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10 MORE Experts Criticising the Coronavirus Panic

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17-21 minutes

Following on from our previous list, here are ten *more* expert voices, drowned out or disregarded by the mainstream narrative, offering their take on the coronavirus outbreak.

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Dr. Sunetra Gupta **et al.** are an Oxford-based research team constructing an epidemiological model for the coronavirus outbreak, their paper has yet to be peer-reviewed, but the abstract is available online.

Dr Gupta is a Professor of Theoretical Epidemiology at the University of Oxford with an interest in infectious disease agents that are responsible for malaria, HIV, influenza and bacterial meningitis. She is a recipient of the Sahitya Akademi Award, the Scientific Medal by the Zoological Society of London and the Royal Society Rosalind Franklin Award for her scientific research.

What they say:

Importantly, the results we present here suggest the ongoing epidemics in the UK and Italy started at least a month before the

first reported death and have already led to the accumulation of significant levels of herd immunity in both countries. There is an inverse relationship between the proportion currently immune and the fraction of the population vulnerable to severe disease.

– Fundamental principles of epidemic spread highlight the immediate need for large-scale serological surveys to assess the stage of the SARS-CoV-2 epidemic, 24th March 2020

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The research presents a very different view of the epidemic to the modelling at Imperial College London […] "I'm surprised that there has been such unqualified acceptance of the Imperial model", Dr Gupta said.

[…]

The Oxford results would mean the country had already acquired substantial her immunity through the unrecognised spread of covid19 over more than two months.

Although some experts have shed doubt on the strength and length of the human immune response to the virus, Prof Gupta said the emerging evidence made her confident that humanity would build up herd immunity against Covid19

– "Coronavirus may have infected halt the population", Financial Times, 24th March 2020

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Dr Karin Mölling is a German virologist whose research focused on retroviruses, particularly human immunodeficiency virus (HIV). She was a full professor and director of the Institute of Medical Virology at the University of Zurich from 1993 until her retirement in 2008

and received multiple honours and awards for her work.

What she says:

You are now told every morning how many SARS-Corona 2 deaths there are. But they don't tell you how many people already are infected with influenza this winter and how many deaths it has caused.

This winter, the flu is not severe, but around 80,000 are infected. You don't get these numbers at all. Something similar occurred two years ago. This is not put into the right context.

[…]

Every week a person dies in Berlin from multi-resistant germs. That adds up to 35,000 a year in Germany. This is not mentioned at all. I believe that we have had situations like this several times and that the measures are now being taken too far.

I am of the opinion that maybe one should not do so much against young people having parties together and infecting each other. We have to build immunity somehow. How can that be possible without contacts? The younger ones handle the infection much better. But we have to protect the elderly, and protect them in a way that can be scrutinized; is it reasonable what we are doing now, to stretch out the epidemic in a way that almost paralyzes the entire world economy?

[…]

The Robert Koch Institute provides the figures. Then you sit there as a listener or spectator: 20 dead again, how terrible! Do you know when I would start to panic? If there are 20,000. Then we get close to what went on completely quietly two years ago.

The 2018 influenza epidemic, with 25,000 deaths, never disconcerted the press. The clinics had to deal with an additional 60,000 patients, which was no problem in the clinics either!

[…]

That is the main fear: the disease is presented as a terrible disease. The disease per se is like the flu in a normal winter. It is even weaker in the first week.

– *Interview on Anti-Empire.com, 23rd March 2020*

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Dr Anders Tegnell is a Swedish physician and civil servant who has been State Epidemiologist of the Public Health Agency of Sweden since 2013. Dr Tegnell graduated from medical school in 1985, specialising in infectious disease. He later obtained a PhD in Medical Science from Linköping University in 2003 and an MSc in 2004.

What he says:

“All measures that we take must be feasible over a longer period of time.” Otherwise, the population will lose acceptance of the entire corona strategy.

Older people or people with previous health problems should be isolated as much as possible. So no visits to children or grandchildren, no journeys by public transport, if possible no shopping. That is the one rule. The other is: Anyone with symptoms should stay at home immediately, even with the slightest cough.

“If you follow these two rules, you don’t need any further measures, the effect of which is only very marginal anyway,”

– *“The World Stands Still…Except for Sweden”, Zeit.de, 24th March*

2020

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Dr Pablo Goldschmidt is an Argentine-French virologist specializing in tropical diseases, and Professor of Molecular Pharmacology at the Université Pierre et Marie Curie in Paris. He is a graduate of the Faculty of Pharmacy and Biochemistry of the University of Buenos Aires and Faculty of Medicine of the Hospital Center of Pitié-Salpetrière, Paris.

He currently resides in France, where he has worked for almost 40 years as a researcher in clinical laboratories developing diagnostic technology.

