and which direction they could move in by following arrows on the floor. Governments also stepped into nations' bedrooms at home to dictate with whom people could and could not be intimate: a ukase that notoriously turned Professor Neil 'Lockdown' Ferguson himself into **Professor Pantsdown**.

Lockdowns thus proved the extent to which people would comply with state directives without deploying independent critical thinking and, like frogs in boiling water, their almost total lack of concern about the gradually increasing degree of infringements of civil liberties and personal freedoms.

Compliance with often idiotic rules was ratcheted up to another level still with mask recommendations-cum-mandates, with one additional notable feature. Governments were able to mobilise members of the public to exert peer pressure and societal coercion to enforce compliance, backed by often brutal police coercion against pockets of resistance and protest.

In retrospect, it's doubtful if the degree of state and social coercion deployed to increase vaccine uptake would have been possible without the ground having first been prepared with lockdowns and masks.

### Lockdowns

Lockdowns were a euphemism for a wholesale shutting down of all social and most economic activities and locking up entire populations under de facto house arrest. They were imposed on and off for two years with the goalposts of justification shifting from flatten the

curve in 2-3 weeks to protect the health system, wait for the vaccine and stop the new variant.

They were based neither on good science and best-practice medicine, nor were they commensurate with the age-stratified threat from the novel coronavirus to individual and public health. By contrast the health, mental health, social, educational and economic harms caused by the lockdowns have locked in generational poverty and inequality within and among states.

The Neil Ferguson-led Imperial College London models of Covid mortality that panicked governments into unprecedented extreme countermeasures turned out to be several factor fold higher than empirical outcomes. A peer-reviewed study published in the *European Journal of Clinical Investigation* by Eran Bendavid, Christine Oh, Jay Bhattacharya and John Ioannidis in January 2021 failed to find ‘clear, significant beneficial effect’ of stringent lockdowns ‘on case growth in any country.’

That remains the case to this day either when looking at countries or at US states.

Early data – from China, Italy, Spain, the *Diamond Princess* cruise ship – told us in February–March 2020 already that the most vulnerable were elderly people with existing serious health conditions. All the data since then has been entirely consistent with this and it was also underlined in the *Great Barrington Declaration* in October 2020: ‘We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.’

On 16 November, *The Guardian* reported that Europe faces a ‘cancer epidemic’ because 1 million cancer diagnoses were missed because of lockdowns. In the UK, which experienced the highest proportion of lack of access to healthcare in Europe during the pandemic, there were almost 9,000 excess cancer deaths by mid-November 2022 since the start of the pandemic. Meanwhile Sweden, the object of much abusive analysis in the MSM in most of 2020, was fully vindicated in 2022 with one of the lowest all-cause mortality – the metric most resistant to being gamed to fit a narrative bias – rates in Europe.

## Masks

Once lockdowns were firmly in place as public policy, the next previously discredited and discarded nonpharmaceutical intervention to come on the policy agenda was facemasks for the general population in indoor and outdoor community settings. A 14-year-old British student named Jack Watson was able to spot the many inconsistencies, contradictions and absurdities of lockdown and mask restrictions for schoolchildren. A 1920 study of mask-wearing during the Spanish flu concluded that it had not shown sufficient effectiveness to ‘warrant compulsory application for the checking of epidemics.’

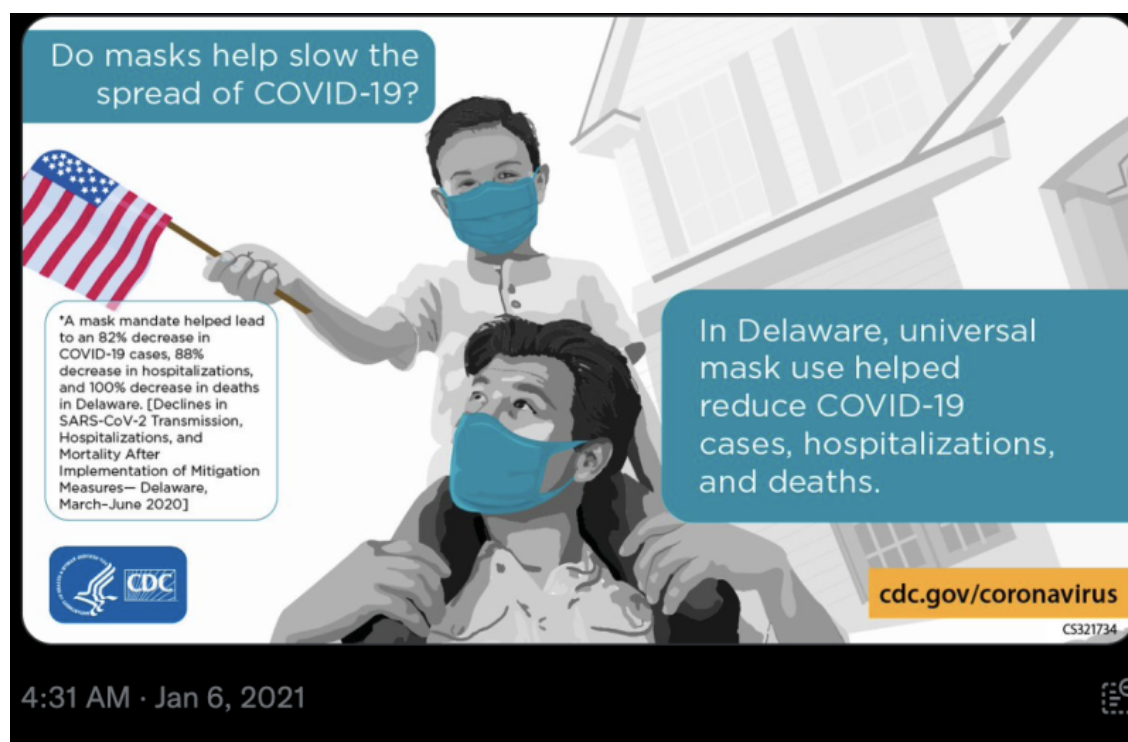
It’s worth quoting in full paragraph 4.15 from the *UK Influenza Preparedness Strategy 2011* that succinctly encapsulated the scientific and policy consensus:

*Although there is a perception that the wearing of facemasks by the public in the community and household setting may be beneficial, there is in fact very little evidence of widespread benefit from*

*their use in this setting. Facemasks must be worn correctly, changed frequently, removed properly, disposed of safely and used in combination with good respiratory, hand, and home hygiene behaviour in order for them to achieve the intended benefit. Research also shows that compliance with these recommended behaviours when wearing facemasks for prolonged periods reduces over time.*

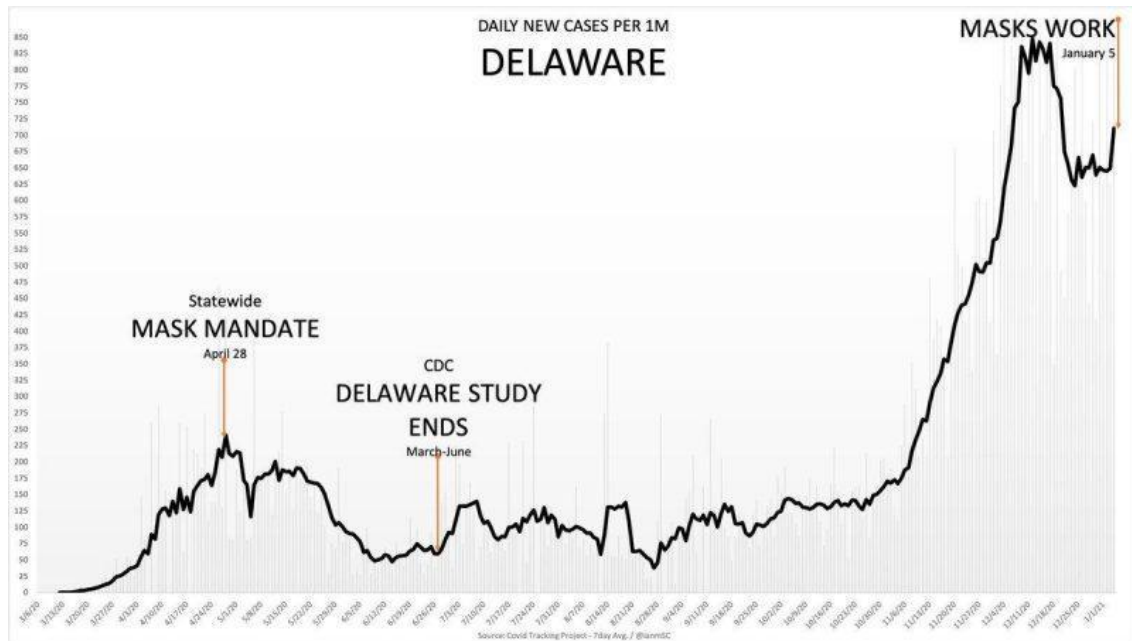
This conclusion was reaffirmed in the [WHO report](#) published in September 2019 that summarised the best available studies to date: ‘Ten RCTs were included in the meta-analysis, and there was no evidence that face masks are effective in reducing transmission of laboratory-confirmed influenza’ (p. 26).

