



The Good, the Bad, and the Ugly About COVID in America, From a Doctor

First it was “14 days to flatten the curve.” This became “We can’t reopen until there are two weeks of declining infections.” Then it was “Nah, we can’t get back to normal until we have a vaccine.” Now we have more than one vaccine, but the only “normal” is a new one: COVID Ritual and restrictions as far as the eye can see. Against this backdrop, a physician has decided to “take stock of the pandemic” via two articles published the last couple of days, the first outlining COVID-19 “good news” and the second dealing with the bad policy and press.



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Dr. Thomas T. Siler is an internist with 37 years experience, which means he has the same credentials as Dr. Anthony Fauci; only, he actually treats patients. In his [first piece](#), Siler presented 10 points of good news about the coronavirus. A synopsis follows, with all quotations being his.

1. The global SARS-CoV-2 survival rate is 99.8 percent. Note that this presumably would include poor countries where, owing to privation, many people may have compromised immune systems. The under-70 survival rate is 99.97 percent. Conclusion: We needn’t fear the China virus any more than we do the flu.
2. Alpha strain herd immunity has *already been achieved*. “Dr. Marty Makary, a Johns Hopkins professor, estimates that [80-85% of the population](#) is immune from natural immunity and vaccination. Those who deny this must explain how cases and deaths started to decline in January way before there was a significant vaccine effort.” This is good news because the virus is here to stay. (Note, however, that “some eminent [virologists](#) say vaccinating in the middle of a pandemic is making herd immunity more difficult to obtain through the creation of variants.”)
3. “The average age of death from COVID is 78” (and 78 percent of the deceased were overweight). This aligns with early 2020 data out of Italy, which held that the average age there was 79.5. Conclusion: Protect the elderly and vulnerable; accept that others are generally not imperiled.
4. Early outpatient treatment is imperative, only costs \$1 dollar a day, and hydroxychloroquine and ivermectin work. In fact, it has been estimated that early intervention [could have prevented](#) 85 percent of our COVID deaths.
5. Children’s China virus survival rate is 99.995 percent (the flu is deadlier to them), and kids don’t transmit the virus. The children who have died have had chronic illness or immune problems. “Children have more chance of dying in a car wreck, unintentional drug overdose, or influenza than from COVID-19. Vaccination for healthy children is not needed.”
6. Sweden largely avoided lockdowns and mask mandates and is doing better than many nations with severe restrictions. “[Lockdown\[s\] did not work](#) and had [serious cultural and economic side effects](#). There is ample literature now to show that [masks](#), as we are using them, do not work.”
7. People who’ve already been infected have strong, enduring immunity while the new mRNA vaccines aren’t as effective or safe as billed. Do *not* add vaccination to already attained natural



Written by [Selwyn Duke](#) on August 26, 2021

immunity.

8. "There is very little, if any, spread of COVID-19 from asymptomatic persons. This lie was spread early to maximize fear of this new virus."
9. Despite deceptive media framing that lends a contrary impression, the "death rate nationally for COVID-19 has been going down since January."
10. Typical of virus variants, the Delta strain is more contagious but less deadly, with a U.K. report finding that it "is likely 20 times less deadly than the alpha strain."

"We do not need to be afraid of COVID-19 anymore," Dr. Siler sums up.

Despite this, however, the powers-that-be continue to be purveyors of lies and peddlers of fear. As Siler [writes](#) today, summarizing the situation (there's more detail in [his article](#)):

- faulty PCR testing has been used to inflate cases and maximize fear;
- some protests/riots (Antifa/BLM) are deemed OK and others are not;
- death counts from COVID-19 were inflated to maximize fear;
- safe, cheap, and effective medicines to treat COVID-19 are ignored;
- our Southern border is open and illegal immigrants are not being tested (20% +) or allowed to enter regardless of their COVID status;
- experimental vaccines are pushed 24/7 as the only solution;
- prestigious medical journals fabricate data to maximize fear;
- Sweden's [aforementioned] success without masks and lockdowns is ignored;
- Privileged people get funerals and the rest don't;
- scientific data on the futility of masking and lockdowns are ignored;
- there is a push to vaccinate people with extremely low risk of illness (e.g., children);
- media and government censor alternate views of pandemic/vaccine information;
- serious vaccine side effects are ignored and there is no informed consent to the vaccine; [and]
- every 2 months there is a new Greek letter variant with no outcome data to scare us.

Siler then writes:

The why of the above behavior remains mysterious, at least in part. Money is always a motivator for vaccine production, but this effort goes beyond monetary gain.

Many postulate that the goal is either the Great Reset or Socialism or remaking our society. Vaccine passports could be a gateway to monitoring everyone all the time.

Another postulate due to concerns about climate change is that COVID-19 and the vaccine are meant as a means for depopulation. Does the vaccine [affect fertility](#)? That still hasn't been evaluated.

More deaths have been associated with the vaccine than any other vaccine in our history. Why hasn't there been any inquiry into vaccine-related deaths? Will ADE [Antibody-dependent Enhancement] come into play in the future winter seasons?

Siler sides with Senator Rand Paul (R-Ky.) in stating that China virus restrictions must be vigorously resisted. We don't have to fear here death from the virus, but the death of our Republic. For this never really was a battle against COVID, but a battle against COVID-enabled tyranny — and for civilization itself.



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