

# A Brief Summary of the COVID-19 Pandemic

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In December 2019, an outbreak of an unusual respiratory tract infection occurred in Wuhan, China. It was attributed to a new coronavirus, which was labelled SARS-CoV-2. The illness caused by this virus was termed COVID-19. By February 2020, cases of COVID-19 were being seen in the USA (first in Seattle, then NYC), Italy, Iran, and elsewhere. In March 2020, the WHO officially declared the presence of a COVID-19 pandemic.

Initially, there were great fears about COVID-19. It was quite infectious, was causing severe illness and death among frail elderly individuals and otherwise particularly vulnerable individuals, and had some unusual clinical features. There were fears that it might prove to be as devastating as the 1918-19 influenza pandemic. Fortunately, it did not cause threatening illness in healthy children, and within a few months the most highly respected epidemiologists

in the world (e.g. Dr. John Ioannides) determined that the infection fatality rate (IFR) with COVID-19 was, at most, just a little worse than the IFR associated with an annual seasonal influenza epidemic of above-average severity.<sup>1-7</sup>

So, despite the initial extreme fears encouraged by the US COVID-19 Task Force and the conventional media, including frightening scenes of overwhelmed hospitals and refrigerated trucks with dead bodies, the highest quality epidemiologic data available suggested that the COVID-19 pandemic was not as threatening as initially thought. It was still a worrisome threat, primarily for the frail elderly, but was not as threatening to the general population as initially reported. The consensus among the wisest and most highly respected epidemiologists was that common sense precautions were appropriate for the elderly, particularly those living in crowded nursing homes, but that severe lockdown for the general public was unwise.<sup>4</sup> They recommended that schools and businesses remain open. They thought it was wisest to not go to great lengths to prevent healthy children and healthy adults (under age 70) from becoming exposed, because those individuals were at low risk of severe disease, and such exposure would result in those individuals developing sterilizing immunity to the virus---which would not only benefit those individuals, but would also lead to herd immunity, which would protect everyone, including the elderly and otherwise vulnerable.

The key leaders of the US COVID-19 Task Force and its counterparts around the world preferred to ignore the high quality data and advice provided by the above-mentioned epidemiologists. Instead, they preferred a narrative that the COVID-19 pandemic was so threatening that severe lockdown measures, including mandatory masking, were clearly needed. They, with the help of the conventional media, kept fears high by emphasizing worrisome anecdotal stories and continuing to show frightening visual images of severely ill patients and dead bodies.

Fears were also heightened by referring, daily, to the results of COVID-19 PCR tests without taking into account or even mentioning the Ct value at which a given positive test had become positive.<sup>8</sup> This made it impossible to know whether an individual person's "positive" result likely represented a strongly positive result (indicative of an extremely high viral load), a moderately positive result, a minimally positive result, or a false positive result. This scientifically unsound practice resulted in many false positive results being reported as "COVID cases." This represented a grossly misleading use of the PCR test.

Fears were further heightened by collecting and reporting "COVID hospitalizations" and "COVID deaths" in a scientifically unsound, greatly misleading, dishonest way that resulted in inaccurately high counts of COVID hospitalizations and COVID deaths.<sup>9, 10</sup>

In March 2020, these fears led to implementation of severe lockdown measures throughout most of the world.

While stoking excessive fears about COVID-19, The key leaders of the US COVID-19 Task Force strongly discouraged early treatment of COVID-19 with potentially effective antiviral therapies. These leaders understood that emergency use authorization (EUA) for COVID vaccines could be

approved only if there were “no other effective treatments available.” They also discouraged appropriately bold immunosuppressive treatment of severely ill patients who were suffering from the hyperinflammatory phase of the illness and desperately needed such careful treatment.<sup>11,12</sup> In addition, excessive use of mechanical ventilation and heavy sedation were encouraged. These decisions and directives resulted in more severe illness and more deaths than otherwise would have occurred (with better, more appropriate treatment) and, thereby, added to the impression that COVID-19 was extremely threatening .

The key leaders of the US COVID-19 Task Force insisted that the only way to successfully treat the pandemic was to create a COVID-19 vaccine as soon as possible and then implement a global mass vaccination campaign (vaccination of all age groups, regardless of health status), with plans to vaccinate the vast majority of the 8 billion people on Earth, including healthy children down to age 6 months.