An [Australian Department of Health document](#) in July 2020 advised that facemasks are most likely to be effective if worn correctly and consistently (no touching the front of the mask, no pulling it down intermittently – both extremely common real-world behaviour!) for source control when worn by an infected person, but less effective in protecting uninfected people.



Facemasks is the issue on which my trust in the US Centers for Disease Control and Prevention (CDC), which exercises an outsized influence globally, was broken irreparably. The [CDC tweeted](#) that during the March–July 2020 period, ‘universal mask use helped reduce Covid-19 cases, hospitalisations, and deaths’ in Delaware. It was telling the truth, but not the whole truth.

The mandate was introduced on 28 April when [Delaware](#) had 235 cases (7-day moving average). On 30 June cases had indeed fallen to 89. But they began to climb again in autumn and on 12 December Delaware had 826 cases: nearly four times as many as when the masks were brought in (Figure 1). Fair enough, you might say, like many others the CDC failed to anticipate the seasonal surge. Except the tweet was sent out on 6 January 2021. This is not a well-intentioned mistake overtaken by events but deliberate dishonesty.



Figure

1: The CDC's false claims on Delaware's mask mandate success, 6 January 2021.

Anthony Fauci too shed credibility with his notorious and numerous flip-flops on masks. His attempts to claim the noble lie as his primary motivation for the changing stance, saying he was trying to prioritise masks for healthcare workers and prevent a public run on them, only deepened perceptions of shiftiness.

Firstly because in fact his initial scepticism accurately reflected the existing consensus and secondly because he was repeating the same argument in a private email to a friend as well. Missouri Attorney General **Eric Schmitt** **tweeted** after Fauci was deposed in November that the good 'America's doctor' was not able to cite a single study to support his pro-mask health advice. Incidentally, during the deposition Fauci responded to questions with 'I don't recall' an astonishing 174 times. A likely explanation for his convenient amnesia is he knows the truth is not his ally.

Masks dehumanise us and are a potent force for stoking mass fear. In December, a hundred doctors, paediatricians, clinical psychologists and academics wrote an open letter to the UK Government warning that requiring masks in schools breached WHO guidelines and were creating a '**climate of fear**.' Masks should 'play no part in the life of healthy children,' they said. In autumn 2021, Scotland introduced mask mandates for schools but England did not, yet weekly cases in both showed broadly **similar infection curves**.

One of the most valuable sets of observational data is the brilliant series of comparative charts produced by Ian Miller in *Unmasked: The Global Failure of Covid Mask Mandates*(2022). The most significant result of the community-wide mask recommendations was twofold: the highly and instantly visible prop perpetuated and locked in the reign of fear and it demonstrated broad compliance with the effort of governments to exercise population-wide social control.

## Vaccines

The real-world effectiveness of Covid vaccines has not matched the hype of the 95 percent efficacy claimed in manufacturer trials on the basis of which they were granted emergency-use authorisation. They've proven disappointingly leaky with a surprisingly swift waning of effectiveness, necessitating boosters every few months.

In many cases vaccine rollouts coincided with an upsurge in infections, substantiating the concerns expressed by many experts that a mass vaccination campaign in the middle of a pandemic will drive the evolution of vaccine-escape variants and generate self-perpetuating waves of infections from the mutating variants.

A study from Oxford University in June showed the **infection risk increased by 44 percent in the double-vaccinated** in England. An analysis in July by El Gato Malo showed that **US states with higher vaccination rates were experiencing higher Covid hospital admissions**. By the end of 2022 the vast majority of Covid deaths in many countries were among the vaccinated and boosted.

This has discredited officials and health experts from President Joe Biden on down who claimed that the vaccines would prevent infection, onward transmission, severe illness and (initially)/or (as a fallback justification) death. Hence their early but by now abandoned claims about the pandemic of the unvaccinated.

By contrast, by the end of 2022 stories, like the video documentary **Anecdotal**s, which simply give voice to the vaccine-injured, and studies alleging a wide range of serious side effects and injuries from the vaccines were challenging the official narrative of the vaccines being safe and effective.

Neither safe nor effective was the growing chorus instead. On 25 November 2022 the physician-scientist **Dr Masanori Fukushima** from Kyoto University warned that 'the harm caused by vaccines is now a worldwide problem' and that 'given the wide range of adverse events, billions of lives could ultimately be in danger.'

There is nothing objectionable in principle to harnessing revolutionary new mRNA technology to improve public health. Major medical advances in the past have been made possible by technological breakthroughs. But a revolutionary technology increases the testing burden for ensuring safety, even while a raging pandemic heightens the urgency of accelerated vaccine development and manufacture. If granted emergency use authorisation to cater to the second demand, prudence strengthens the imperative to rigorous monitoring of short, medium and long-term side effects in numbers and severity.

This is where authorities have fallen short and caused significant long-term damage to public confidence in the major institutions. Attempting to force-vaccinate the whole world with a new and untested technology was the height of irresponsibility and ignoring the mounting evidence of serious adverse events amounts to criminal negligence.

The best, if not the only true measure of the whole of society impact of an epidemic or pandemic is excess mortality. **Norman Fenton and Martin Neil** subjected worldwide excess mortality data to linear regression models and found no significant link between excess



deaths in 2022 and (a) Covid cases in 2020, (b) long Covid, (c) lockdown stringency, or (d) healthcare quality. But they did find ‘a statistically significant linear relationship between countries that are highly vaccinated and excess deaths.’ **Elliot Middleton calculates** that in 2020, Covid deaths (meaning not all were *from* Covid) accounted for 42 percent of all excess deaths in the US.

Remember, this is before the announcement of a vaccine breakthrough and therefore the excess mortality toll is not affected by the count of vaccine-injured. Thus, although Covid deaths comprised a substantial portion of the total toll, the lockdown component was still higher – and policymakers should have known this at the time in 2020 itself but chose to ignore it despite **multiple warnings** from credible sources.

Ziva Kunda’s influential 1990 article ‘**The Case for Motivated Reasoning**’ has **nearly ten thousand citations**. Her thesis was that motivation shapes reasoning. Reliance on a biased set of cognitive processes means that people are more likely to arrive at conclusions they want to arrive at, by using the strategies for accessing, constructing and evaluating tools and data that are the most likely to yield the conclusions they desire. Very hot [cold/dry/wet] this year? Climate science tells us it’s because of climate change and therefore the current weather conditions validate the science. Infected by Covid after the sixth jab? Be grateful for the six doses as otherwise you would most likely have died.

As the saying goes, you cannot reason people out of beliefs that they arrived at without the use of reason.

In December, a new ‘hindcasting’ **paper from the Commonwealth Fund** made claims for vaccine success that were simply too inflated even to be plausible: 3.3 million lives, 18.6 million hospitalisations and 120 million infections averted just in the US alone in 2021–22! It was picked up and reported by the MSM. Unsurprisingly, the conclusions are derived from ‘**a model pretending to be data**’ that cannot be replicated. It’s an internal self-referential circular argument in which the conclusions are contained in the assumptions whose details are not made public.

The authors hold that ‘The reported “mild” nature of Omicron is in large part because of vaccine protection.’ Without vaccines, they estimate that Omicron’s infection fatality rate (IFR) would have been 2.7 times higher than for the original variant.

Alex Berenson writes this is: ‘The **dumbest, most dishonest argument** for Covid jabs thus far, long after pretty much universal agreement that vaccines stop neither infection nor transmission but are, at best, modestly effective for a short transient period. According to **Our World in Data**, Omicron has killed around 450,000 people worldwide (including the US) in the 8-month April–November 2022 period inclusive, despite the majority of the world’s people being unvaccinated. Collating the empirical outcomes from Our World in Data and **Worldometers**, at the end of the year, Africa’s double-vaccinated were 27.5 percent of the population, compared to 69 percent in the US and 66.9 percent in Europe. Their respective cumulative Covid deaths per million people (DPM) were <0.01, 1.00 and 0.71. Only 4 of 47 European countries have DPM below 1,000. By contrast, only 6 of 58 countries in Africa have DPM *above* 1,000, and of these six, five have higher vaccination rates than the African average.

