The Effectiveness of Lockdowns, Face Masks and Vaccination Programmes Vis-à-Vis Mitigating COVID-19

Or not! A comprehensive review by Martin Sewell, Cambridge

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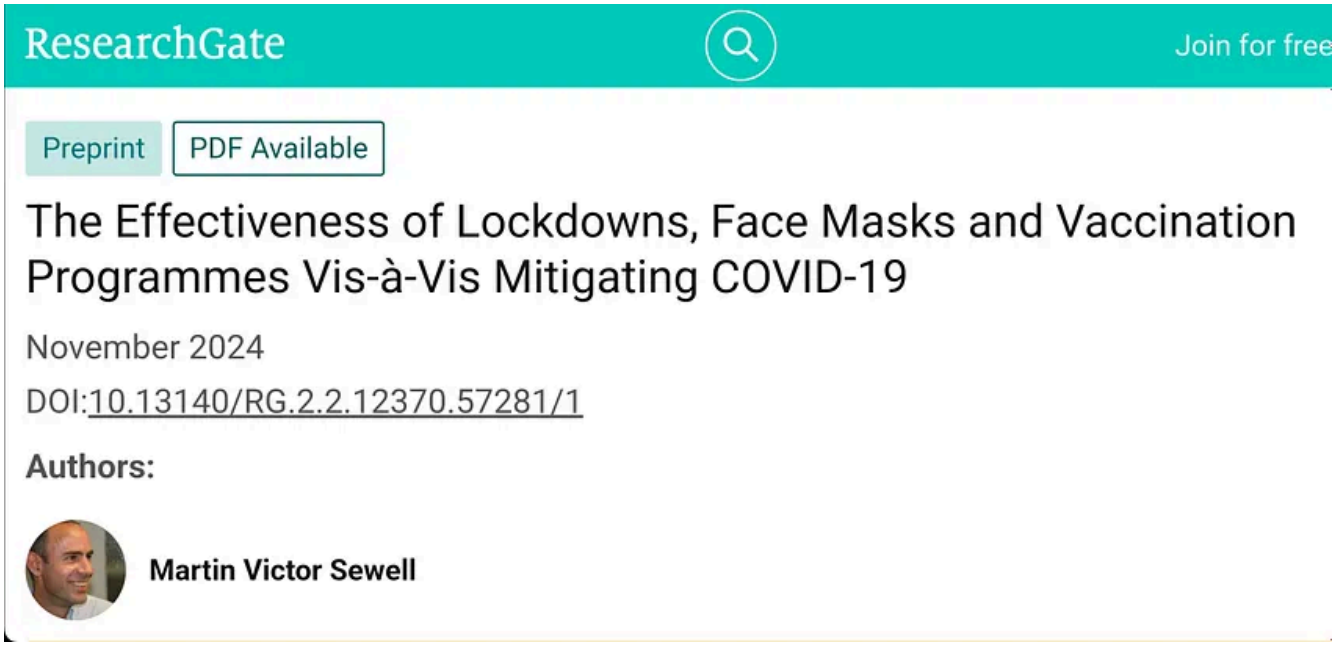
NOV 15, 2024

To say that this is a comprehensive review of the COVID literature is an understatement. I commend Martin's work to you [1].



In summary, COVID-19 response measures were largely ineffective or harmful:

- Lockdowns failed to control COVID-19 while causing severe health, economic, and social damage

- Face masks proved ineffective and caused various health issues
- Vaccines:

1. Initially provided temporary protection against severe illness
2. Failed to prevent transmission
3. May have contributed to variant evolution
4. Potentially weakened population-level immunity

Martin concludes that a manageable seasonal illness was transformed into a crisis through government overreach and public panic, with interventions likely causing more harm than good.

What an incredible reference for future historians, given that no contemporary politician or mainstream journalist would dare acknowledge it?!

Abstract

In the autumn o to
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population but season
in the Northern e, SARS-
CoV-2 activated d COVID-
19 spread from whilst
leaving the oth The vast
majority of cou
pharmaceutical
policies and, l