In the USA, a mRNA-based vaccine quickly became the preferred vaccine, despite two decades of preceding research that had strongly suggested that this technology was too dangerous for human use---primarily because of the side effects associated with pseudouridine and the lipid nanoparticles.<sup>5, 13-18</sup> Nevertheless, Pfizer (a company with a known criminal record) and Moderna (a company that had never before produced a vaccine) proceeded (with “warp speed”) to create their mRNA vaccines. According to their clinical trials, these mRNA vaccines were “safe and effective.” However, the design of the trials and the data collection during the trials were of extremely low scientific quality. Fundamental principles of scientific research were violated, including the hiding of data that were unfavorable to desired conclusions.<sup>5, 13-18</sup> Furthermore, the touted efficacy of the vaccines was based on calculation of “relative risk reduction,” rather than “absolute risk reduction,” and the former was presented to the public in a highly misleading way.

Despite the above, these vaccines were approved by the FDA, and a COVID mass vaccination campaign was rolled out in December 2020. It soon became apparent that the vaccines did not prevent infection (of vaccinees) or transmission of the virus from infected vaccinees to others. Furthermore, it increasingly became apparent that an unacceptable number of vaccinated people were experiencing serious vaccine-related injuries, including blood clots, myocarditis, strokes, other serious neurologic disease, and death.<sup>5</sup> These vaccines were far from safe and effective. Despite this, COVID-19 vaccination was mandated in many sectors of society, and unvaccinated people were shamed, ridiculed, demonized, bullied, and punished. The pandemic was erroneously and derogatorily termed “a pandemic of the unvaccinated.”

But the biggest problem with the mass vaccination campaign has not been the unacceptable incidence of serious vaccine-related injury to individual vaccinees, which is obviously an enormous problem by itself.<sup>5</sup> An even bigger problem has been the consequences of carrying out a mass vaccination campaign in the midst of an active pandemic.<sup>19-21</sup> As Dr. Geert Vanden Bossche has repeatedly warned, implementation of a mass vaccination campaign in the midst of an active pandemic, like the COVID-19 pandemic, places great population-level immune

pressure on the virus and, thereby, promotes the natural selection and dominant propagation of increasingly infectious “immune escape” variants and, furthermore, is highly likely to eventually result in the appearance of a variant that is highly virulent when contracted by highly vaccinated individuals. Please see Dr. Vanden Bossche’s website: [www.voiceforscienceandsolidarity.org](http://www.voiceforscienceandsolidarity.org)

As Dr. Vanden Bossche has explained, the mass vaccination campaign has been responsible for a continually expanding vast array of increasingly infectious Omicron “immune escape” variants.<sup>19-21</sup> Although the COVID vaccines have not prevented vaccinees from becoming infected with COVID-19 or from transmitting the virus to others, vaccinees have developed modest temporary protection from severe disease and death from COVID, due to heroic adjustments their immune systems have made. This temporary protection has created a false impression that the pandemic has been settling down, becoming less severe, and heading into a relatively harmless endemic phase, but this is not true. These protective immune adjustments are unstable, unsustainable, will eventually fail, and are creating new problems (predisposition to autoimmunity and cancer) for individual vaccinees, and, worse, it is highly likely that these adjustments will drive the emergence of a highly virulent SARS-CoV-2 variant that will cause a catastrophic number of hospitalizations and deaths, primarily in highly vaccinated individuals in highly (and rapidly) vaccinated countries.

The scientific truth is that, if the COVID mass vaccination campaign had never been implemented, and if the US COVID Task Force had taken the advice of scientists and physicians who deeply understand the immunology, virology, vaccinology, developmental biology, and the dynamic interactions between the virus, the immune system, and the vaccines, then the COVID-19 pandemic would have lasted only 1-2 years, thanks to development of herd immunity.<sup>19-21</sup> (Development of herd immunity is necessary to end a pandemic.) Instead, the mass vaccination campaign has prevented herd immunity, has prolonged the pandemic, and (as will be further explained below) has made it far more dangerous---such that, in the final analysis, far more people will cumulatively die from SARS-CoV-2 (or otherwise suffer from COVID-19 sequelae) than would have been the case had a COVID-19 mass vaccination campaign never been implemented (not to mention the enormous numbers of people who have died or otherwise been seriously harmed by the vaccine itself).<sup>19-21</sup>