Yet, we are expected to believe that somehow, the vaccines miraculously saved 1 million Americans in that 6-month timeframe.

Away from the tautological conclusions of models, there is little reliable data to show clinical benefits of Covid vaccines in preventing hospitalisation and death and much evidence to the contrary.

### Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.



Source: Johns Hopkins University CSSE COVID-19 Data

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Figure

2: Japan's immunity debt comes due.

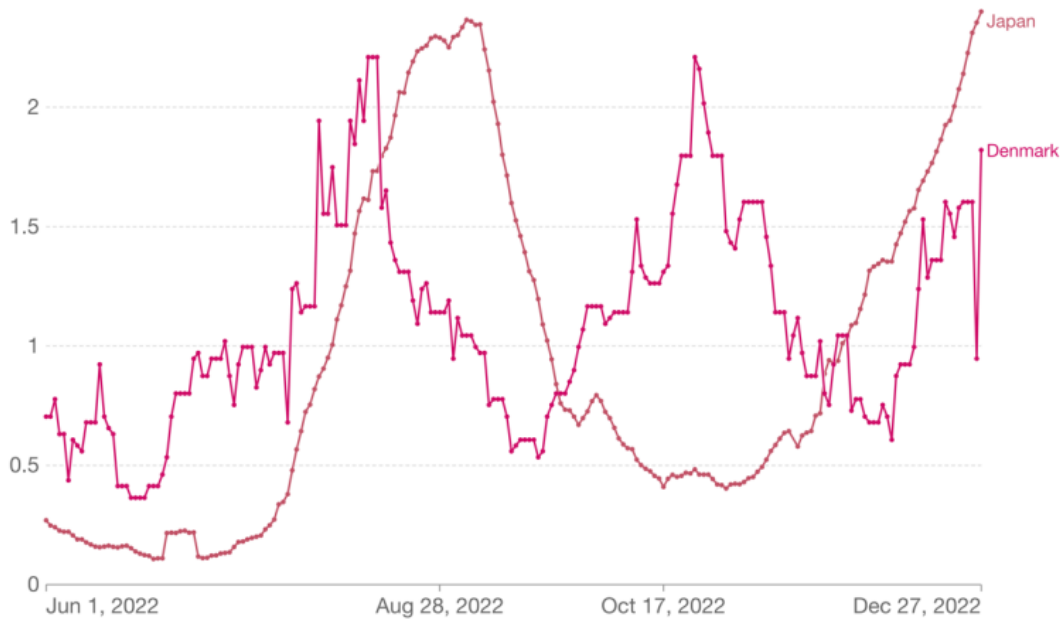
Japan is among the latest countries to offer evidence of the 'immunity debt' phenomenon (Figure 2). Japan is a country where owing to congested conditions, and perhaps out of concern for the elderly in one of the world's oldest societies (over 65s make up almost a third of the population), mask-wearing has long been a common cultural feature in the November–February winter months.

This was done whenever someone had the sniffles, or else feared catching the cold. It was a sign of consideration for others. Compliance therefore is not an issue for the government and by all accounts, since the pandemic facemasks have become a ubiquitous feature of public life in Japan.

Vaccine requirements were slower to be introduced there but they seem to be making up for lost time. I am due to travel to Japan later this month and one of the entry requirements is three doses of the vaccine or else a PCR test within 72 hours of departure. In 2020 Japan was heavily criticised for tardiness in not taking the novel virus seriously enough to impose restrictions.

## Daily new confirmed COVID-19 deaths per million people

7-day rolling average. Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately represent the true number of deaths caused by COVID-19.



Source: Johns Hopkins University CSSE COVID-19 Data

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Figure

3: Covid deaths per million people in Japan and Denmark, June–December 2022.

In an [article](#) for *The Japan Times* in January 2021, I pointed out that given their relative performances, instead of attacking Japan, the most locked down countries should envy its results. Ironically, with heavier restrictions and vaccine mandates, Japan's Covid metrics have deteriorated substantially. Figure 3 compares it to Denmark where, it will be recalled, authorities [dropped vaccine recommendations](#) for under-18s from 1 July and for under-50s from 1 November. Sweden and Norway swiftly followed suit.

Will the penny drop in Japan, where their own data shows they did hugely better before going down the route of heavier restrictions and higher vaccine coverage? That perhaps, just possibly, pharmaceutical and nonpharmaceutical interventions might be [driving sustained waves of the virus](#)? Don't hold your breath. Japan's ability to look reality firmly in the eye, turn around, and walk resolutely in the opposite direction is no less impressive than in the Western democracies.

Japan isn't alone. The graphic illustration of the ineffectiveness of Covid vaccines in preventing the infection and mortality tolls can be shown with several countries. All these charts (Figures 2–9) prove the pointlessness of vaccine certificates:

- In Japan, the total number of Covid deaths until 80 percent of the population was vaccinated on 9 December 2021 was 18,370. In little over one year since then, the death toll has climbed by another 37,858. That is, more than twice as many have died with Covid in the twelve months since 80 percent of people were fully vaccinated than in the 19 months until then.
- Israel's vaccination drive hit 50 percent of the population on 28 March 2021, on which date its Covid death toll was 6,185. Another 5,838 Israelis had died with Covid by 28 December 2022, meaning nearly half the total Covid dead came after



half the population was fully vaccinated. **Israel and Palestine** are one example of different vaccination rates among adjacent communities (Israelis high, Palestinians low) having little impact on their death rates.

- In the US too the 516,000 Covid deaths after reaching 50 percent double-vaccination coverage on 9 July 2021 represents 46 percent of all Covid deaths until 28 December 2022.
- Australia hit the 50 percent vaccination threshold on 11 October 2021, with the Covid death total being 1,461 on that date. The mortality toll was 16,964 on 28 December 2022. Thus 10.6 times as many Australians died with Covid in the 14 months since 50 percent were double-vaccinated as in 19 months until then.
- For what it's worth, **New Zealand's experience** has been even worse. Its Covid death toll as at 28 December was 2,331, 78 times higher than 30 at 50 percent vaccination mark, and 57 times higher than 41 at 70 percent vaccination.

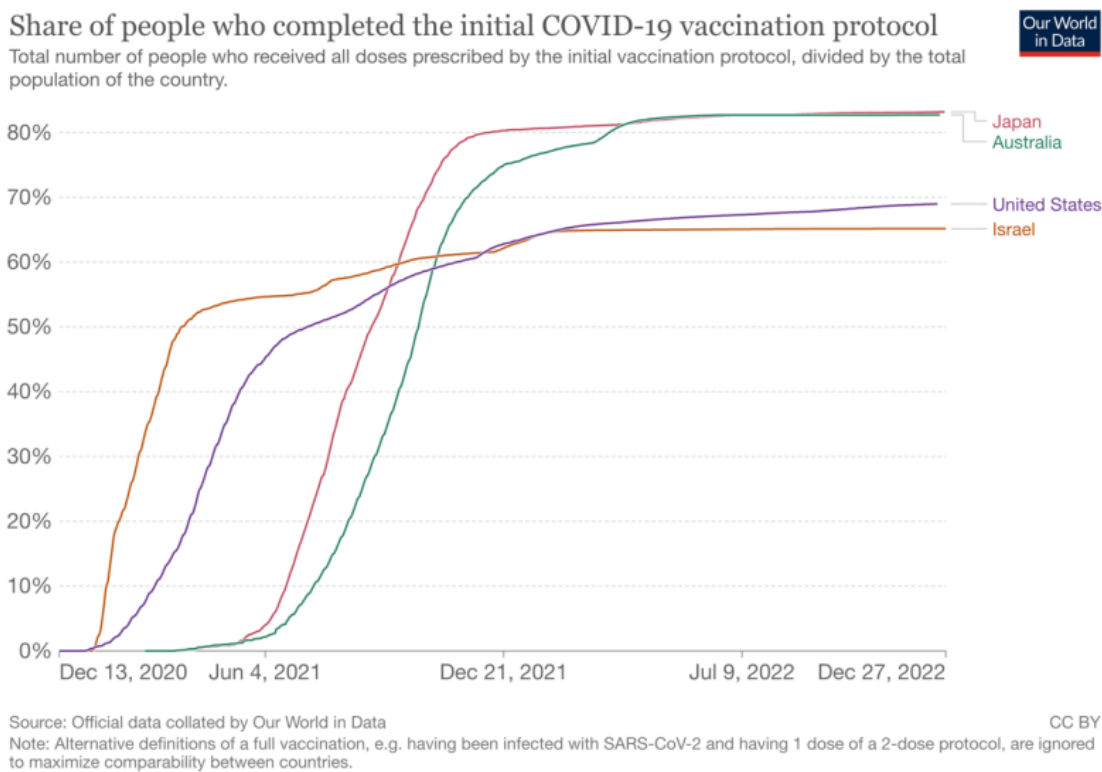


Figure 4:

