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Commentary

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FACT

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FACT

Scientific brief by Lalu (alias)

There are three ways of knowing
1. perception,
2. inference,
3. Validation

It is said in tradition, that you should not believe what you hear but should seek direct experience. This is the meaning of the first of these three ways of knowing. The second is that of reasoning, whereby you want that experience to be understood in the light of your own inference or reasoning. The third part is that you seek validation through some respected authority or testimony. This might be a textual authority like books, articles, case reports, studies, etc., or verbally from some respected person who has firsthand knowledge of the subject [1].

When you can get these three to converge, meaning that experience, reasoning, and authoritative validation all agree with one another, then you know, and you know that you know, in fact [1].

In this age of information, data, and technology, evidence can be easily generated to support any narrative. The quality of evidence is always subject to debate and critical appraisal of evidence is a necessary step to devising sound policy guidance.

I am happy, proud, and grateful to be part of the Cruise ship industry. The industry values resonate with my being, and I like to embody them as much as I can.

I appreciate the challenges of policy making and I believe that Health/Medical department is doing its best job of rolling out sound policy guidance after thoroughly weighing the risks and benefits, to ensure smooth worldwide operations and the wellbeing of those whom this affects.

COVID-19

I understand there is CDC guidance for Cruise Ships on the mitigation and management of Covid-19 & "this document is intended to assist cruise ship operators in establishing health and safety protections to reduce the risk of introduction and spread COVID-19 during passenger operations and preserve onboard medical capacity. Cruise ship operators should carefully consider and incorporate these recommendations in developing their own health and safety protocols."

Thus, I infer that we are to develop our own health and safety protocols.

I will share my thoughts and evidence/expert recommendations about the COVID-19 disease burden, use of facemasks, and vaccination mandates. I request you to kindly review & share your thoughts with other stakeholders and policymakers to consider this point of view for its worth in fact, and weigh it in the process of devising future policy guidance.

Disease burden

From the early days of the Covid-19 pandemic, we figured 80% of cases are asymptomatic or mild and all measures were aimed at "flattening the curve" and the virus is expected to evolve into becoming less virulent over time.

Research is ongoing to determine choosing the best COVID-19 indicator among mortality, case fatality rate, and infection fatality rate and how much it influences policy preferences, behavior & understanding [2].

Estimating Mortality from COVID-19

"In the COVID-19 pandemic, we have seen broad variations in estimations of CFR that may be misleading. Countries are difficult to compare for several reasons. They may be more or less likely to detect and report all COVID-19 deaths. Furthermore, they may be using different case definitions and testing strategies or counting cases differently (for example, with mild cases not being tested or

counted). Variations in CFR also may be explained in part by the way time lags are handled. Differing quality of care or interventions being introduced at different stages of the illness also may play a role. Finally, the profile of patients (for example their age, sex, ethnicity, and underlying co-morbidities) may vary between countries [3]. "

Let's do our own math based on the latest WHO figures as of 31st August 2022. These are grossly overestimated as it does not differentiate between those who died from COVID vs those who died with COVID, and for all the reasons mentioned above.

Worldwide Mortality Rate of COVID-19 = ~0.022%

6.5 million deaths / ~ 3 billion exposed to the virus from the beginning until now (Assuming half the world is exposed. This is also a conservative estimate) [3].

Worldwide Case Fatality Rate for COVID-19 = ~1%

6.5 million deaths / 603 million cases [3].

IFR range for countries with comprehensive tracing programs from estimates was 0.005 - 0.018 %. Generally, the RT-PCR CFR fell into the range (0.005 - 0.02%), which is partly consistent with the serological results estimated by Levin et al. (Levin et al. 2020b) [2, 4, 5].

These numbers (0.005-0.002%) are comparable if not agreeably lower than IFR for Varicella in children (<0.002%) and Seasonal flu (<0.1-0.5%) [6].

If we consider that most deaths are in those aged 65+, we are left with significantly smaller and negligible ratios. The price we are paying to supposedly achieve this, is stupendous. Literally. #Inflation

Note to mention the effects on health of those with chronic diseases who were unable to access healthcare, postponed elective surgeries, mental health implications of isolation & lockdowns, years of lost education for children, adolescents & adults; rise in unemployment, jobs lost to vaccination mandates, accelerated environmental degradation, supply chain constraints, rise of authoritarianism, discrimination, mass migration, war, violence, and general degradation of society nearing to societal collapse by definition [7].

