



CONCLUSION



So how did our immune systems measure up?

- Generally speaking, in patients who were not elderly or did not have pre-existing conditions, **our immune systems did a great job** of responding to the virus.
- They also **made the appropriate immune memory T and B cells**, which largely protected against reinfection with variants.
- We might have had mild or moderate COVID but it was **unlikely to be much different from mild or moderate flu**.
- Added to which, **around 50% of us had some pre-existing immunity** from other viruses, which tended to prevent severe COVID.



This success was despite government measures which sabotaged our immune systems

- Lockdown, social distancing, masks, school closures etc. **promoted immune debt** and prevented the normal immune system challenge and development through regular interactions. This left our immune systems weakened, as we saw by the explosion of colds and flu once COVID receded.
- **Hand sanitisers** were toxic to the body and environment, enhanced microbial resistance and destroyed our natural beneficial microbiome.
- **Denying us fresh air and sunlight** except for 1 hour per day of exercise.
- **Deliberately causing fear, anxiety, stress, loneliness and isolation**, which depressed the immune system.

But in the world according to our health authorities....



Child: "Mummy, Mummy, what's an immune system?"

Mother: "That's just a conspiracy theory, dear. We don't use them any more."



Questions I was attempting to answer in Part 1

- Did we have pre-existing immunity to COVID-19? **Yes, around 50% of us had pre-existing immunity**
- How useful was the Imperial College mathematical modelling? **We would have been better off without it**
- Did Ministers or their scientific advisors at any point consider our immune systems? **No**
- Was everyone equally susceptible to COVID? **No, the elderly and infirm were more susceptible**
- Are there distinct immune profiles for those with mild/asymptomatic and severe/fatal COVID? **Yes**
- How useful are serum (blood) antibodies to show past infection and/or future immunity? **Unreliable**
- What really killed many severe COVID patients: the virus or something else? **Hyperactive immune response, secondary bacterial pneumonia or sepsis, non-prescription of antibiotics, midazolam**
- Were the COVID death figures accurate? **No, showed those who died 'with' not 'of' COVID**
- Were 2020 excess deaths worse than in prior years or than seasonal influenza deaths? **Similar**
- Did flu and colds really vanish during COVID? **Not necessarily**
- Why did colds and flu bounce back much harder once COVID was in decline? **Immune debt due to NPIs**
- Should we have been anxious, fearful or stressed about COVID and should the government have encouraged and promoted it as policy? **No: unethical and weakened the immune system**
- Could the Swedish approach have been better for us? **Yes**



Questions I was attempting to answer in Parts 2 and 3

- Did we develop robust immune memory which protected against reinfection with variants? **Mostly, yes**
- How scary really were the variants? **Generally milder than the original strain, as with any virus**
- Were droplets and surfaces really the principle means of transmission of the virus? **No, aerosols**
- When important new information came to light, was the guidance updated publicly and widely disseminated to those it affected? **New data was hidden and mistakes were not admitted to**
- Where was our greatest risk of catching COVID? **Institutions, then households**
- And the lowest risk? **Outdoors**
- Were children really drivers of the pandemic? **No, they were the least affected**
- Is asymptomatic transmission common and did it drive the pandemic? **Rare and No**
- Should we have made UK policy, which affected every citizen, based on a single unverified case report which turned out to be completely inaccurate? **No**
- Could the PCR test reliably determine who was and who was not infected? **No**
- Could we contain the virus with a Zero COVID strategy? **No**
- Where were the Scientific Advisors and why did they stop advising on science? **????**

And 2 final questions

Question 1: Would we have been better off if the PCR test had never existed?

- Unequivocally, yes.
- Firstly, all the unhelpful ‘false positives’ (where a viral fragment was detected rather than a virus) would not have driven the hugely expensive Test & Trace, quarantining etc.
- Secondly, PCR-positive patients who developed secondary bacterial pneumonia or sepsis would have been treated with antibiotics and could well have made a full recovery instead of dying.

Question 2: With a robust, well-functioning immune system with no pre-existing conditions, is it better to catch the virus than not?

- In my opinion, it was better to catch it.
- Firstly, we then develop immunity to reinfection and variants. And the virus is endemic now.
- Secondly, our immune system is challenged and will be stronger for it.
- Thirdly, we are contributing to herd immunity so we are benefitting others.



So how did our government and their scientific advisers ignore the real science?

- The scientific advisers seemed to have **no understanding of how viruses behaved.**
- They never bothered to look at the **studies of influenza viruses and SARS-CoV-1 to guide policy**, even though there was close genetic and other similarities between SARS-CoV-1 and SARS-CoV-2.
- **The evidence-based pandemic plan was ditched.** Instead, we had the **evidence-free pandemic measures** of lockdown, social distancing, school closures etc.
- They were **very slow to react to emerging science** that contradicted the existing beliefs, such as the virus being aerosolised. New information hardly ever resulted in the necessary change of policy or information for the public. No-one ever admitted to a mistake.
- With the official COVID Enquiry looking likely to compound all the pandemic errors and conclude that we should have taken more stringent measures earlier, **we look set to make the same mistakes all over again.**