Vaccination coverage in Australia, Israel, Japan and USA

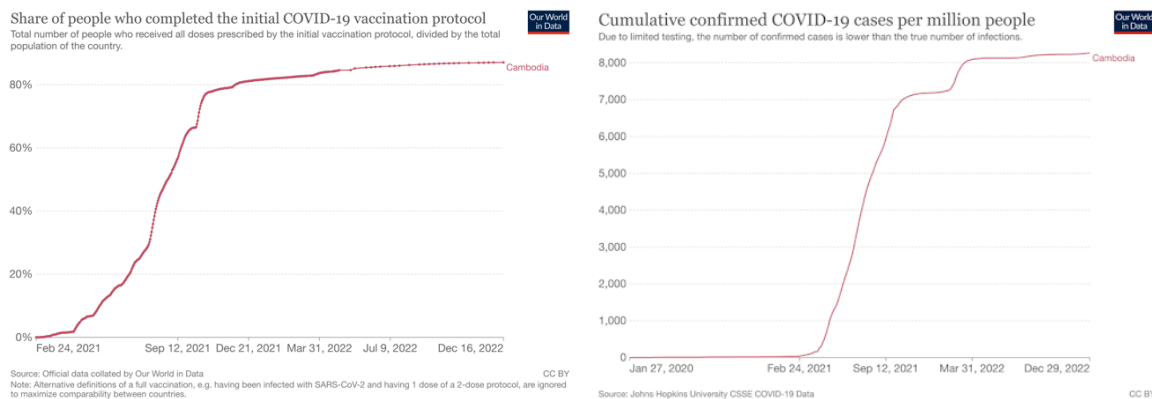


Figure 5: Cambodia's Covid vaccination coverage and cases per million people

How anyone can look at the Covid vaccination and mortality metrics of New Zealand, Australia, and Japan and still hold fast to the ‘safe and effective’ vaccine narrative is beyond comprehension. Instead, one more initially plausible hypothesis is that the behaviour of the virus is Covid vaccine-invariant, and a second hypothesis is that the vaccine may actually be **driving infections**, serious illness and deaths by some mysterious mechanism not yet identified by scientists – although some studies are starting to **point the way**.

Earlier, **Gibraltar, Cambodia, (Figure 5) and the Seychelles** were examples of countries where Covid infections spiked in 2021 despite substantial vaccination in their populations.

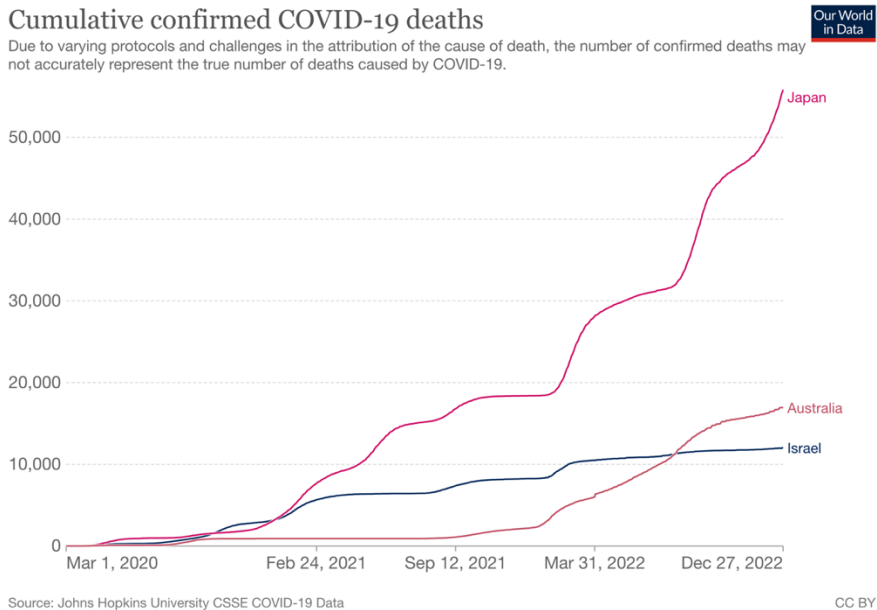
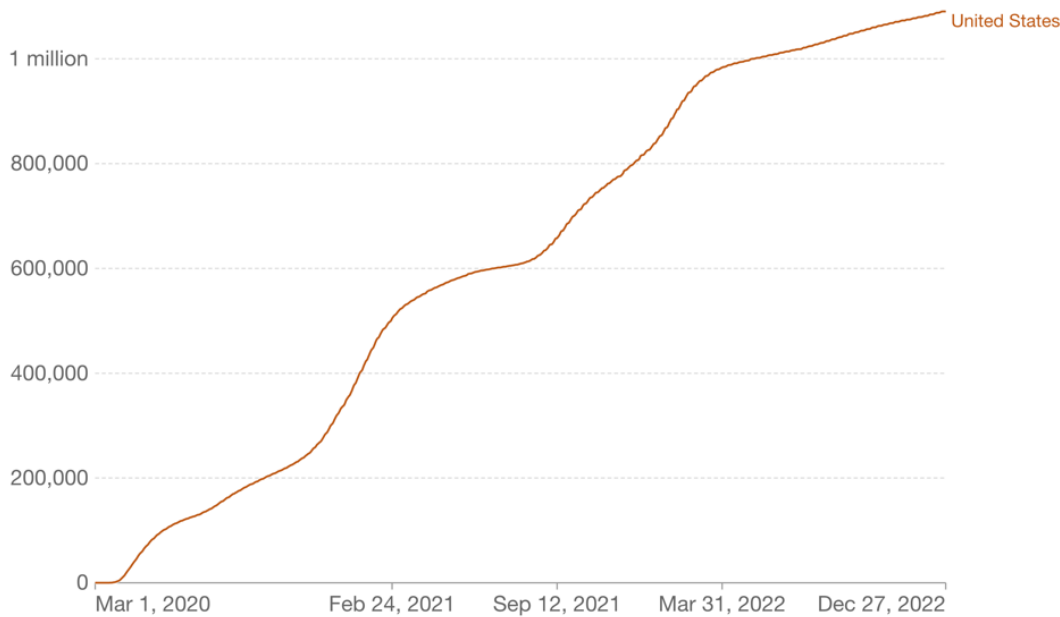


Figure 6: Covid deaths in Australia, Japan and Israel

## Cumulative confirmed COVID-19 deaths

Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately represent the true number of deaths caused by COVID-19.

Our World  
in Data



Source: Johns Hopkins University CSSE COVID-19 Data

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Figure

### 7: Covid deaths in USA

The weekly surveillance report from New South Wales (NSW) Health for the weeks of 18–31 December, published on 5 January, was the last one for the year. The next one will be published on 12 January but the reports covering the 52 weeks for 2023 will no longer include the vaccination status of people hospitalised, admitted to ICU or dead with Covid.

Until the week ending 21 May 2022, the reports lumped together the unvaccinated with those whose vaccination status was not known. Figures 8–9 therefore represent the entire data set for NSW Covid-related hospital and ICU admissions and deaths, from 22 May to 31 December 2022 inclusive, for which these statistics are available by vaccination status. It's worth noting that 83 percent of the state's total population was at least double-vaccinated, which accounted for 75.7 percent of Covid-related hospital admissions (slightly underrepresented) and 83.2 percent of deaths (almost exactly the same as population share).