The truth is that decisions made and implemented by the US COVID-19 Task Force (and compliant counterparts in most other countries), particularly the mass vaccination campaign, have transformed the initial moderately threatening COVID-19 pandemic that, with proper management, would have resolved within 1-2 years, into a far more threatening, much more prolonged (4 years duration now, and still counting) pandemic. At the beginning of the pandemic, promoters of the prevailing narrative overstated the threat posed by the pandemic. But now, the threat posed by the pandemic is not being comprehended and is being greatly understated. In the beginning, the vast majority of the population experienced only mild-moderate illness, at most, when infected with the SARS-CoV-2 virus. But now, due to the mass vaccination campaign, it is highly likely that a highly virulent SAR-CoV-2 variant(s) will emerge,

and when this happens, highly vaccinated individuals in highly vaccinated countries will be at considerable risk of severe disease and death. In other words, the ill-advised mass vaccination campaign has transformed the pandemic into a far greater threat than it represented in the beginning.

Unfortunately, the US COVID Task Force has continually ignored the vaccine safety concerns that have become increasingly obvious, and they have continually ignored Dr. Vanden Bossche's warnings. To this day they are still strongly urging people (even young children and pregnant women!!) to be injected with the COVID-19 vaccine.

To recap, where do we now stand? The pandemic is by no means "over." Because of the COVID-19 mass vaccination campaign, a continually expanding, vast array of increasingly infectious Omicron variants and subvariants are currently co-circulating and are still frequently infecting both the vaccinated and the unvaccinated. Herd immunity has not been established. (The COVID vaccines do not contribute to herd immunity.) Individual vaccinees are currently benefitting from heroic adjustments their immune system has made, giving vaccinees a false sense of reassurance, but these adjustments are unstable, unsustainable, and will ultimately and soon fail. The vaccines, unfortunately, have sidelined the extremely important cell-based innate immune system of vaccinees and have otherwise derailed and disturbed normal immune function in vaccinees---such that highly vaccinated individuals are not only still vulnerable to SARS-CoV-2, but also are at risk of becoming abnormally prone to autoimmune disease and cancer, and becoming less able to handle a variety of other infectious pathogens.

Worst of all, it is highly likely that the cascade of abnormal events that has been set in motion by the ill-advised mass vaccination campaign will ultimately result in the appearance of a SARS-CoV-2 variant(s) that is not only highly infectious but highly virulent, particularly when contracted by highly vaccinated individuals. This highly virulent variant will cause a catastrophic number of hospitalizations and deaths, particularly among the highly vaccinated. The unvaccinated will be least affected.<sup>19-21</sup>

The COVID-19 mass vaccination campaign has been an enormous, disastrous mistake. This mistake and its predictable consequences could have been avoided if fundamental principles of science, medicine, and ethics (and democracy, for that matter) had not been grossly violated by members of the US COVID-19 Task Force and their followers.<sup>22</sup>

Finally, we need to acknowledge that it is highly likely that the SARS-CoV-2 virus was collaboratively bioengineered in a lab (collaboration between the USA and China, with involvement of other countries as well), then either deliberately or accidentally leaked in Wuhan. In other words, it is highly likely that the SARS-CoV-2 virus did not come on the scene naturally. There is strong molecular evidence that SARS-CoV-2 is a bioengineered bat coronavirus---i.e., a naturally existing bat coronavirus was deliberately and unnaturally altered in the laboratory, specifically in a collaborative gain-of-function research effort primarily between the Wuhan Lab and scientists in the USA, funded by the US government, through the EcoHealth-Alliance organization, with the full knowledge of people within the US government.

