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**COVID-19 – CMEFS WEEKLY NEWSLETTER**

**FRIDAY 15-05-2020**

Hello. I do hope that this week's edition of our newsletter finds you and family as well as can be.

And yes, because the subject is so very important to us all, I am once again going to talk further on COVID-19 and our response to preventing the spread of the virus.

And let me say this AGAIN right at the outset, I regard all life as precious, not just human life but ALL life. This extends all the way down to the smallest living thing imaginable. Life is precious.

Not because I am lazy, but simply because I regard this as one of the better articles I have read on the subject, I reproduce in full the article written by Brian Pottinger, previously the editor and publisher of the Sunday Times. (Emphasis my own)

He asks the question, "How did we arrive here?"

"Using the scant data from China and Italy, epidemiologists derived a mortality rate higher than the Spanish flue of 1918-1920, the worst recorded viral pandemic in human history.

Some modelers then produced estimated fatalities so fantastic that the political elites promptly locked us all up.

The most influential models **proved to be wrong by factors ranging from 3 to 23** within the first four months of the virus.

The first whole-community testing programs in Germany now suggest a mortality rate of only 0.3%.

This, if right, is equal to a severe influenza virus.

The modelers did not take account of the regional realities, which contributed to some of the initial panic-making fatalities, and **ignored that Europe had an exceptionally mild two prior flu seasons**, which left a large accumulated reserve of high-risk people.

Standard modeling holds that for every reported infection there are **10 unreported**.

Again, 77% of Covid-19 victims have underlying severe conditions or comorbidities.

The concept of **excess mortality** seeks to distinguish those who die **from** a disease as opposed to those who merely die **with** it.

Stripping out best-estimated comorbidities from the current Covid-19 fatalities, and using the expanded infection numbers, we find that across a sample of 10 high and low fatality Covid-19 countries, the infection fatality rate is in a remarkably consistent spread of 0.1% to 0.4%.

It thus ranges in severity from a normal to severe influenza pandemic equal to the Asian flu of 1956-1958 or the Honk-Kong flue of 1968-1969.

Neither caused the world to shut up shop.

Covid-19 as at end-April, and with fatalities in decline across the northern hemisphere, did not even make it to the World health organisation's (WHO's) top 10 killer diseases in the first four months of its existence or compare with war dead over 5 years, or road accidents.

It just beats murder.

It is only now competing with the estimated 290 000 to 650 000 annual deaths from influenza-related causes.

Covid-19 fatalities account for 0.38% of total average annual global fatalities and 0.08% if one uses excess mortality numbers.

The proponents of the severe lockdown claim the lower than expected mortality numbers were because of the lockdowns.

Yet most of the lockdowns occurred **near or after** the virus peak.

Sweden, which did not lockdown, has lower fatalities than many severe lockdown countries.

Recent research by Professor Isaac Ben-Israel, chair of Israel's National Council for Research and Development, suggests that lockdowns and social distancing are irrelevant.

The virus follows the same life cycle and trajectory.

Across, Europe, beds created and staffed at enormous cost stand waiting for patients who never arrive.

The UK had a 40% vacancy of ordinary intensive-care beds over Easter.

Here is the scary thought: five months into the virus, we sit with squabbling scientists and as yet no credible scientific evidence to justify locking down.

An enquiry by the European parliament into the swine flu fiasco of 2009 produced a report that reads like the business plan for Covid-19.

It found the pandemic had been plagued with exaggeration, inaccurate modeling, incorrect use of the word "pandemic", failure to modify assessments on the basis of new facts, dubious links between the WHO and pharmaceutical companies and inflated fatality counting.

Swine flu started with a mortality rate of 0.5% and ended at 0.05%.

The WHO fatality number was 18 449.

By the time the modelers had finished, it was between 151 700 and 575 400.

The extra numbers came from the "surveillance modeling" in Africa and Asia.

From such guesswork the WHO expects 190 000 Covid-19 cases this winter.

In the bitterly **political world of pandemics**, statistics are always the first casualty."

End of article.

What an interesting read indeed!

I note, however, that thus far no attention has been given to the role of the media in all of this.

So I decided to take a look to see how many times the past few pandemics received mention in the media, and this is what I found.

Let's start with the grand-daddy of them all in terms of mention in the media, that being the Coronavirus.

Thus far, the virus has been mentioned in the media 2.1 BILLION times.

This means that the Coronavirus has received

129 x the media coverage received by the Ebola virus, which received a meager 6.2 million mentions
63 x the media coverage received by the MERS virus, which received only 33.1 million mentions
31 x the media coverage received by the SARS virus, which received 66.3 million mentions
30 x the media coverage received by AIDS/HIV, which received 69.5 million mentions

The last one is particularly interesting as AIDS/HIV has already killed 320 471 MORE people this year that the Coronavirus has.

It is no wonder that the world, and by extension governments, have become so sensitised to this virus, with this amount of media coverage.

I am not saying that it should not receive exposure in the media, but I do believe it is being a bit overdone, especially with the words “this deadly virus” preceding virtually every sentence said and discussion held on the subject.

No wonder we walk around in fear and it is so stigmatised.

If Brian Pottinger is correct in what he has said above, it is no more deadly than the annual flu virus when put into the perspective he puts it into.

And yes, you may well say that no one wants to see anyone suffer the horrible “death by ventilator” that we see so often on TV, but many elderly who contract the ordinary flu virus and then progress to pneumonia end up in the same position.

Requiring ventilation, and not surviving it, is not the sole preserve of Covid-19.

In fact, in today’s Mercury, a very eminent group of persons with the highest credentials have called for an immediate end to the lockdown as current physical evidence indicates:-

- It is impossible the virus and its spread will not continue
- The majority (70%) of people infected with the virus are asymptomatic and
- 25% have a moderate to self-limiting illness
- We know who the remaining 5% are who could develop serious complications and that is where our attention should lie.
- It’s not likely that a vaccine will become available shortly, maybe in two years' time, but not anytime soon.

So we have no choice but to get back to work, and we need to do so soon, as if we were to wait around for as long as two years (if we even have a vaccine by then) we will most certainly by then all be dead of starvation if nothing else.

And if we are going to be able to go back to work without the fear of death hanging over our heads every second of the day, the media need to play their part and start showing us that the virus is nowhere near as deadly for the vast majority of us as they have been portraying it to be.

We should be able to go back to work feeling the same way as we would about catching the flu virus. Not something we want, but something we have to live with as that is just part of the human experience.

And what is of lingering but great concern to me is that the longer it takes us to build up a herd resistance to the virus within our societies, the longer the elderly and vulnerable within those societies will have to wait in lock-up under house arrest, not being able to see, feel and touch their children and grandchildren before they die.

Old age too is a disease, and thus far, incurable.

I trust you enjoyed the read.

Until next time then, Nine sends love and thoughts to all and so from both of us and all at CMEFS, do take good care of yourselves. Charles.

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|---|---|---|---|
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| Andrew | Wealth | 063 321 7399 | Intern. New business and servicing. Medical Aids & GAP Cover. In the process of migrating across to the Wealth Division. |
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