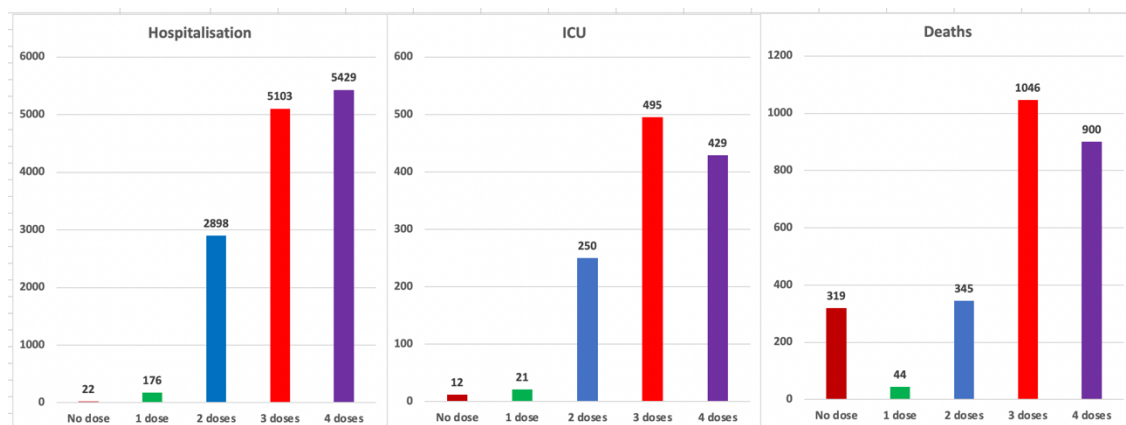


Figure 8: NSW Covid metrics by vaccination status, 22 May–31 December 2022. Source: NSW Health, *Weekly Surveillance Reports*.

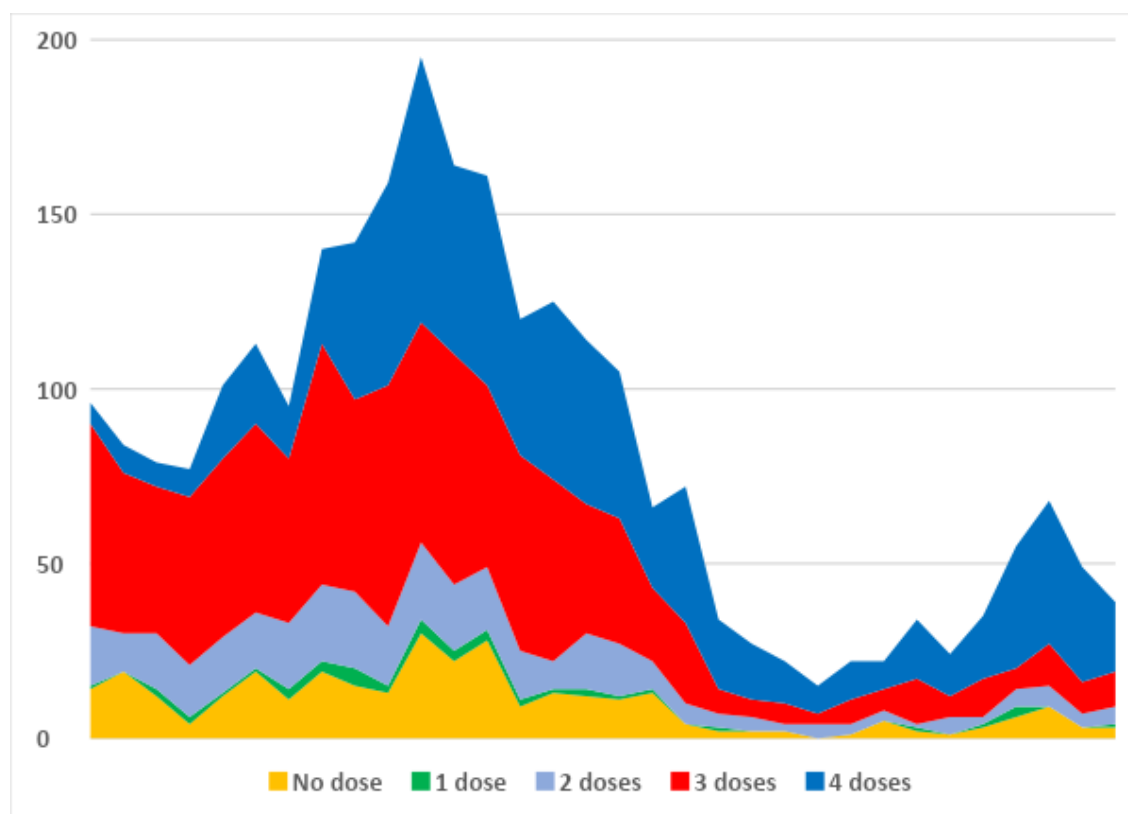


Figure 9: NSW weekly Covid-related deaths by vaccination status, 22 May–31 Dec. 2022.

According to the [federal Department of Health](#), by year's end 96.0 percent of Australian adults (16+) were double-vaccinated, 72.4 percent had received at least three doses and 44.2 percent four doses. For NSW the corresponding figures were 95.8, 70.5 and 45.6 percent. With all due respect (or not) to the Australian health bureaucrats, it is impossible to spin Figures 8 and 9 as graphic evidence for the vaccines being effective.

A study out in December 2022 in [preprint](#) of employees of the Cleveland Clinic in Ohio from 12 September to 12 December found that effectiveness of the new bivalent Covid vaccine – authorised by the FDA on the basis of trial results from [eight mice](#) – was only 30 percent. The real shock was discovering that infection rates increase incrementally with each successive dose of a Covid vaccine.

The infection rates among those vaccinated with three or more doses was three times higher than among the unvaccinated. The authors said: 'The association of increased risk of Covid-19 with higher numbers of prior vaccine doses in our study, was unexpected.' Prior infection is relatively more effective against reinfection.

## Assessing Benefits against Harms

Last June, a paper by a team that included the *British Medical Journal* editor Peter Doshi concluded that data from the Pfizer and Moderna trials indicated their [vaccines are more likely to put people in hospital](#) from adverse effects than keep them out by protecting against Covid, by 2.4 and 6.4 people per 10,000, respectively. They concluded:

*The excess risk of serious adverse events found in our study points to the need for formal harm-benefit analyses, particularly those that are stratified according to risk of serious Covid-19 outcomes such as hospitalization or death*

Another peer-reviewed [study](#), published in the *BMJ Journal of Medical Ethics* on 5 December, looked at the net benefit-harm ratio of a third vaccine for 18–29 year olds (that is, university students). According to its findings, for every one Covid hospitalisation prevented in this group by an mRNA booster shot over a six-month period, 18.5 serious adverse events would occur, including 1.5-4.6 booster-associated myopericarditis cases in males (typically requiring hospitalisation).

Because the net harm to healthy young adults is not outweighed by public health benefits ‘given modest and transient’ vaccine effectiveness against transmission, ‘university booster mandates are unethical.’

The existing standard metric in 2020 for allocating finite health resources was cost-benefit analysis using quality adjusted life years ([QALY](#)) for measuring health outcomes. Yet hardly any government seems to have performed such analyses or, if they did, bothered to publish them. As governments rarely shy away from promoting an analysis that supports their official line, it’s a safe assumption that they knew that the obsession with Covid health outcomes as the single measure of success was a gross distortion of public policy priorities.

It led many into the blind alley of an eradication strategy and Zero Covid policy – an ambition that even China has been compelled to abandon under the force of circumstances. The abandonment of QALY was necessary to reject the reality – let’s call it data or evidence denialism – that the disease burden of Covid-19 had an extremely steep age gradient.

In an [article](#) in *Spectator Australia* on 24 October 2020, I wrote:

*the biggest tragedy will be across the developing world over the next decade, with over 100 million more people pushed into extreme poverty, tens of millions of additional dead from increased infant and maternal mortality, hunger and starvation with more poverty and disrupted crop production and food distribution networks, sharp cutbacks in immunisation and schooling, and destruction of the informal sectors of the economy in which daily wage earners earn a pitiful living. Most countries will also need to prepare for potential spikes in mental health problems and suicides from the fear generated by exaggerated alarmism as well as the loneliness, isolation, financial ruin and despair caused by the lockdowns.*

One of the most contagious but almost completely preventable serious viral diseases through timely childhood vaccination is measles. As a consequence of the serially prolonged shutdowns, around [33 million children missed out](#) on either the first or the second dose of the vaccine compared to 2019.

