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Dissenting From the Panic Attack

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Tyranny thrives on fear, and fear is usually based in large part on ignorance. We fear the things we don't understand and the things we can't see. When it comes to the current pandemic, we can't see the pathogen, and, generally, most people don't understand it. Moreover, most people don't understand how a normal human immune system works and responds to a bacterial or viral invader. Because of this fear and lack of knowledge, opportunistic politicians have seized on the chance to impose ever more ridiculous restrictions on human activity. And because people are afraid of what they don't understand, a compliant populace has rolled over to the imposition of authoritarian rule. Safety at all cost, from the phantom pathogen, is being used to wage war on the rights of the people.

Facts and understanding are the vaccines that are needed to fight off the virus of totalitarianism that is now infecting the world. While the mainstream media push their fear agenda, and tech giants such as Google (owner of YouTube), Twitter, and others block posts offering criticism of the coronavirus tyranny agenda, sensible information about aspects of the pandemic remain available if one knows where to look. And courageous doctors and other professionals, and a large and growing number of citizens, increasingly offer dissenting views critical of the mainstream narrative.

An Alternative Medical View From California

A devastating recitation of facts is just what has been provided by two doctors from California in pair of videos, one of which has been censored by YouTube after having received 5.46 million views.

Drs. Daniel W. Erickson and Artin Massihi are co-owners of Accelerated Urgent Care in Bakersfield, California. Combined, they have more than 40 years of hands-on experience in providing medical care and in treating viral infections and res-piratory illnesses. Today, their company is a primary provider of tests for COVID-19 in their county, having performed several thousand such tests. In a lengthy "briefing" interview with the local ABC television affiliate channel 23 on April 22, they provide the facts and data that demonstrate that the lockdowns are not needed and may, in fact, be counterproductive.

According to Dr. Erickson, first of all, the models that predicted doomsday scenarios and were used as justification by political figures for the lockdowns have proven wildly inaccurate. Actual data prove that the infection is very widespread, making death rates considerably lower than predicted by the models preferred by public health politicians and bureaucrats.

"What is materializing in the state of California is 12 percent positives," notes Dr. Erickson. We have

39.5 million people. If we just take a basic calculation and extrapolate that out, that equates to about 4.7 million cases throughout the state of California, which means this thing is widespread. That's the good news. We've seen 1,227 deaths in the state of California with a possible incidence or prevalence of 4.7 million; that means you have a 0.03 chance of dying from COVID-19 in the state of California."

That's a low number, Dr. Erickson notes. And it's the same thing elsewhere. "The more you test, the more positives you get, the prevalence number goes up, and the death rate stays the same, so it gets smaller and smaller and smaller," he remarks. "And as we move through this data what I want you to see is millions of cases, small amount of death. Millions of cases, small amount of death, and you will see that in every state."

Critics argue that this outcome is due solely to the role of mitigation, of social distancing, of masks, and of the lockdowns in general. But, Erickson notes, we have data that call that conclusion into question.

The data come from a comparison of outcomes in Sweden, which did not lock down the country, and next-door Norway, which did institute lockdown measures. Comparing these two Scandinavian nations, Dr. Erickson noted:

When you bring up a system of lockdown you automatically have to compare it to a system of no lockdown. Sweden and Norway…. Norway has lockdown, Sweden does not have lockdown. What happened in those two countries? Are they vastly different? Did Sweden have a massive outbreak of cases? Did Norway have nothing? Let's look at the numbers.

Sweden. Sweden has 15,322 cases of COVID. They did 74,600 tests, which is 21 percent, similar to the other countries, 21 percent of all those tested came up positive for COVID. What's the population of Sweden? About 10.4 million. So if we extrapolate out the data, about 2 million cases of COVID in Sweden. They did a little bit of social distancing, they would wear masks and separate, they went to schools, stores were open, they were almost about their normal daily life with a little bit of social distancing. They had how many deaths? 1,765. California has had 1,220 with isolation. No isolation: 1,765. We have more people — what I'm getting at is millions of cases, very small death. Millions of cases, very small death. This is what we're seeing everywhere.

Norway, its [Sweden's] next door neighbor, this is where I come from. These are two Scandinavian nations, we can compare them as they are similar. Let's look at the data. Norway: 7,191 cases of COVID. Total COVID tests: 145,279. So they came up with 4.9 percent of all COVID tests were positive in Norway. Population of Norway: 5.4 million. So if we extrapolate the data as we have been doing, which is the best we can do at this point, they have about 1.3 million cases. Now, their deaths as a total number were 182, fairly small, but statistically insignificant from 1,700, you realize. Millions of cases, small amount of death. 1,700 [or] 100, these are statistically insignificant. So you have a .003 chance of death as a citizen of Norway, and a 97 percent recovery. Their numbers are a little bit better. Does it necessitate shut down, loss of jobs, destruction of the oil company, furloughing doctors? That's the question I have for you.

