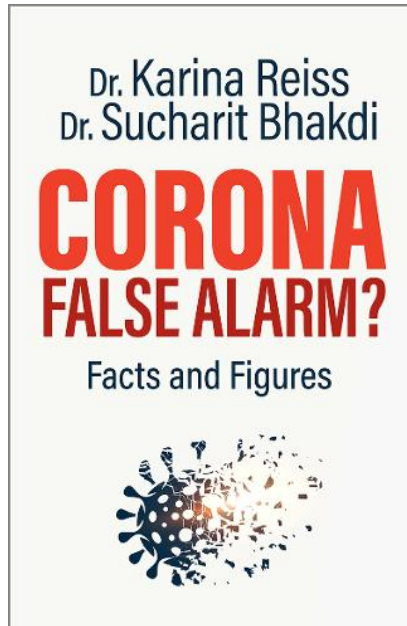


Book Review

BY JENIN YOUNES, ATTORNEY



Corona – False Alarm? – Facts and Figures

By Dr. Karina Reiss and Dr. Sucharit Bhakdi
(ISBN-13: 978-1-64502-057-8; Chelsea Green Publishing; 2020, paperback, 160 pages; \$14.95)

What if the World vastly overestimated the seriousness of the coronavirus and effectuated countermeasures that wrought far more damage than the disease itself? That is the central question that Drs. Karina Reiss and Sucharit Bhakdi, a biochemist and microbiologist/immunologist, respectively, set out to answer in *Corona: False Alarm? Facts and Figures*. Needless to say, they do so affirmatively.

From a lay perspective, I admit to having long been skeptical of most countries' responses to the virus, believing that the consequences of locking down societies for months or even years on end would far outweigh the benefits, if not at present, certainly in the long run. But I accepted the common wisdom that the virus, while no more dangerous than the flu to those under 50, presents a significant risk to those over 60 years old.

The authors argue, however, that SARS-CoV-2 is akin to a run-of-the-mill respiratory virus, as most of its victims are already so ill that it is "almost always the last straw that breaks the camel's back" (30). This is a controversial thesis, even amongst experts who are critical of extreme policies implemented in response to the virus. Nevertheless, the authors make a persuasive case.

Published by Chelsea Green, a company that "promote[s] the politics and practice of sustainable living," *Corona* was first released in Germany over the Summer, and the English version will become available in early October. The most compelling parts are the first several chapters in which the authors explain how flaws in diagnostics and criteria for attributing deaths to the virus led to a distorted picture of the disease's dangerousness.

In violation of "all international medical guidelines" "every deceased person who had tested positive for the virus entered the official records as a coronavirus victim" (16). When deaths are counted properly, Reiss and Bhakdi argue, it becomes evident that only those with serious underlying conditions are at risk of dying, and those "without severe preexisting illness need fear the virus no more than young people." Stated otherwise, the virus simply does not present a significant risk, beyond those we take in everyday life, to healthy, older people, much less young healthy people (pp.16-25, 30-35).

Various problems with the accuracy of PCR testing and methods of data collection also are addressed and lead to the conclusion that "no reliable data existed regarding the true number of infections at any stage of the epidemic in [Germany]" (22). Other countries face similar problems. The authors quote Professor Walter Ricciardi, an advisor to the Italian Ministry of Health, for example, who stated that the virus had not actually been the true cause of 88% of Italian deaths attributed to it (25). Altogether, the authors make a powerful case that SARS-CoV-2 is in the realm of seasonal influenza, with

an infection fatality rate of 0.27 % (17-29). That certainly calls into question the drastic measures implemented around the World to combat the virus.

The authors acknowledge that certain areas experienced higher death rates, specifically parts of the United Kingdom, Italy, Spain, and, of course, New York City. Special circumstances, they posit, account for the elevated death counts. Those include avoidance of hospitals for fear of catching the virus by those suffering from heart attacks and strokes (United Kingdom), an elderly population, poor air quality, other vaccinations that, in combination with coronavirus infections, could cause adverse reactions (Italy), and undocumented immigrants fearing detection and so refusing to go to the hospital (New York City) (34-39). These contributing factors indicate that severe outcomes could be drastically reduced by addressing some of these other problems, and do not warrant assigning SARS-CoV-2 a special status as a “killer virus.”

Reiss and Bhakdi then thoroughly explore the adverse effects of misguided attempts to control the coronavirus. While they discuss negative health consequences of mask-wearing (55), their focus is on lockdowns and forced social distancing. Such policies have caused economic catastrophes, skyrocketing drug use and suicides, increasing deaths from stroke and heart attack due to hospital avoidance, and myriad quality-of-life issues from isolation among the elderly to deprivation of education to encroachments upon human dignity that conflict with the tenets of liberal democracies (73-91).