This was the first fall in the number of measles vaccines given since 2014. According to an article in *The Lancet* in January 2022, 24 measles vaccination campaigns in 23 countries were postponed in 2020. This increased the risk of the disease for over 93 million people, mostly of course among poor people in poor countries. Nigeria, India, Indonesia, Afghanistan, Pakistan, Ethiopia and Brazil were among the worst affected.



According to a report in *The Telegraph* (UK) on 27 December, measles is all set to be an [imminent global threat](#) next year, thanks both to the lockdown-induced disruptions to existing immunisation campaigns and to the rise in vaccine hesitancy spreading from scepticism about Covid vaccines to older established vaccines – another consequence that was also predicted.

Vaccine scepticism is showing up in public opinion polls in the US. A [Rasmussen poll](#) published on 7 December found 32 percent were not vaccinated, 7 percent had suffered a major side effect but a massive 57 percent were concerned about major side effects. People believed vaccines are effective at stopping infection by a 56-38 majority, which is quite a sizable cohort of doubters, especially among Republicans.

Michael Gunner, Chief Minister of Australia's Northern Territory, went into an [anti-vaxxer meltdown](#) on 22 November 2021: 'If you're out there in any way, shape or form campaigning against the mandate, then you are absolutely anti-vax.'

In other words, even though I warned that lockdowns would seriously damage existing critical immunisation efforts and coercion to improve Covid vaccine take-up would increase cross-vaccine hesitancy, I was an anti-vaxxer. Got it.

There are suspicions of possible [spikes in miscarriages, stillbirths and neonatal deaths](#) (from birth to 29 days) in Israel in 2021 that coincide with vaccines for pregnant women. Ditto a [decline in Sweden's birth rate](#). Dr [James Thorp](#), an obstetrician-gynaecologist who spoke at Senator Ron Johnson's Roundtable on Covid vaccines on 7 December 2022, said that he had observed 'a substantial increase' in infertility, miscarriage, fetal death and fetal malformation since vaccination. Similar anecdotal claims of substantially elevated miscarriages following vaccination were made by Dr [Luke McLindon](#) in Brisbane, drawing on experience in his own fertility clinic.

However, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists reiterated there was [no evidence of negative impact on fertility](#) or increased risk of miscarriage, stillbirth or other adverse pregnancy outcomes from the Covid vaccines and the risks arising from Covid infection were greater.

Yet, now even the *New York Times* is reporting that vaccines have a [significant effect on menstrual cycles](#). But, being the *Times*, the report is slanted towards erratic cycles in 'gender-diverse people.' The two most revealing parts of the article are the highly critical comments from a swarm of angry readers, and this statement: 'The increased transparency around menstrual changes or other side effects of vaccination could also have another benefit: reducing people's vaccine hesitancy.'

Who knew?

Little wonder Florida Governor Ron DeSantis is seeking a [grand jury investigation](#) into 'any and all wrongdoing' with respect to Covid vaccines. It could be a manoeuvre to pry loose more information from pharmaceutical companies about the vaccines' trial results and their potential side effects.

Empirical population-wide data – distinct from individual-level benefits for limited periods in the high-risk groups – have hinted for some time that multiple doses of Covid vaccines have fallen far short of expectations in real-world effectiveness. Far too many countries have shown a positive correlation between uptake of boosters and infections.

A recent peer-reviewed study in *Science Immunology* by a group of German scientists indicates that the third and subsequent doses of mRNA vaccines could be weakening the immune system, increasing the risk of infection and of prolonging and making the illness more serious. This could help to explain the rolling waves of infection in the highly vaccinated countries.

A familiar hypothetical moral dilemma poses the question: is it morally permissible to save one million lives by killing and harvesting the cells of one infant? By 17 December 2022, 19 children had died in the UK from Strep A disease: a higher child death toll than from Covid (8) in 2020. Professor Susan Hopkins, chief medical adviser at the UK Health Security Agency, said the surge in scarlet fever caused by Strep A infection was three times higher than normal for the season and was creating panic among parents.

This was likely caused by the immunity debt resulting from not exposing preschool kids to circulating pathogens owing to lockdown-induced isolation from other children. Professor Carl Heneghan, director of Oxford University's Centre for Evidence-Based Medicine, commented: 'At some point the immune deficit brought about by lockdowns has to be repaid.'

In addition, by December 2022 around one quarter of British teenagers were suffering from mental health problems. The same phenomenon is the most likely explanation for the 25 percent rate of respiratory infection among German children.

Sweden, the lonely outlier as governments embraced toughening lockdowns in a panicked cascade from early 2020, has been the standout OECD performer over the past three years on most data sets on excess mortality.

A pity then that the Swedes did not award the Nobel Prize for medicine to one of their own, chief epidemiologist Anders Tegnell, as much for the courage of his scientific convictions in standing against the herd as for providing the world with the most instructive control group of all against the anti-scientific idiocy of lockdowns. Alternatively, the Norwegian committee could have awarded him the Peace Prize for the refusal to mandate massive human rights violations.

Insurance data from Germany showed an upsurge in sudden, unexpected deaths from 6,000 to 14,000 per quarter since the vaccines began to be administered on 27 December 2020. Meanwhile Australia's raw numbers put excess deaths at 16 percent compared to historical averages, according to official figures from the Australian Bureau of Statistics from 1 January to 30 September 2022. Of the 19,986 excess deaths, 8,160 were with Covid, meaning 59 percent of the excess deaths have non-Covid causes.

The Actuaries Institute, Australia's peak actuarial body, added its voice for an urgent investigation of the 'incredibly high' 2022 excess death rate. In the US, CDC data show Americans' life expectancy had fallen from 78.8 years in 2019 to 76.4 in 2021. Since the

average age of a Covid death is higher than the average life expectancy – [81.5 according to one calculation](#) – this suggests a significant rate of non-Covid mortality among younger cohorts.

An educated guess would point a finger of causation at lockdowns and vaccines as among the factors to be investigated.

[Michael Tomlinson](#) makes another interesting observation by looking at the big-picture ‘wood’ of all-cause mortality over the last few years. The long-term curve shows ‘a trend of five declining peaks and progressively flattening curves, so the overall picture is one of gradual subsidence, which is only to be expected as immunity builds up.’ The post-vaccination mortality decline was almost identical with the pre-vaccination decline, again showing the interventions-invariant characteristic of the virus. His conclusion after looking at ‘the greatest surge in the research literature in living memory?’

*In the rearview mirror, the effect of government interventions on excess mortality should hit us in the face —but it doesn't.*

### ***Tipping Points in Vaccine Narrative?***

There are signs that some pivotal countries might be at tipping points in the dominant narrative of safe and effective vaccines. Eminent British cardiologist Aseem Malhotra, an early promoter of Covid vaccines, now describes this as ‘perhaps the greatest miscarriage of medical science we will witness in our lifetime.’

The equation just doesn’t compute for healthy non-elderly people when the numbers needed to vaccinate in order to prevent one death are weighed against the numbers who suffer serious adverse effects. In a [two-part](#) peer-reviewed article published in the *Journal of Insulin Resistance* on 26 September, Malhotra concluded: ‘There is a strong scientific, ethical and moral case to be made that the current Covid vaccine administration must stop until all the raw data’ has been released and ‘subjected to fully independent scrutiny.’ He called on the medical and public health professions to ‘recognise these failings and eschew the tainted dollar of the medical-industrial complex.’ On 12 December a [group of British doctors](#) joined him in calling for an official investigation of mRNA vaccines.

On 28 December [Dr John Campbell](#), whose YouTube channel has [2.6 million subscribers](#), issued a call for a pause in the vaccination campaign ‘until a full, population scale risk/benefit analysis is carried out, and published for free and open peer review.’ He also called on the health authorities to review the intramuscular injection technique used in the delivery of mRNA vaccines, specifically, to check if aspiration was being carried out to ensure the tip of the syringe needle doesn’t go into a blood vessel. As a sad comment on the madness gripping the world, he made the call on his Rumble channel rather than risk his lucrative YouTube account being suspended.

[Andrew Bridgen](#), MP delivered a comprehensive indictment of the vaccine narrative in the UK Parliament on 13 December. Referencing Malhotra, he noted that despite many criticisms, ‘there has so far not been a single rebuttal of Dr. Malhotra’s findings in the scientific literature.’ He pointed to the nearly half-million yellow card reports of adverse effects, ‘more than all the yellow card reports of the past 40 years combined.’ As indeed has

been the experience in the US. Yet in the past, he pointed out, vaccines had been ‘completely withdrawn from use for a much lower incidence of serious harm.’