Lockdowns had n cases
or deaths. The health,
economic, socia sues.
Health issues i y debt,
accidents, deat ase in
obesity, an inc Economic
issues caused by lockdowns include higher debt, higher taxes, higher

inflation, more people on benefits, waste (test and trace, personal protective equipment and hotel quarantine) and fraud (furlough scheme payments). Children missed school which compromised their development, communication skills, education, behaviour and physical and mental health. Lockdowns also generated a workshy workforce and normalised truancy. Lockdowns exacerbated inequalities, too, with the poor being the worst affected. In the third world, matters were even worse. The United Nations reported that hunger led to the deaths of 10,000 more children per month over the first year of the pandemic. They also estimated that disruptions in South Asia in 2020 likely contributed to 228,000 deaths among children under five years old. The benefits of lockdowns included reduced air pollution, fewer road traffic collisions and a drop in suicide rates. Overall, lockdowns failed a cost–benefit analysis by orders of magnitude. Lockdowns were implemented by governments due to overly pessimistic modelling, risk aversion and the desire to be seen to take action. Lockdowns were then sustained because the media spread fear, whilst the public became fearful, abandoned the care of public affairs to the government-media-education uber-class, trusted them, and assumed that because governments implemented lockdowns they must work, were motivated to virtue signal and supported them. Meanwhile, politicians were motivated to retain or seek power, so keen to appease the median voter, and maintained lockdowns, despite the economic and health damage they caused. A vicious circle developed: fear sustained lockdowns and lockdowns sustained fear.

Face masks were not effective at mitigating COVID-19, but can cause dyspnoea, hypoxia, hypoxemia and hypercapnia, harbour pathogens, compromise communication, vision, exercise capacity, cognition and immunity, cause headaches, skin complaints, bad breath and particulate inhalation, facilitate crime and lead to pollution.

In December 2020 COVID-19 vaccination programmes were introduced. The vaccinations failed to provide sterilising immunity or stop transmission. The vaccination exhibits negative efficacy for the first two weeks due to immunosuppression, which increases cases, hospitalisations and deaths. The vaccine, in the pre-Omicron era,

then provided effective protection against hospitalisation and death for several months, before it waned towards and below zero effectiveness. Because those with breakthrough infections exhibit lesser symptoms, but have a similar viral load to the unvaccinated, they may be more likely to inadvertently spread COVID-19 to others, and become superspreaders. In May 2021 the more virulent Delta variant evolved, possibly due to the vaccination programmes via a Marek's disease type effect. This led to more severe infections in the unvaccinated. From December 2021 the less severe Omicron variant activated. The variant displaced harmless cold-causing human coronaviruses, and influenza returned. Vaccination programmes led to the immune system, via original antigenic sin, being fixed for the wild-type strain. It then became less able to provide effective responses during subsequent infections. This enabled the natural selection of immune escape subvariants that are highly infectious. We ended up with antibody-dependent enhancement, vaccine-associated enhanced respiratory disease and the rapid spread of Omicron among the vaccinated leading to more cases, hospitalisations and deaths. The global mass vaccination campaign using non-sterilising vaccines homogenised our immune response at a population level. This makes it easy for the virus to evolve into a multitude of new variants, and increases the risk of zoonosis. Unlike the previous variants, Omicron is not seasonally activated. The constant reinfection from an evolving cloud of variants leads to immunosuppression, secondary infections and superinfections. SARS-CoV-2 and mRNA vaccines can both induce cells in various parts of the body to produce the spike protein for months, leading to inflammation and adverse events. Whilst repeated mRNA vaccinations increase IgG4 antibodies, induce partial immune tolerance and weaken the immune system. Countries with a high vaccination rate lack natural immunity (which is broad and robust), so are unable to achieve herd immunity, and instead achieved herd-level original antigenic sin, and so COVID-19 waves continue to ripple. Because the unvaccinated did not impose a negative externality on others, there were no medical or ethical grounds for making vaccinations mandatory or vaccine passports.

The populations of East Asia, Southeast Asia and Australasia had greater pre-existing immunity (from other coronaviruses) against wild-type SARS-CoV-2 due to their closer proximity to the origin of COVID-19, but were adversely affected by Omicron. In 2021 excess deaths switched from the elderly to younger and middle-aged age groups because immuno-suppression, caused by vaccinations, is more pronounced among those age groups. Global excess mortality, earlier largely involving COVID-19 and iatrogenesis, and later often related to cardiovascular issues, has continued to be significantly elevated since COVID-19 appeared, largely due to both COVID-19 and the vaccinations (directly, indirectly, in combination and over the short and longer term), and the collateral damage caused by lockdowns.

A seasonal influenza-like illness became a pandemic of governmental overreach and collective hysteria. Lockdowns turned out to be the greatest health economics mistake in modern history, face masks served no useful purpose in the community, in schools or in healthcare, whilst vaccinations were effective against severe COVID-19 in the elderly in 2021, but ulti- mately likely did more harm than good.

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1 If you want to preserve your ignorance and protect yourself from admitting the part you played in the wanton destruction of the economy and public health (here's looking at you, Kemi!), I suggest you stick with the official "inquiry".

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