I agree with Reiss and Bhakdi that those pressing for lockdowns and other restrictions, often members of the educated elite, vastly underestimate the hardship such measures inflict upon those less fortunate (83-85). Not only do they cause substantial harm, but suppressive measures are ineffective (49-54, 60-61, 91-98). The authors pay particular attention to Sweden, which never adopted widespread mask usage and did not lock down. Instead, only gatherings of over 50 people were prohibited and citizens were relied upon to behave responsibly.

Reiss and Bhakdi correctly observe that the “press relentlessly emphasized that Sweden would pay a high price for its liberal path,” while noting that in reality, “Sweden without lockdown is not significantly different when compared to countries with lockdown” (93-94). Indeed, Sweden now has fewer deaths per million than the United States, fewer infections per capita than its Nordic neighbors, and its 7-day coronavirus-related death average is zero.

The authors discuss T-cell cross immunity, a crucial topic and one that warrants far more discussion in the media. Recent studies have established that previous exposure to other coronaviruses, for instance the common cold or SARS-CoV-1, protects against infection from SARS-CoV-2. Thus, large portions of the population – the precise percentage varies across geographical locations – have some level of immunity to SARS-CoV-2, which explains why the virus tends to die out after infecting no more than around twenty percent of people in a municipality, regardless of restrictions (104-07).

While the authors do not mention this, other scientists, for instance theoretical epidemiologist Sunetra Gupta and structural biologist Michael Levitt, believe that means the virus has burned through the susceptible population in any location that has had a first wave, and there will not be a second. This has profound implications for places like New York City, which has remained partially shut down for many months past its peak, causing serious economic problems and educational deficits, as residents remain petrified that a second wave is imminent. Perhaps if the populace were acquainted with this theory, some of the terror would dissipate and a return to normal would be possible.

Reiss and Bhakdi also blame the now-discredited Imperial College model designed by Professor Neil Ferguson for the unwarranted alarm. Ferguson projected that two million people in the United States and half a million people in the United Kingdom would die, absent extreme restrictions (47). As the authors point out, Ferguson is famous for nothing if not his wildly exaggerated, past predictions (47).

The authors suggest that the media, politicians, pharmaceutical companies, and large corporations, driven by financial motives in some cases and sheer incompetence in others, fueled the public panic that began with photos from Wuhan and Northern Italy and was exacerbated by Ferguson's model (117-130). While *Corona* is written for a German audience, from an American's perspective, it is hard to escape the fact that politics played a significant role in the events that have transpired. As early as January or February, opinions about the virus's seriousness divided rapidly along political lines. Once President Trump publicly doubted the severity and suggested that following Italy and China into lockdown would create an economic horror show, the Democrats' position was a *fait accompli*.

Likewise, the media's dereliction of duty is beyond evident. As Reiss and Bhakdi observe, broadcasters and the press became "servile mouthpieces of the government" and never "critically questioned" the "disturbing images and frightening numbers" (50, 117-18). Incidentally, a letter recently published by 200 Belgian scientists similarly criticized the media: "[t]he relentless bombardment of numbers, unleashed on the population day after day, hour after hour, without indicating those numbers, without comparing them to flu deaths in other years, without comparing them with deaths from other causes, has induced a true psychosis of fear in the population. This is not information, but manipulation."

As an avid consumer of the *New York Times*, the *New Yorker*, and *NPR*, I can attest to the media having operated no differently in the United States. Apart from a few pieces in early March that questioned the wisdom of the course we had set upon, there was no serious discussion and no debate, at least in the left-leaning media, and anyone who dissented from the prevailing view was and continues to be dismissed as stupid or selfish. Early on, and without any nuanced analysis, Sweden was deemed a failure. The public has been beset by such terror, driven by anecdotes often presented without context, that it has become virtually impossible to dispel these many misconceptions using facts, figures, and logic.

For that reason, Reiss and Bhakdi embark upon an uphill battle by attempting to pierce the veil of fear that has enshrouded the World. If it can be done, however, this accessible book will play a key role. I urge the reader to approach *Corona* with an open mind, and when in doubt, to check the citations. Because, at the risk of sounding dramatic, our civilization depends on it. If we, as a species, can be so easily manipulated into ceding our liberty, dignity, and very lives to irrational fear, I shudder to see what the future holds.

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