If only, we focused on protecting those who were vulnerable. Focused protection! Sounds familiar? Then you have probably read #theGreatBarringtonDeclaration.

These data do not support the use of drastic measures like onboard restrictions, masking, testing protocols, isolation, quarantine, and vaccination cards, at least from a health perspective, & are reckless and detrimental to health, environment, business & overall wellbeing in the long run [8]. It is self-destructive [9].

Operative requirements by port health authorities might vary but considering that many countries have completely opened their borders without any requirement for proof of vaccination or testing, I am inclined to think this is not such a great issue.

Covid-19 'Vaccines' / Experimental Gene Therapy

It is abundantly clear that there has been repression and suppression in scientific circles and the media of any views or suggestions that run counter to the government / mainstream narrative. However, many studies now indicate that the Covid19 vaccines, especially the mRNA vaccines, are less than 'safe and effective, and the ramifications are truly confronting [10, 11, 12].

I strongly advocate reading the Altman Report & Canadian covid care alliance published More harm than good to familiarize yourself with the emerging picture of the Safety and Efficacy of the COVID-19 'Vaccines' [10, 12].

We were first told that these vaccines will prevent infection & transmission. This narrative was conveniently changed to lead us to believe that they prevent hospitalization or serious infection. There is no evidence to support these claims. Vaccines were unsuccessful in preventing deaths and cases during the Omicron wave during Dec 21 – Jan 22.

My thoughts are summarized below

"Public health authorities are claiming that the principal reasons for COVID-19 vaccinations is to avoid serious illness and hospitalizations from infection with SARS- CoV-2. Yet, these purported benefits of COVID-19 vaccines remain uncertain as they were not demonstrated as primary outcomes in their truncated, randomized clinical trials. Health authorities recognize that these novel gene-based vaccines are not actually satisfying their original role, which was to prevent acquiring and transmitting this infectious disease, which was used to justify unprecedented workplace mandates across the world under the guise of safety and occupational health.

There is an absence of scientific evidence for the contention that individuals who are not 'up to date with COVID-19 genetic vaccines pose any significantly greater risk to themselves or others than those who have one, two, three, or however many doses, employers wish to enforce since these complex biologic products do not illicit sterilizing, durable and robust immunity. In fact, major outbreaks, and growing infection rates among the 'up to date provide ample evidence that enforcing vaccination mandates is not only potentially a violation of fundamental rights of bodily autonomy, but it is also reckless due to a greater risk for adverse effects from repeated injections of gene-based vaccine products that are dose-dependent [13]"

Facemasks

Benefit to Risk ratio of wearing masks to prevent the spread of covid is too low to mandate mask wearing in public spaces now. Individual choice is encouraged.

Wearing facemasks has been widely advocated to mitigate transmission of the SARS-CoV-2.

Given the large number of particles emitted upon respiration, sneezing, and coughing, the number of particles that may penetrate masks is substantial, which is one of the main reasons for doubts about their efficacy in preventing infections. Moreover, randomized clinical trials have shown inconsistent or inconclusive results, with some studies reporting only a marginal benefit or no effect of mask use [14, 15].

The strategy to limit exposure is a failure because of the sheer prevalence of cases and thus acquiring immunity by exposure is a more sensible strategy. There are 2 options in this regard – Natural immunity vs vaccination. I have already discussed vaccines/gene therapy. Natural immunity is conventionally considered better for all infectious diseases and SARS CoV-2 is not an exception.

About 129 billion facemasks are being used each month around the world. That's 180 million every hour [16]. That's 30 million masks every minute. This is a fact of catastrophic consequences.

Single-use face masks and PPE kits became a primary source of Micro-plastic pollution in 2020 [17]. I will not talk about the environmental impact of plastics.

Masks release titanium dioxide & micro-plastics that have been found in the nasal mucosa and lungs of people who wear masks [18]. Microplastics have been found in the blood of 80% of people tested [18, 19]. "The effects of having microplastics in your body are yet unknown" (obviously because we only recently found out)

Oh NO. Wait. We all know about how phthalates (widely used in making plastics) damage the sex chromosome. Phthalates make humans impotent [20, 21].

Benefit to risk ratio of wearing masks to prevent the spread of covid is too low to mandate mask wearing in public spaces now. Individual choice is encouraged.

I don't need a clinical trial to tell me that inhaling plastics & titanium dioxide6 is bad for my lungs. Trust me, I am a doctor.

Common sense can preclude the need for evidence to prove what we already know [1-23].

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