What he says:

The ill-founded opinions expressed by international experts, replicated by the media and social networks repeat the unnecessary panic that we have previously experienced. The coronavirus identified in China in 2019 caused nothing less than a strong cold or flu, with no difference so far with cold or flu as we know , ”

[…]

Respiratory viral conditions are numerous and are caused by several viral families and species, among which the respiratory syncytial virus (especially in infants), influenza (influenza), human metapneumoviruses, adenoviruses, rhinoviruses, and various coronaviruses, already described years ago. It is striking that earlier this year global health alerts have been triggered as a result of infections by a coronavirus detected in China, COVID-19, knowing that each year there are 3 million newborns who die in the world of

pneumonia and 50,000 adults in the United States for the same cause, without alarms being issued.

[…]

Our planet is the victim of a new sociological phenomenon, scientific-media harassment , triggered by experts only on the basis of laboratory molecular diagnostic analysis results. Communiqués issued from China and Geneva were replicated, without being confronted from a critical point of view and, above all, without stressing that coronaviruses have always infected humans and always caused diarrhoea and what people call a banal cold or common cold. Absurd forecasts were extrapolated, as in 2009 with the H1N1 influenza virus.

[…]

There is no evidence to show that the 2019 coronavirus is more lethal than respiratory adenoviruses, influenza viruses, coronaviruses from previous years, or rhinoviruses responsible for the common cold.

– *Interview on Clarin.com, 9th March 2020*

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Dr Eran Bendavid **and** Dr Jay Bhattacharya are professors of medicine and public health at Stanford University.

What they say:

[P]rojections of the death toll could plausibly be orders of magnitude too high […] The true fatality rate is the portion of *those infected* who die, not the deaths from *identified positive cases*.

The latter rate is misleading because of selection bias in testing. The degree of bias is uncertain because available data are limited.

But it could make the difference between an epidemic that kills 20,000 and one that kills two million.

[…]

A universal quarantine may not be worth the costs it imposes on the economy, community and individual mental and physical health. We should undertake immediate steps to evaluate the empirical basis of the current lockdowns.

"Is the Coronavirus as Deadly as They Say?", Wall Street Journal, 24th March 2020

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Dr Tom Jefferson is a British epidemiologist, based in Rome. He works for the Cochrane Collaboration, where he is an author and editor of the Cochrane Collaboration's acute respiratory infections group, as well as part of four other Cochrane groups. He is also an advisor to the Italian National Agency for Regional Health Services.

What he says:

So I cannot answer my nagging doubts, there does not seem to be anything special about this particular epidemic of influenza-like illness.

There are, however, two consequences of this situation that bother me.

The first is the lack of institutional credibility as perceived by my friends. They range from firefighters, policemen, and even a GP — not the kind of people you would want to alienate in an emergency. A restaurant owner told me he would never report himself to the health authority as that would mean at least two weeks of closure and his business would go to the wall.

The second is that once the limelight has moved on, will there be a serious and concentrated international effort to understand the causes and origins of influenza-like illnesses and the life cycle of its agents?

Past form tells me not, and we will go back to pushing influenza as a universal plague under the roof of the hot house of commercial interest. Note the difference: Influenza (caused by influenza A and B viruses, for which we have licensed vaccines and drugs), not influenza-like illnesses against which we should wash our hands all the year round, not just now.

Meanwhile, I still cannot answer Mario's question: what's different this time?

– *"Covid 19—many questions, no clear answers", British Medical Journal, 2nd March 2020*

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Dr Michael Levitt is Professor of biochemistry at Stanford University. He is a Fellow of the Royal Society (FRS), a member of the National Academy of Sciences and received the 2013 Nobel Prize in Chemistry for the development of multiscale models for complex chemical systems.

In February this year, he correctly modelled that the China outbreak was coming to an end, predicting around 80,000 cases and 3250 deaths.

What he says:

I don't believe the numbers in Israel, not because they're made up, but because the definition of a case in Israel keeps changing and it's hard to evaluate the numbers that way…

There is a lot of unjustified panic in Israel. I don't believe the numbers here, everything is politics, not math. I will be surprised if number of deaths in Israel surpasses ten, and even five now with the restrictions.

[…]

To put things in proportion, the number of deaths of coronavirus in Italy is 10% of the number of deaths of influenza in the country between 2016-2017.

Even in China it's hard to look at the number of patients because the definition of "patient" varies, so I look at number of deaths. In Israel there are none, so that's why it's not even on the world map for the disease."

– *"Nobel laureate: surprised if Israel has more than 10 coronavirus deaths", Jerusalem Post, 20th March 2020*

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[Levitt] analyzed data from 78 countries that reported more than 50 new cases of COVID-19 every day and sees "signs of recovery" in many of them. He's not focusing on the total number of cases in a country, but on the number of new cases identified every day — and, especially, on the change in that number from one day to the next.

"Numbers are still noisy, but there are clear signs of slowed growth."

"What we need is to control the panic," he said. In the grand scheme, "we're going to be fine."