## **CONCLUSION:**

It is highly likely that the COVID-19 pandemic has been caused by a bioengineered bat virus. That should never have been allowed to happen. Once it happened, it should never have been managed the way it has been managed. The COVID-19 pandemic and its mismanagement have occurred because:

- Fundamental principles of science, medicine, ethics, democracy, and human decency have been egregiously violated.<sup>22</sup>
- The key promoters of the prevailing COVID-19 narrative and its mass vaccination campaign were unfit to lead the COVID-19 pandemic response.<sup>22</sup> They have not possessed or sought to obtain sufficiently deep understandings of the immunology, virology, vaccinology, and developmental biology involved, and they have not adequately comprehended the dynamic interactions between the immune system, viruses, and vaccines. Furthermore they have violated fundamental principles of science, medicine, ethics, and democracy. They should not have been placed in the positions of leadership and power that they were granted. Unfortunately, our most knowledgeable, wise, empathetic, honest, and altruistic physicians and scientists were not placed in positions of leadership, nor were they consulted for their expertise. Instead, they were sidelined, ignored, even punished (censored, vilified, and threatened with loss of employment and loss of their medical license).
- The vast majority of physicians accepted the preferred COVID-19 narrative and its mass vaccination campaign without rigorous critical examination of its scientific merits. Most physicians trusted what they were told and/or did what they were directed to do. They either agreed with the prevailing narrative or were afraid to speak up if they disagreed with it.
- The majority of the public trusted and accepted the prevailing narrative and its mass vaccination campaign and avoided engagement in healthy respectful dialogue with those (including family members and friends) who wisely questioned the prevailing narrative and its vaccination campaign.

The COVID-19 pandemic and its mis-management were allowed to happen because the majority of physicians and the majority of the general public either did not critically examine what they were being told or were afraid to speak up. The result is one of the greatest crimes against Humanity ever committed.

The task, now, is to fix as much of this mess as possible. There is much that can and must be done. We can start by thoroughly examining the root causes of the COVID-19 pandemic and its mismanagement, and by sowing and nurturing seeds that will yield greater social health and reduce the risk of further crimes against humanity being committed in the future.<sup>22, 23</sup>

## **A PERSONAL NOTE TO PHYSICIANS:**

Physicians, particularly those who are still in practice (as opposed to being retired), have been placed in a horrible and unfair position since the beginning of the COVID-19 pandemic. Throughout the pandemic, only one narrative has been allowed. Early on, those who voiced opposition to that narrative were quickly vilified and threatened with loss of employment and loss of medical licensure. Because of this, practicing physicians have, understandably, been hesitant to criticize that narrative, its treatment approaches, and its mass vaccination campaign. Understandably, they have not wanted to risk losing their employment, their medical license, and their opportunity to provide for their families. The threat of reprisal has been particularly real because individual physicians who might have considered speaking up had to reconsider because they could not count on support from colleagues---i.e., they could not count on a critical mass of fellow-physicians to support them; they could not count on solidarity .

Furthermore, throughout the pandemic, it has been very difficult for practicing physicians to find the time to do their own independent homework and critical examination of the prevailing narrative. The immunology, virology, vaccinology, and developmental biology involved in the COVID-19 situation is extremely complex. Most physicians do not have deep background in these fields, and they have been too busy to spend the time necessary to fill in their knowledge gaps and critically examine the complex science involved. They have not had sufficient confidence in their own knowledge to challenge the “wisdom” of the leaders of the prevailing narrative. Out of humility and in a spirit of “trusting and supporting the experts,” many physicians have, understandably, gone along with the prevailing narrative and its directives.

It is not surprising, therefore, that the majority of the physicians and scientists who have spoken up are either retired (like me) or close enough to retirement. I have spent the past nearly 4 years doing the intensive homework that I realized most practicing physicians have not had the time or background to do. My background in pediatric rheumatology and immunology has facilitated that work. A major intention of sharing my homework and writings has been to make it easier for physicians with less time and less background to comprehend the COVID-19 pandemic, its mis-management, and its proper management. I wanted to provide physicians with the knowledge and understandings that might give them sufficient confidence to challenge the prevailing narrative and its directives.

Because the majority of physicians have remained silent (for the reasons mentioned above), a significant percentage of the general public has, understandably, lost considerable trust in the medical profession---despite the fact that the vast majority of physicians are exemplary human beings who have worked very hard to learn medicine and to superbly and altruistically provide medical care. The reputation of the medical profession has taken a hit and will take an even greater hit when the full truth of the COVID-19 pandemic is exposed.

