

## Lockdown Improprieties

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If temporary lockdowns against a potential pandemic such as SARS-CoV-2 (Covid-19) prove to be supported by the facts, then their tolerance is understandable. However, if not supported by the facts, at some point, continued application of these policies cannot be excused as mere mistakes or incompetence.

Perpetuation of a health emergency narrative benefits elements of the Government-Agency-Medical-Complex. Decades ago, Big Pharma, through the influence of its legislative base, obtained [federally granted](#) (moral hazard) indemnity and liability immunity from vaccine damage awards. Now Big-Pharma has, in full view, through advertising sponsorship, won over the revenue-needy media moguls in promoting the fiction that only it has the key to public health. As a result, months of headline news on the Covid-19 "pandemic" have been manifestly devoid of references to credentialed over-the-counter nutrition and lifestyle remedies.

A fear campaign continued to marshal directives mandating masks, quarantines, and lockdowns until a vaccine could be rolled out. In addition, a mandated or otherwise compelled vaccination program and downstream treatments for the harmful effects it might generate (a boon to Big Pharma) remained poised to be implemented, all of which deflects the public's attention away from personal responsibility for health. See recent information on such protocols [here](#). [\(Watch Frontline Doctors speak\)](#).

As to the virus, the [CDC lists](#) U.S. Covid-19 deaths from 2/1/2020 to 10/17/2020 at 206,172, with total deaths from all causes at 2,245,171. Hence, Covid-19 deaths are but 9.2% of deaths from all causes. Unfortunate, yes, but official remedies, including lockdowns, face masks, and experimental vaccines, have not yet been demonstrated to reduce case fatalities long-run. While voluntary isolation may not be unreasonable for some high-risk groups, the [ruinous effects](#) of imposed shutdowns devolve on those most economically un-empowered.

Most troubling, however, are the dominant treatment agendas that discourage known successful alternative protocols (mentioned above) which substantively reduce the risk of death. Case fatalities attributed to Covid-19 then could well be an order of magnitude smaller than proclaimed, especially when it is admitted by the [CDC](#) that co-morbidities existed in all but 6% of Covid-19 mortalities, not to mention additional causes of deaths from [iatrogenic](#) risks of hospitalization.

In other words, in most cases, the primary cause of death had been a pre-existing condition that may or may not have been accelerated by Covid-19. These deaths were, however, attributed to Covid-19.

Granting that the impact of Covid-19 exceeds that of an episode of the common flu, [data on deaths](#) reveal that the virus remains unimpressive as a pandemic. All the while, the considerable economic impact from lockdowns gets short shrift.

Financial incentives explain why the success of the [Swedish response](#) of remaining open, or the neglect of other successes in opening schools, revealed by [Senate hearings with Rand Paul](#), must be denigrated or ignored.

What we have now amounts to more than corporate wrongdoing, negative externalities, or human rights violations perpetrated by corporate machinations.

There is no need here to catalog the unprecedented disruption of education, business, and loss of livelihoods made possible by government policies usually associated with mobilization in wartime. There is every need, however, to protest the prospect of compulsory multiple weeks of forced quarantine based on the current PCR test where a [positive result does not necessarily indicate current infectivity](#). And more so, there is every need to ward off a mandated experimental vaccine that will generate a significant additional number of dissenters subject to compliance measures—all the more unsettling as all levels of government continue to disregard [constitutional due process](#).