In Australia a similar tipping point came with the submission to a parliamentary inquiry from [Dr Kerry Phelps](#), a former president of the Australian Medical Association and a high profile former MP, about vaccine injuries suffered by her wife and, less seriously, herself. It was great to have someone of her stature and visibility state: ‘Regulators of the medical profession have censored public discussion about adverse events following immunisation, with threats to doctors not to make any public statements about anything that “might undermine the government’s vaccine rollout’ or risk suspension or loss of their registration.”’

Phelps reiterated the old-fashioned consensus that the [burden of proof](#) has been shifted to the vaccine-injured ‘rather than the neutral scientific position of placing suspicion on the vaccine in the absence of any other cause and the temporal correlation with the administration of the vaccine.’

Her elevated public persona means her ‘coming out’ has given voice to countless others who have suffered vaccine injuries in silence and provides cover to others to speak publicly, thereby breaking what Dr Christopher Neil rightly calls ‘[AHPRA’s culture of fear](#)’ referring to the medical regulator the Australian Health Practitioner Regulation Agency. Neil, a cardiologist, himself lost his job in a Melbourne hospital for refusing the jab.

[Australian](#) doctors have also called on governments to stop silencing doctors, let them help their patients make decisions based on informed consent and conduct investigations into mRNA vaccines. In fact, in Victoria, 500 health professionals had come together in the Australian Covid Medical Network to sign an [open letter back in October 2020](#) calling on the state government to end lockdowns.

## Techniques of State Control

Already by early- and mid-2020, hard data should have rung alarm bells on the doomsday narrative being peddled by modelers like Neil Ferguson of Imperial College London of catastrophic mortality counts without lockdown.

Data were readily available from the *Diamond Princess* cruise ship (712 of 3,711 elderly people on board were infected and 14 died), Sweden, the *USS Theodore Roosevelt* (736 of the 4,085 young and fit sailors who disembarked tested positive, 6 were hospitalised and 1 died) and the *Charles de Gaulle* (60 percent of 1,767 crew members tested positive, 24 were admitted to hospital and two to ICU, with no reported deaths)

Why then did the so-called health and infectious diseases experts keep calling for lockdown? [Noah Carl](#) posits three answers: benefits were concentrated on elites (the laptop class) demanding lockdown while costs were widely dispersed; the benefits were immediate while the costs were downstream (delayed screenings and checks for treatable illnesses if detected early, immunity debt, cancelled childhood immunisation programs, out of control public debt, inflation, educational harms, etc); and benefits were more easily and immediately measurable than costs and harms.

## *Frightening and Terrifying the Populace*

With help from the media, social media and police, people were frightened, shamed and coerced into submission and compliance with arbitrary and increasingly authoritarian government edicts. The intense and unrelenting propaganda unleashed on the people by governments using sophisticated tactics of psychological manipulation and enthusiastically amplified by the media was astonishingly successful in a remarkably short time.

In a [six-nation poll](#) of advanced industrial democracies (UK, USA, Germany, France, Sweden, Japan) published in mid-July 2020, people overestimated coronavirus cases by between 2 and 46 times the confirmed cases (11-22 percent of the population), and Covid-19 deaths by between 100 to 300 times confirmed deaths (3-9 percent). The compliance rate for wearing masks ranged between 47 percent in the UK and 73 percent to 84 percent in the US, France, Germany and Japan for indoor public spaces, and between 63 percent to 84 percent in public transport.

The outlier was Sweden, with 14 percent and 15 percent compliance in the two settings. Even though Sweden's Covid metrics are widely known by now not to be worse than those of the others, governments and public health authorities are still in denial on the ineffectiveness of wearing masks as an infection control measure.

Faced with a national medical emergency, implementing radical policies in blind panic is not as good as sending the reassuring message: 'We've got it, no need to worry. She'll be right.' Instead governments actively spread and amplified fear. Massaging people's opinions in order to ensure compliance with radical new measures became a more important task of government than managing the country calmly through the crisis.

In the 1950s, US psychologist Albert Biderman developed a [coercion chart](#) based on eight techniques to extract confessions from American POWs: isolation, monopolisation of perception, humiliation and degradation, exhaustion, threats, occasional indulgences, demonstrating omnipotence, and trivial demands.

All have been used to impose public health fascism ('[Faucism](#)' was a popular neologism) by the unethical weaponisation of fear. In *A State of Fear: how the UK government weaponised fear during the Covid-19 pandemic*, Laura Dodsworth comprehensively exposed how fear was brandished by behavioural scientists to control citizens.

The Orwellian-sounding Scientific Pandemic Insights Group on Behaviours (SPI-B) came up with the equivalent of '[PsyOps](#)' on citizens by such means as [co-opting the media to increase the sense of personal threat](#) 'using hard-hitting emotional messaging' and promotion of 'social disapproval.'



Frederick Forsyth compared the covert tactics to frighten Britons into compliance with the tactics of the former Soviet Union and East Germany to [scare East Berliners](#) into supporting the Berlin Wall for keeping them safe against the menace from the West. Almost 50 psychologists and therapists asked the British Psychological Society to investigate [the ethical basis of deploying covert 'nudges'](#) to promote compliance with a contentious and unprecedented public health strategy.

On 14 May 2021, *The Telegraph* published a [report](#) that scientists who had advised the UK government on how to ensure compliance with coronavirus policy directives by increasing public fear now admit their work was 'unethical,' 'dystopian,' and even 'totalitarian.' One member of SPI-B said they were 'stunned by the weaponisation of behavioural psychology' and 'psychologists didn't seem to notice when it stopped being altruistic and became manipulative.'

Yet, UK media regulator Ofcom said nothing about state brandishment of fear using taxpayer-funded propaganda. Instead on 23 March 2020 it issued a directive that any report on Covid with content that 'may be harmful' would face statutory sanctions. Accuracy of criticisms was no defence. On 27 March it warned against broadcasting 'medical or other advice which ... [discourages the audience from following official rules](#) and guidance.'

The [German government](#) also allegedly commissioned scientists to [create a model to justify preventive and repressive](#) public health measures. In Australia, Queensland's chief health officer [Jeanette Young](#)'s logic on school closures was also fear-fuelling: 'it's about the messaging.' Canadian David Cayley commented that masks promote the ['ritualisation of fear'](#)

### ***The Sacralisation of Lockdowns***

In the first year of the pandemic, a team from Otago University in New Zealand (my former university) published an interesting study that provided some explanation for the strong public support for lockdown measures. This support came despite known or predicted collateral harms, including loss of livelihoods, elevated mortality from neglect of other diseases and ailments, 'deaths of despair' from greater loneliness, and police abuses.

The answer, they said, is the [moralisation of restrictions](#) in pursuit of a Covid eradication strategy. People did not take kindly even to mere questioning of the restrictions. With many governments deploying state propaganda to the full to instil fear of the disease and shame all effort to question restrictions, the moralisation deepened into sacralisation.

This offers a plausible explanation for why people who so warmly embrace the moral framework of diversity, inclusion, and tolerance (the DIE framework) in social policy settings ended up supporting vaccine apartheid for those hesitant to get jabbed by shots with worryingly thin efficacy and safety trials before approval for public use.

## *Vilification of Scientific Dissent*

Even after the data made it indisputably clear that SARS-CoV-2 was not a once in a century but closer to once in a decade disease outbreak, and that the virus curve was going to follow its own trajectory untethered to policy interventions, authorities were too heavily invested in the narrative and continued to pretend the virus was far more lethal, non-discriminatory and infectious than in reality.

They concentrated all messaging in their own single points of truth and to maintain public support, they demonised and denigrated legitimate scientific debate on the lethality of the virus, the effectiveness and ethics of lockdowns, masks and vaccine mandates, and the harms inflicted by these interventions.

This effort would have faced many more challenges but for the prior success in turning the debate from a scientific discourse into a moral imperative and the successful enlistment of media and social media to the effort.

## *The Crushing of Public Dissent and Protest*

‘Social’ distancing is deeply dehumanising. Isolation robs people of social support; exhaustion and fatigue weaken mental ability and physical capacity to resist; monopoly perception eliminates information at variance with compliance demands. The shocking [arrest](#) of Zoe Buhler in Victoria was a very public demonstration of omnipotence in inflicting degradation and humiliation, as was [forcing women to wear masks during labour](#).