In this analysis, Drs. Erickson and Massihi are not alone. Other health professionals and researchers, too, are questioning the necessity of the lockdowns and the wisdom of the authoritarian response. These include Dr. Knut Wittkowski, former head of Rockefeller University's Department of Biostatistics, Epidemiology, and Research Design; Dr. David L. Katz, former president of the American College of Lifestyle Medicine; and Professor Johan Giesecke, an epidemiologist who was first chief scientist of the

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European Center for Disease Prevention and Control.

Aspects of the Immune System

Intriguingly, Erickson and Massihi go further, arguing, as did Dr. Wittkowski, that the lockdowns will be counterproductive. Why this might be so is related to how the immune system functions.

Like much of biology, human physiology is wonderfully complex, and the immune system, considered on its own, is a marvel of biochemical engineering. Elaine N. Marieb in her text *Human Anatomy and Physiology* describes the immune system as a marvel "which stalks and eliminates with nearly equal precision almost any type of pathogen that intrudes the body." While the immune system has mechanisms for general defense, ultimately it works to best effect only when it has learned what it must fight. The immune system "must 'meet' or be primed by an initial exposure to a foreign substance (antigen) *before* it can protect the body against that substance," Marieb writes.

One way it does this, where viruses are concerned, is through the production and release of proteins that help cells defend themselves against viral invasion. Regarding this aspect of immunity, Marieb writes:

Viruses — essentially, nucleic acids surrounded by a protein coat — lack the cellular machinery to generate ATP [adenosine triphosphate, a molecule with a key role in powering cell activity] or synthesize proteins. They do their "dirty work" or damage in the body by invading tissue cells and taking over the cellular metabolic machinery needed to reproduce themselves. Although the virus-infected cells can do little to save themselves, they can help defend cells that have not yet been infected by secreting small proteins called interferons. The interferon molecules diffuse to nearby cells, where they stimulate synthesis of other proteins, which then inhibit, or "interfere" with, viral replication in those cells. Interferon's protection is not *virus-specific* (i.e., interferon produced against a particular virus protects against a variety of other viruses.)

Thus, exposure to viruses in the environment tends to make the human immune system more effective against other viruses. This lesser-known response to viruses helps the body's immune system as it prepares a defense against specific pathogens. This latter response provides adaptive protection against specific invaders and, as the body has learned what those invaders are, provides longer-term immunity against them. Collectively, when this happens among many people in the wider population it creates what is known as "herd immunity," a key element in bringing an end to an epidemic.

For their part, Drs. Erickson and Massihi point out that the lockdowns, by keeping people inside and away from more biologically complex environments, may reduce the immune system's effectiveness because of reduced exposure to pathogens that may stimulate immune activity. "The immune system is built by exposure to antigens: viruses, bacteria," noted Dr. Erickson, who elaborated:

When you are a little child crawling on the ground putting stuff in your mouth, viruses and bacteria come in, you form an antigen antibody complex.… This is how your immune system is built. You don't take a small child, put them in bubble wrap in a room and say, "Go have a healthy immune system." This is immunology, microbiology 101. This is the basis of what we've known for years. When you take human beings and you say, go into your house, clean all your counters, Lysol them down. You're going to kill 99 percent of viruses and bacteria. Wear a mask. Don't go outside. What does that do to our immune system? Our immune system is used to touching. We share bacteria, staphylococcal,

streptococcal bacterium, viruses, we develop an immune response daily to this stuff. When you take that away from me my immune system drops. As I shelter in place, my immune system drops. You keep me there for months, it drops more. And now I'm at home hand washing vigorously, washing the counters, worried about things that are indeed what I need to survive. Let's follow the science. This is immunology, folks. This is microbiology. This is what we've combined together, we have 40 years of experience in this. This is common sense immunology.

The opinions of these doctors, of course, is a direct challenge to the prevailing coronavirus orthodoxy. So it is no surprise that the statist guardians of that orthodoxy have reacted, criticizing the doctors from one direction, while silencing them from another.

The criticism has come from two physician groups, the American Academy of Emergency Medicine (AAEM) and the American College of Emergency Physicians (ACEP). In a statement, the two groups said they "jointly and emphatically condemn" the opinions of Drs. Erickson and Massihi. "These reckless and untested musings do not speak for medical society and are inconsistent with current science and epidemiology regarding COVID-19," the organizations said.