– *"Why this Nobel laureate predicts a quicker coronavirus recovery: 'We're going to be fine'", Los Angeles Times, 22nd March 2020*

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German Network for Evidence-Based Medicine is an association of German scientists, researchers and medical professionals.

The network was founded in 2000 to disseminate and further develop concepts and methods of evidence-based and patient-oriented medicine in practice, teaching and research, and today has around 1000 members.

What they say:

In the majority of cases, COVID-19 takes the form of a mild cold or is even symptom-free. Therefore, it is highly unlikely that all cases of infection are recorded, in contrast with deaths which are almost completely recorded. This leads to an overestimation of the CFR.

According to a study of 565 Japanese people evacuated from Wuhan, all of whom were tested (regardless of symptoms), only 9.2% of infected people were detected with currently used symptom-oriented COVID-19 monitoring [5]. This would mean that the number of infected people is likely to be about 10 times greater than the number of registered cases. The CFR would then only be about one tenth of that currently measured. Others assume an even higher number of unreported cases, which would further reduce the CFR.

The widespread availability of SARS-CoV-2 tests is limited. In the USA, for example, an adequate, state-funded testing facility for all suspected cases has only been available since 11.3.2020 [6]. In Germany as well, there were occasional bottlenecks which contribute to an overestimation of the CFR.

As the disease spreads, it becomes increasingly difficult to identify

a suspected source of infection. As a result, common colds in people who unknowingly had contact with a COVID-19 patient are not necessarily associated with COVID-19 and those affected do not go to the doctor at all.

An overestimation of the CFR also occurs when a deceased person is found to have been infected with SARS-CoV-2, but this was not the cause of death.

[…]

[T]he CFR of 0.2% currently measured for Germany is below the Robert Koch-Institute's (RKI) calculated influenza CFRs of 0.5% in 2017/18 and 0.4% in 2018/19, but above the widely accepted figure of 0.1% for which there is no reliable evidence.

[…]

Beyond the (rather questionable) conclusions drawn from the historical example, there is little evidence that NPIs for COVID-19 actually lead to a reduction in overall mortality. A Cochrane Review from 2011 found no robust evidence for the effectiveness of border control screenings or social distancing.

[…]

A systematic review from 2015 found moderate evidence that school closures delay the spread of an influenza epidemic, but at high cost. Isolation at home slows down the spread of influenza but leads to increased infection of family members. It is questionable whether these findings can be transferred from influenza to COVID-19.

It is completely unclear how long the NPIs must be maintained and what effects could be achieved depending on their duration and

intensity. The number of deaths might only be postponed to a later point in time, without any change in the total number.

[…]

Many questions remain unanswered. On the one hand, the media confronts us daily with alarming reports of an exponentially increasing number of ill and dead people worldwide. On the other hand, the media coverage in no way considers our required criteria for evidence-based risk communication.

The media is currently communicating raw data, for example, there have been “X” infected persons and “Y” deaths to date. However, this presentation fails to distinguish between diagnoses and infections.

– “Covid19: Where is the evidence?”, statement on their website, March 20th 2020

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Dr Richard Schabas is the former Chief Medical Officer of Ontario, Medical Officer of Hastings and Prince Edward Public Health and Chief of Staff at York Central Hospital.

What he says:

[F]ar more cases are out there than are being reported. This is because many cases have no symptoms and testing capacity has been limited. There have been about 100,000 cases reported to date, but, if we extrapolate from the number of reported deaths and a presumed case-fatality rate of 0.5 per cent, the real number is probably closer to two million – the vast majority mild or asymptomatic.

Likewise, the actual rate of new cases is probably at least 10,000 a

day. If these numbers sound large, though, remember that the world is a very big place. From a global perspective, these numbers are very small.

Second, the Hubei outbreak – by far the largest, and a kind of worst-case scenario – appears to be winding down. How bad was it? Well, the number of deaths was comparable to an average influenza season. That's not nothing, but it's not catastrophic, either, and it isn't likely to overwhelm a competent health-care system. Not even close.

[…]

I am not preaching complacency. This disease is not going away any time soon; we should expect more cases and more local outbreaks. And COVID-19 still has the potential to become a major global health problem, with an overall burden comparable to that of influenza. We need to be vigilant in our surveillance.

[…]

But we also need to be sensible. Quarantine belongs back in the Middle Ages. Save your masks for robbing banks. Stay calm and carry on. Let's not make our attempted cures worse than the disease.

– "Strictly by the numbers, the coronavirus does not register as a dire global crisis", Globe and Mail, 11th March 2020

Another thank you to Swiss Propaganda Research for their excellent work, as well as to all the commenters who provided names and suggestions BTL on the previous piece. They are not all included, for various reasons, but it was all useful information. We also acknowledge voices from other fields, be they philosophers or human rights lawyers, have criticised the response to the outbreak, but we made the decision to limit these lists solely to those experts

in medicine or biological science.