This leads to my suggestion, which is more of a plea: It is time for physicians, as a large group, both in the USA and internationally, to band together and support one another to challenge, *en masse*, the prevailing COVID-19 narrative and its directives. Physicians are in the best position to expose and correct the mistakes made by the leaders of the prevailing narrative. If a vast

majority of physicians were committed to this challenge, these mistakes could be stopped and corrections could be made. Physicians owe it to the public, they owe it to their patients, they owe it to themselves, and they owe it to the medical profession itself, to stand up, as a group, *en masse*, and correct these mistakes.

#### **REFERENCES FOOTNOTED IN THE TEXT/FURTHER READING:**

For further explanation and substantiation of the statements and conclusions made in this article, please see the numerous articles that are posted in the “Notes on COVID-19” section of my website: [www.notesfromthesocialclinic.org](http://www.notesfromthesocialclinic.org)

Also, please see the numerous articles posted on Dr. Geert Vanden Bossche’s website: [www.voiceforscienceandsolidarity.org](http://www.voiceforscienceandsolidarity.org)

References 5-23 refer to articles that may be found on my website.

The underlined titles of references 5-23 serve as a links to the actual full articles. To see any of these articles, hover over the title, press Ctrl, and click. The date in parentheses is the month in which the article was written.

1. [Ioannidis, J. P. \(2020\). Coronavirus disease 2019: the harms of exaggerated information and non-evidence-based measures. \*European journal of clinical investigation\*, 50\(4\).](#)
2. [Ioannidis, J. P. \(2021\). Infection fatality rate of COVID-19 inferred from seroprevalence data. \*Bulletin of the world health organization\*, 99\(1\), 19.](#)
3. [Ioannidis, J. P., Axfors, C., & Contopoulos-Ioannidis, D. G. \(2020\). Population-level COVID-19 mortality risk for non-elderly individuals overall and for non-elderly individuals without underlying diseases in pandemic epicenters. \*Environmental research\*, 188, 109890.](#)
4. [Great Barrington Declaration: https://gbdeclaration.org/](https://gbdeclaration.org/)
5. [An Open Letter to Parents and Pediatricians—Part I](#) (March 2022) (This article provides 1078 references, the vast majority of which are peer-reviewed publications.)
6. [Analysis of COVID-19---An Additional Narrative--An Alternative Response--Long Version](#) (April 2020)
7. [A Middle Narrative](#) (March 2021)
8. [The Importance of Knowing the Ct Value at which COVID PCR Tests are Positive---Long Version](#) (December 2020)



9. [Critically Examining COVID Data---Long Version](#) (January 2021)
10. [How Would Three of Canada's Greatest Historical Figures Respond to the COVID Situation, If They were Alive today?](#) (October 2022)
11. [Treatment of Severe COVID-19 Illness---Long Version](#) (January 2021)
12. [Letter to Fauci](#) (April 2020)
13. [Vaccine Concerns](#) (September 2021)
14. [Open Letter to Parents and Pediatricians—Part II: A Review and Update](#) (May 2022)
15. [Open Letter to Parents Regarding COVID Vaccination—Part III: Questions to Ask Your Physician](#) (July 2022)
16. [Open Letter to Parents and Pediatricians—Part IV: The Harmful Immunologic Consequences of Vaccinating Children Against COVID](#) (September 2022)
17. [Pediatricians, Internationally, Please Call for an Immediate Halt to the Global Campaign to Vaccinate Children Against COVID](#) (August 2022)
18. [Open Letter to Parents and Pediatricians—Part V: Let us Forget neither the Art nor the Science of Medicine](#) (September 2022)
19. [How Has the COVID-19 Mass Vaccination Campaign Made the Natural Selection and Rapid Propagation of a HIGHLY Virulent Variant Highly Likely?](#) (September 2023)
20. [In Anticipation of a Highly Virulent SARS-CoV-2 Variant: An ADDENDUM](#) (Oct 2023)
21. [Respecting the Immune Ecosystem—Slide-by-Slide Written Transcript](#) (May 2023)  
(This is a verbatim transcript of an audiovisual presentation that is viewable on the website.)
22. [The Root Cause of the COVID-19 Pandemic and its Mis-Management](#) (An article to be posted soon) (Nov 2023)
23. [COVID---THE BIG PICTURE](#) (April 2021)

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**Listen, take a complete history, perform a complete physical exam, seek the root cause, teach the patient, provide emotional support, and include the family**

**Let's not forget the art of medicine, which includes deeply caring, deeply comprehending, and deeply loving Humanity**