As the two medical groups were announcing their criticisms of the doctors, YouTube decided to censor them altogether, in a move that will surprise no one. According to ABC 23, the news channel that interviewed the doctors, "YouTube pulled a 23ABC video recording of Drs. Erickson and Massihi speaking. The video was one of two part[s] of the press conference uploaded to YouTube."

The station concluded noting that they had asked YouTube to reconsider its censorship of the doctors. "23ABC has appealed to YouTube to have the video re-uploaded," the station said.

More Medical Dissent

It's not just Drs. Erickson and Massihi who are doubting the lockdowns. In a powerful op-ed for *The Hill* in April, Dr. Scott W. Atlas also noted that the lockdowns will prevent a resolution to the pandemic.

According to Atlas, who has taught at Stanford University Medical Center and is regularly named by his peers as one of the best doctors in America, isolation policies prevent the achievement of population immunity, prolonging the pandemic.

"We know from decades of medical science that infection itself allows people to generate an immune response — antibodies — so that the infection is controlled throughout the population by 'herd immunity,'" Atlas writes. "Indeed, that is the main purpose of widespread immunization in other viral diseases — to assist with population immunity. In this virus, we know that medical care is not even necessary for the vast majority of people who are infected. It is so mild that half of infected people are asymptomatic, shown in early data from the *Diamond Princess* ship, and then in Iceland and Italy. That has been falsely portrayed as a problem requiring mass isolation. In fact, infected people without severe illness are the immediately available vehicle for establishing widespread immunity. By transmitting the virus to others in the low-risk group who then generate antibodies, they block the network of pathways toward the most vulnerable people, ultimately ending the threat."

Writing in the journal *Proceedings of the Royal Society B – Biological Sciences* in 2006, researchers with Pennsylvania State University, the University of Texas at Austin, and the Santa Fe Institute provided a simple summary of the concept of herd immunity.

"Pathogen dynamics … fundamentally depend on the structure of the underlying contact network as moulded by patterns of individual immunization through vaccination or prior exposure to disease," they wrote. Then they pointed out that not everyone in a population needs to acquire immunity for overall herd immunity to be achieved.

"Immunized individuals are effectively removed from the network, thereby breaking possible chains of transmission and leaving a sparser residual network. An important principle in epidemiology is that an entire population can be protected by the immunization of a fraction of the hosts, the so-called herd immunity."

The important conclusions from this piece are two: Either exposure to disease pathogens or vaccination can lead to herd immunity, and not every person in society needs immunity for herd immunity to be achieved overall. But the research has other implications as well. It turns out that the effectiveness of herd immunity depends on the nature of the social network involved. On a small scale, in what is termed "small-world" networks (think the "six degrees of separation" idea), vaccination is the most effective means of achieving widespread immunity. But the researchers found that in large-scale, more complex networks, the opposite was true. Natural exposure in large, complex networks resulted, they discovered, "in residual networks, which are robuster to secondary epidemics than randomly vaccinated networks."

Photo: AP Images

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In such a large network, then, it might be a bad idea to hinder the spread of a disease that has a very low death rate, as doing so may prolong the epidemic while leaving the population more susceptible to subsequent waves of the disease.

In a video interview with Journeyman Pictures on April 24, Dr. Knut Wittkowski argued that the chief effect on public health of the lockdowns is to have prolonged the impact of the contagion. "The virus is still around," he noted. "So, we still have to isolate the elderly. We are no better off, so the time that has passed is wasted. We still … have to do more because the epidemic that is coming now will be not so high but wider, so the time the elderly in the nursing homes have to be isolated will be more than it otherwise would have been."

And so far, he said, the lockdowns have been nothing short of a catastrophe. "To isolate those who are not at risk and put those at risk who are at risk is a catastrophe," he said. "It's a human catastrophe that should never ever have happened."

As to whether or not we need a vaccine to end the lockdowns and the pandemic, Wittkowski offered an emphatic "No."

"We don't need a vaccine to get out of it. Sorry for Bill Gates, but we don't need a vaccine," he said. "It is nice to have it in case this virus should come back again and if we then have a vaccine that will be nice. Do we need it right now? No. We don't need a vaccine because we see already herd immunity developing and in two or three weeks, or maybe already now, we have herd immunity and it's over."

Another doctor who is skeptical of the lockdowns is Dr. Donald W. Miller, who, according to his biography, is a veteran medical professional whose 40-year career includes being "former Chief, Division of Cardiothoracic Surgery at the University of Washington School of Medicine."