My recommendations to government for the next respiratory virus pandemic

- Implement the pre-existing, evidence-based pandemic plan. Don't make it up as you go along or adopt what other countries are doing – remember how well Sweden came out of the pandemic.
- Use modelling that has a good track record (i.e any except Imperial College's).
- Take no action that affects the entire country based upon a single case report. Check, double check and carry out your own studies to confirm it.
- Carry out cost/benefit analyses for all pandemic actions.
- Government ministers should ensure that they are advised by scientists who understand viruses and the immune system (hint: this would be a virologist and an immunologist).
- It should go without saying that scientific advisors have no conflicts of interest (e.g. association with pharmaceutical companies, vaccine manufacturers etc).
- Ministers should encourage and listen to dissenting scientific voices and question everything. Remember, you will be the ones blamed if it goes wrong.
- Do not employ unethical manipulative techniques that generate fear needlessly. If you provide a good enough reason for people to do something, they will comply.
- Remember that the truth will always emerge and people have very long memories.



The dissenting voices: brave scientists who put their reputation and careers in jeopardy by speaking out

- The authorities did not listen to dissenting scientists and doctors - who largely provided the voice of the real science. The dissenters were ignored, vilified, cancelled, sacked - or struck off by the GMC in the case of doctors.
- We heard in early March that Martin Kulldorf has been sacked as Professor of Medicine at Harvard University, apparently due to his continued criticism of Covid interventions. (<https://www.city-journal.org/article/harvard-tramples-the-truth>)
- Professor Martin Kulldorf was co-author of the Great Barrington Declaration and the open letter to Matt Hancock, telling him to improve his pandemic job performance.
- Kulldorf tweeted that “I was fired for clinging to the truth”. Ironically, Harvard’s motto is Veritas (Latin: truth) but apparently the truth can get you fired.
- There is a petition to have him reinstated: <https://www.change.org/p/reinstate-martin-kulldorff-at-harvard-medical-school>. Please sign and share widely.

And so did several brave doctors

- In the US, **physicians have sued the Washington Medical Commission for allegedly violating doctors' First Amendment right to criticise the "mainstream COVID narrative"** and denying the public the right to hear such criticism. The lawsuit seeks "to protect the right of physicians to speak, and the right of the public to hear their message."
- The Washington Medical Commission "investigated, prosecuted and/or sanctioned approximately 60 physicians" since September 2021 for their "soapbox speech," referring to "written or verbal communications to the public." (<https://childrenshealthdefense.org/defender/chd-john-stockton-censored-doctors-lawsuit-washington-medical-commission/>)
- Similarly in the UK, **several doctors have been sacked or censured by the General Medical Council (GMC).**
- An example is **Dr Sarah Myhill**, who was suspended from the General Medical Council register last year for using natural products and repurposed drugs to treat COVID. She is now taking the GMC decision to the High Court in a statutory appeal process, which is, essentially, a re-trial.
- It's worth mentioning that Sarah is the most investigated doctor in the history of the GMC. The current score card is:

Dr Sarah Myhill:	38
GMC:	Nil

Thank you for watching!

- You can download all my slides from here:
<https://hert.org.uk/resourcetype/covid-19/>
- And don't forget to send an email to covidtherealscience@gmail.com to register for information on future videos:
 - Day 2: Prevention and treatment of COVID-19 and all respiratory viruses
 - Day 3: The non-pharmaceutical pandemic measures (lockdown, social distancing, school closures, masks etc.): did they work?

A final word to doctors and scientists who have so far remained silent



‘The label “lockdown sceptic” was once a badge of shame used to denounce anyone who questioned punitive Covid restrictions as a heartless granny killer.’

(<https://archive.md/UhTT5#selection-2747.0-2775.249>)

- ‘What a difference four years makes.’
- **‘Now the majority of scientists believe that more attention should have been paid to the true cost of lockdowns...’**
- ‘...what is clear is that **few were brave enough to put their heads above the parapet** at the time for fear of damaging their careers.’
- **‘It’s not how science should work and we need more gumption from our best minds...’**
- **‘Much of the pro-lockdown narrative was controlled by a small group of scientists** who effectively organised themselves into a politically driven movement that sought to influence policy.’
- **‘All usual decision-making processes went out of the window, replaced by emotional hyperbole** that ran roughshod over cost-benefit calculations set in place to make sure taxpayers’ money was being well spent on health interventions.’



My request to doctors and scientists: 'more gumption from our best minds' please

- What I have been saying today is basic immunology, basic virology and basic epidemiology. It's not rocket science.
- It is inconceivable that many of you did not privately come to the same conclusions but, because of the risk to your careers and livelihood, decided to say nothing.
- However, if enough of you had spoken out, a critical mass might have been achieved that would have forced government to listen and change policy.
- As the Australian 'Lighthouse Movement' says: 'When we ALL stand up, it's over'.
- A critical mass would also have ensured that you would not have been targeted (sacked, struck off etc). You would have become the 'voice of science and reason'.
- We owe a huge debt of gratitude to the few who risked everything to speak out. Everyone else seems to have formed a consensus with the authorities.

“A consensus means that everyone agrees to say collectively what no one believes individually.” (Abba Eban)

I would urge you to speak out now, to ensure that policy is different for the next pandemic. If not now, when?