Enforcing 5-kilometer travel limits, and mask mandates on solitary fishermen and farmers driving tractors in lonely paddocks, made sense as the enforcement of trivial demands to develop habitual compliance. Obedience is doing what you are told, regardless of right and wrong. Resistance is doing what’s right, heedless of consequences.

The opening sentence of the [Universal Declaration of Human Rights](#) affirms ‘the inherent dignity and the equal and inalienable rights of all members of the human family’ as ‘the foundation of freedom, justice and peace in the world.’ Putting ‘inherent dignity’ before ‘inalienable rights’ was deliberate. Take away people’s dignity and you take away their humanity, enabling the state to commit atrocities at will and sustain a long-term abusive relationship with citizens.

State propaganda whipped up public emotions with public shaming and social ostracism of sceptics and recalcitrants. This helps to explain why and how science was turned on its head by replacing scepticism with cult-like absolutism: if you cannot question, that’s dogma and propaganda, not science. This hit peak stupidity with Fauci’s narcissistic claim that attacks on him were really ‘attacks on science.’

## ***Media Bribery and Bullying***

Many media outlets became financially beholden to governments for massive advertising that promoted the lockdown, mask and vaccine narrative. Some also had ‘global health reporters’ embedded with money from the Gates Foundation. The [NZ government](#) set up a NZ \$55 million subsidy scheme over three years (2020/21–2022/23) called the Public Interest Journalism Fund. Jacinda Ardern’s government further reinforced New Zealand’s collective moral fervour by proclaiming its doctrine of the health ministry as the [‘single source of truth’](#) on anything to do with coronavirus, including public health interventions. [Canada](#) set up a five-year \$600 million federal fund in 2018 to help media outlets that was supplemented with a \$65 million subsidy as [‘emergency relief’](#) in 2020, whose recipients were not publicly identified.

The media fanned the flames of fear through a relentless daily diet of panic porn. For example on 10 February, after Iowa lifted all pandemic restrictions, a *Washington Post* headline said: ‘Welcome to Iowa, a state that [doesn’t care if you live or die](#).’ [Opinion polls](#) in the [US](#), [UK](#), [Ireland](#) and [France](#) showed the tsunami of false beliefs about the numbers infected and killed, their average age and Covid’s rank among all causes of death.

‘A [climate of fear](#) is preventing experts from questioning the handling of the pandemic, with reputations smeared, jobs lost and even families threatened,’ said Lucy Johnston. Harvard epidemiologist [Martin Kulldorff lamented](#) that instead of reporting ‘reliable scientific and public health information about the pandemic,’ the media ‘have broadcast unverified information, spread unwarranted fear [and] promoted naïve and inefficient counter measures such as lockdowns.’

## **The Corruption of the Liberal Democratic State**

The ease with which the majority of people slipped into compliance with lockdown restrictions was a distressing surprise. The acceptance of facemasks in community and children’s school settings was a disappointment. Governments’ success in turning Western liberal democracies into citizen-informant states was both shocking and dispiriting.

In Australia this led many to ruefully recall a [quip](#) from the late Clive James. The problem, he said, is not that too many Australians are descended from convicts, but from prison guards. Except citizens enthusiastically becoming informers on family, friends, neighbours and colleagues was not uniquely Australian but a common phenomenon across the Western world (and also some but not most others).

All institutional checks on overreach and abuse of executive power – every single one of them, from legislatures to the judiciary, human rights machinery, professional associations, trade unions, the Church and the media – turned out to be not fit for purpose and folded just when they were most needed. Waystations on the journey to where we are today with a biosecurity-cum-biofascist state include the national security, administrative and surveillance states.

## *National Security State*

The liberal democratic state reconciles two principles that can be in tension: rule by the majority and protection of minorities. It does so by requiring the government to obtain consent of the people through regular elections conducted on the basis of universal adult suffrage, but at the same time placing limits on the exercise of state power, prioritising individual rights and providing institutional bulwarks against the state encroaching on citizens' rights.

During the Cold War the Manichean framing of the worldwide struggle against the dark forces of communism led to the rise of the national security state in which limitations on state powers began to be steadily, and sometimes stealthily, lifted. The size and powers of the military-intelligence complex was progressively expanded and individual rights and freedoms were circumscribed.

Acting abroad in violation of core American values – extrajudicial assassination of foreign enemies as determined by secretive processes, overthrow of elected regimes deemed hostile to US interests, military and economic assistance to friendly dictatorships – was also institutionalised.

The administrative state had a mainly internal focus and facilitated the circumvention of the traditionally separated executive, legislative and judicial spheres. In that sense and to that extent this represented encroachments on constitutional governance. Agencies and departments displaced duly enacted legislation with regulations and replaced judicial processes with administrative determinations.

Think of the ability of tax authorities to confiscate private property without court orders and, in the last three years, powers given to police to impose heavy instant fines and the manner in which the Trudeau government froze the bank accounts of not just the protesting truckers, but of anyone who had donated even modest amounts to the Freedom Convoy.

When administrative agencies can create, adjudicate and enforce their own rules with no need for parliaments and courts, the administrative state has arrived, prompting [David E. Lewis](#) to ask: 'Is the Failed Pandemic Response a Symptom of a Diseased Administrative State?'

Meanwhile, the reach of technology had steadily expanded the ability of the state to snoop on people. It took the [exposures of Edward Snowden](#) to awaken us to the extent to which we now live in a digitised surveillance state. Some governments, and by no means only totalitarian regimes, require telecommunications, social media and home entertainment technologies to be intercept-compliant and filter and censor content on official request. This gives governments a measure of control not simply over our acts but also our speech and thoughts.

## *Biosecurity-cum-Biofascist State*

'[Tech tyranny](#)' reached its apotheosis during the pandemic with the unholy polygamous marriage between Big Government, Big Pharma, Big Tech and Big Media/Social Media.

Only the naive would believe that governments would now willingly, let alone voluntarily, roll back their vastly expanded powers to control people's behaviour, speech and thoughts.

The respected news agency Associated Press conducted a year-long investigation into the mass surveillance technology that was installed on people's phones for contact tracing to keep their community safe from the coronavirus. On 21 December, it [reported](#):

*From Beijing to Jerusalem to Hyderabad, India, and Perth, Australia ... authorities used these technologies and data to halt travel for activists and ordinary people, harass marginalized communities and link people's health information to other surveillance and law enforcement tools. In some cases, data was shared with spy agencies.*

Have the pandemic management responses, deploying military-grade propaganda and psychological manipulation, been [national security countermeasures](#) and not public health directives all along, as argued by Philip Altman and his team? This thesis was argued in Brownstone articles in November–December by [Debbie Lerman](#) and [Jeffrey Tucker](#).

*Daily Sceptic* editor [Will Jones](#) asked similarly if the pandemic was orchestrated as a trial run for checking the infrastructure and preparedness for responding to a biological attack. There's some [evidence](#) to suggest that a [pandemic plan from 2007](#) was put into action when the opportunity arose in 2020.

Jones followed up by noting how the UK deployed [counterterrorism](#) units to crush scientific and social media dissent on lockdowns and vaccines. I am in no position to evaluate these claims. But securitisation of the pandemic response is the one thing that would explain the extraordinary efforts to enforce the stringent measures pending the development of vaccines, and then the remarkable shortcuts taken to roll them out under rushed trials, with no long-term efficacy and safety data, and downplaying the explosion of (greatly underreported) serious adverse events.

Finally, how to explain the appointment of [Sir Jeremy Farrar](#) as the WHO chief scientist in 2023, other than as brazen gaslighting of the public? Both hailed and reviled as the UK's answer to Anthony Fauci as among the most influential pro-lockdown advisers, he was one of the original authors to [dismiss the lab-leak theory](#) in a coordinated campaign of misinformation.

On 30 January 2020, he [tweeted](#): '[China is setting a new standard](#) for outbreak response and deserves all our thanks.' His words had closely [echoed that of the WHO director general](#) himself. Combined with the pursuit by a powerful coalition of Western countries of an expansive global pandemic treaty that would greatly strengthen the role of the WHO director general and regional directors to compel countries to implement its directives, this is yet another strand in the institutional infrastructure of a health permacrisis that has cut deep inroads into citizens' liberties in recent years.

This is the year when we will learn if Covid illiberalism will begin to be rolled back or has become a permanent feature of the political landscape in the democratic West. Although the head says to fear the worst, the eternally optimistic heart will still hope for the best.



## Author

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