In an essay for LewRockwell.com on April 30, Dr. Miller argued: "A more unrestricted approach is better" than the tyranny of lockdowns. "While shielding vulnerable senior citizens," Miller continued, "younger people who have a negligible Covid mortality risk should be able to go to work, to restaurants and bars (and church), like in Sweden. People there do go to work, cafes and restaurants are open, and its parks full. The country remains open for business."

Moreover, like other doctors skeptical of the way the establishment has handled the pandemic, Dr. Miller observed: "Covid-infected people who have mild illness help establish widespread immunity against subsequent and possibly more virulent waves of the infection."

Treatment Practices Questioned

Some medical professionals, too, have begun to wonder if some treatment practices for COVID-19 are correct. An early hint of dissent from prevailing practices, which include placing some patients on ventilators for many days in an attempt to force oxygen into their lungs, came from Dr. Cameron Kyle-Sidell.

An ER and critical care doctor, Kyle-Sidell posted a video to YouTube in early April that questioned the current practice of using high-pressure ventilators for COVID-19 patients. "We are putting breathing tubes in people and putting them on ventilators and dialing up the pressure to open their lungs," Kyle-Sidell said in his video. "I've talked to doctors all around the country and it's becoming increasingly clear that the pressure we're providing may be hurting their lungs. That it is highly likely that the high pressures we are using are damaging the lungs of the patients we are putting the breathing tubes in."

As for what course of treatment should be followed, Kyle-Sidell offered this opinion: "COVID-positive patients need oxygen, they do not need pressure. They will need ventilators but they must be programmed differently. The protocols in this country, in every small, big, medium sized hospital in this country must change."

Dr. Mike Hansen, a specialist in internal medicine, pulmonary disease, and critical care medicine, also posted a video at the beginning of April discussing the use of ventilators for COVID-19 patients who had developed acute respiratory distress syndrome (ARDS). In the video, Dr. Hansen provided a thorough overview of ARDS and ventilator practices, but concluded by noting that "ventilators are not a cure for COVID-19." Instead, he pointed out, "A ventilator is a form of life support, which sometimes helps patients with COVID-19 survive."

How often does putting a COVID-19 patient on a ventilator lead to survival? According to Dr. Hansen, "Based on a recent study that came out only a few weeks ago, only 14 percent of people who have COVID-19 who require a breathing tube end up surviving. So COVID-19 patients who end up getting ARDS in the intensive care unit who need to get a breathing tube, only 14 percent of them end up surviving."

Seemingly, then, if COVID-19 patients are arriving at medical facilities with onset of ARDS symptoms, and as a result are needing to be put on a ventilator, and this results in poor outcomes and a high percentage of fatalities, then patients seem to be getting to the hospital too late.

The toll this takes on patients and on healthcare professionals is significant. A clearly distraught nurse working in New York City hospitals took to social media with a video describing the plight of patients she was seeing. In a video that has been viewed over one million times on YouTube as of May 18, 2020,

Nicole Sirotek tearfully lamented that "gross negligence and complete medical mismanagement" were causing patients to die, especially in the cases of minorities. When she tried to speak up for her struggling patients, she said, officials reassigned her elsewhere.

"They don't care what's happening to these people. And I just have to keep watching them die," she cried. Her message to the sick: "Stay out of New York City for your health care," she said. "They don't care what is happening to these people."

Medical news website Stat reported on the evolution in COVID-19 treatment on April 8. "Even as hospitals and governors raise the alarm about a shortage of ventilators, some critical care physicians are questioning the widespread use of the breathing machines for Covid-19 patients, saying that large numbers of patients could instead be treated with less intensive respiratory support," Stat reported.

Stat noted that researchers in Germany and Italy had sent a letter to the *American Journal of Respiratory and Critical Care Medicine* that explained their experience with COVID-19 patients and ventilators. According to Stat, the researchers "said their Covid-19 patients were unlike any others with acute respiratory distress. Their lungs are relatively elastic ('compliant'), a sign of health 'in sharp contrast to expectations for severe ARDS.' Their low blood oxygen might result from things that ventilators don't fix. Such patients need 'the lowest possible [air pressure] and gentle ventilation,' they said, arguing against increasing the pressure even if blood oxygen levels remain low."

At the end of April Dr. Richard Levitan, an airway specialist in New Hampshire who volunteered for a time treating COVID-19 patients in New York City, spoke to *PBS NewsHour Weekend* anchor Hari Sreenivasan for the Amanpour & Co. program on PBS. Dr. Levitan discussed the need for medical professionals to urge those with COVID-19 symptoms to seek medical help earlier so that they could be treated in ways that would avoid the use of ventilators.

"I am proposing a radically different view" than current CDC guidelines, Dr. Leviton said. "What they are telling people is go to the emergency department if your fingers or your lips turn blue. And what I am saying is, I think if we move this window of presentation, if we educate patients to come in earlier, if we can do point-of-care testing in the ER and know, ok, you have COVID, and then we monitor their oxygen, we can make a dramatic difference."

Dr. Leviton pointed out that in one situation in Italy, doctors sent people with early symptoms of COVID-19 home with consumer-grade pulse-oximeter devices to measure blood oxygen levels. Noting that this course of action had very positive outcomes, he proposed adopting similar practices in the United States.

"If we move this whole management of this disease to earlier identification of who has it, better pulse oximetry monitoring in COVID-positive patients as well as those at greatest risk for serious illness, I think we can dramatically influence how this country faces this problem."

Echoing Dr. Kyle-Sidell, Dr. Levitan noted that COVID-19 pneumonia resulted in oxygen deprivation, not unlike what is experienced by mountain climbers. As such, early in the pandemic, patients with these symptoms weren't treated accordingly.

"What happened early in this pandemic is the belief that, well, 'they're about to die, let's put them on a ventilator.' And what we realized, and in hindsight is now better understood, they got there slowly, we can correct their oxygenation, and if we keep careful monitoring on them and decrease the work of

breathing, improve their oxygen and keep them off the vent, it's actually better."

Moreover, not mentioned by the mainstream media, doctors are developing new, effective treatment protocols. In testimony before the Senate Committee on Homeland Security & Government Affairs in early May, Dr. Pierre Kory of the University of Wisconsin School of Medicine described an anti-inflammatory treatment protocol he and several cooperating doctors had developed and used with success in treating COVID-19 patients. Called the MATH+ protocol, it includes treatment with intravenous methylprednisolone, high-dose intravenous vitamin C, full-dose low molecular weight Heparin (an anticoagulant) and optional treatments with thiamine, zinc, and vitamin D.

How well does this treatment protocol work? In his testimony, Dr. Kory described the results he was seeing. "Members of our group have now treated in excess of 100 hospitalized patients with our treatment protocol," Dr. Kory noted. "Nearly all survived. The two that died were in their eighties and had advanced chronic medical conditions. None of the patients have had long stays on the ventilator nor become ventilator dependent. The patients generally have a short hospital stay and are discharged in good health."

End the Panic, End the Lockdowns

From the high-level view of public health to the smaller scale of the emergency room, there is growing disagreement with the mainstream view of how the pandemic should be managed. For the disease, doctors are now trying alternatives to ventilators, including earlier treatment, treatment with promising medications such as hydroxychloroquine and others, and more, while at the scale of population-level public health, important experts and doctors are growing more concerned about the imposition of lockdowns, not only as an affront to liberty, but even as a poor choice for dealing with the spread of the disease.

Clearly and movingly emotional, Dr. Wittkowski ended his April 24 interview with a powerful appeal for a return to normalcy. The lockdown, he said, is "ridiculous."

> What we should do immediately, now that we know that we already have developed herd immunity, despite social distancing, at least to some level, that we have immunity, in a quite relevant portion of the population, we should open schools and businesses yesterday at the latest. There is no reason whatsoever to wait. The worst thing that could happen is, we get a bit of a rebound, that will not be catastrophic, that will not overload the hospitals, it will be less than we had so far. That could happen. But everything else that we do is a lot worse than what could happen if we let's say have another 10-20,000 cases…. It's not the end of the world. We should go back to be a strong economy, to work, to have a social life, to let children be educated, do everything our society should do, and that lockdown is, there is no benefit, there is only negative effects.

We are only beginning to see the economic devastation of unemployment. We are beginning to see stress on food supplies, and famine next winter, if freedom is not restored, is a very real possibility. We are also beginning to see signs of increase in suicides, and we have little understanding of how many deaths may have been hastened by the precipitous drop in patients seeking or receiving timely treatment for dangerous diseases, including heart disease, cancer, and others. And these are just a few of the innumerable ill effects of the liberal-progressive policy of social control via lockdown.

The course of treatment being imposed by a few tyrannical technocrats from the top down, without the consent of the governed, is indeed far, far worse than the disease.

If we expect not only to survive this engineered debacle, but to thrive in the future, then only one answer is possible.

Freedom is the cure.

Photo: AP Images

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