

The Ugly Truth About COVID

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✓ Fact Checked

STORY AT-A-GLANCE

- › Pandemics ~ Data & Analytics (PANDA), co-founded by Nick Hudson, is using live data and open science to empower the public to exercise freedom of choice and preserve free societies
- › Hudson explains the ugly truth about COVID-19, which is that the world is being needlessly crippled by fear due to a false narrative
- › The pandemic response has created “homosapienophobia” – the idea that everyone is dangerous until proven healthy
- › Data compiled by PANDA found no relationship between lockdowns and COVID-19 deaths per million people; the disease followed a trajectory of linear decline regardless of whether or not lockdowns were imposed
- › With looming vaccine passports, the loss of personal liberties is at an unprecedented level, while people are generally living “enslaved by fear” – fear of infection or reinfection, “long COVID,” resurgence and mutant variants

Nick Hudson, an actuary and private equity investor, co-founded Pandemics ~ Data & Analytics (PANDA) in response to the many threats to civil rights and freedoms that have occurred during the COVID-19 pandemic response. While media and public health institutions have engaged in a campaign of smoke and mirrors – one that is perpetuating paralyzing fear, needlessly, to this day – data and facts don’t lie.

Hudson and his team at PANDA, which include a data analyst, economist, medical doctors, big data analyst and public health experts, are using live data¹ and open science to empower the public to exercise freedom of choice and preserve free societies.²

Hudson spoke at the inaugural BizNews Investment Conference in March 2021, and his keynote address is above. He explains the ugly truth about COVID-19, which is that the world is being crippled by fear due to a false narrative. Anyone who challenges that narrative is being labeled as a lunatic, a menace or a danger to society, which is furthering the repression and unjustified fear.

Bringing COVID-19 Truth to Light

George Washington famously said, “Truth will ultimately prevail where there are plans taken to bring it to light.”³ With that in mind, Hudson saw the “seeds of a great tragedy” being planted with the false COVID-19 narrative, and has made it a mission to get the truth out. So, what is the reality about the pandemic? According to Hudson:⁴

A virus that presents high risk to few and negligible risk to most hit some regions

Few are susceptible to severe disease

There are several available treatments

Asymptomatic people are not major drivers of disease

Lockdowns and mask mandates haven't worked and instead caused great harm

The vulnerable were hurt instead of helped

The misinformation has been spewed from the beginning, including by World Health Organization director-general Tedros Adhanom Ghebreyesus. In a March 3, 2020, media

briefing, he stated, “Globally, about 3.4% of reported COVID-19 cases have died. By comparison, seasonal flu generally kills far fewer than 1% of those infected.”⁵

But according to Hudson, the 3.4% represents case fatality rate (CFR), which is the number of deaths from COVID-19 divided by the number of cases of COVID-19, while the 1% is infection fatality rate (IFR), or the number of deaths divided by all infected individuals.

“By conflating these two separate points (CFR and IFR),” Hudson said, “Tedros was effectively lying.” Quantitative scientist John Ioannidis, professor of medicine at the Stanford Prevention Research Center, calculated the IFR for COVID-19 in a review of 61 seroprevalence studies, which was a median of 0.23%, and 0.05% in people younger than 70.⁶

Based on this, the IFR for COVID-19 is lower than that of the flu. And wouldn't you know it, in a New England Journal of Medicine editorial published March 26, 2020, Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases (NIAID), and colleagues wrote that “the overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza.”⁷

The media have suppressed this fact, Hudson noted, along with the fact that there's a 1,000 times difference in mortality among those younger than 19 and those older than 70 – something that should have been taken into account in the pandemic response.

Is COVID-19 Really a ‘Novel Virus’?

Further **inflaming widespread fear** is the idea that COVID-19 is a “novel virus,” which makes it sound like it's something humans have never encountered before. But is it really? According to Hudson:

“The reality is that the coronavirus is a very close relative, not even a separate subspecies, a very close relative of the 2003 SARS virus. There are seven related coronaviruses known to cause disease in humans, probably many others, and four of them are in general circulation.”

Annual, global circulation. So the naming of this disease is terribly inconsistent. This is really a rose by any name, SARS. A variant of SARS. It's not novel."

One study even found that 81% of people not exposed to SARS-CoV-2, the virus that causes COVID-19, were still able to mount an immune response against it, which "suggests at least some built-in immune protection from SARS-CoV-2 ..."⁸

Nonetheless, Maria Van Kerkhove, WHO's technical lead for the COVID-19 pandemic, stated that "a majority of the world's population is susceptible to infection from this virus."⁹ This is the first of two key elements that, Hudson said, lead to "homosapienophobia" – the idea that everyone is dangerous until proven healthy.

The idea of universal susceptibility to COVID-19 is nonsense, Hudson noted, as was demonstrated early on with the Diamond Princess cruise ship. Among the 3,711 passengers and crew onboard the Diamond Princess, 712 (19.2%) tested positive for SARS-CoV-2, and of these 46.5% were asymptomatic at the time of testing. Of those showing symptoms, only 9.7% required intensive care and 1.3% (nine) died.¹⁰

PANDA data also showed that, starting in February 2021, there was not universal susceptibility to the virus. Their data showed cumulative COVID-19 deaths per million people. In Africa, Southeast Asia and Oceania, the population fatality rate was 112 per million compared to 710 per million in Europe and the Americas.

As for Africa, Southeast Asia and Oceania, Hudson said, "the population fatality rate there almost isn't an epidemic. In a typical year, they'd have 10,000 deaths per million from all causes."

Fear Mongering Over Asymptomatic Spread

The second element that enables the doctrine of "everyone being a danger" to continue is the idea of asymptomatic spread driving disease. "I was absolutely aghast to find out the poor quality of the science" behind it, Hudson said.

One of the seminal papers involved one woman who reportedly infected 16 colleagues while she was asymptomatic.¹¹ The study was widely used to suggest that asymptomatic spread was occurring, but controversy later ensued over whether the woman was actually asymptomatic when the others were infected or if she was symptomatic and being treated for flu-like symptoms at the time.¹²

In June 2020, Kerkhove also made it very clear that people who have COVID-19 without any symptoms “rarely” transmit the disease to others. But in a dramatic about-face, WHO then backtracked on the statement just one day later. June 9, 2020, Dr. Mike Ryan, executive director of WHO’s emergencies program, quickly backpedaled Van Kerkhove’s statement, saying the remarks were “misinterpreted or maybe we didn’t use the most elegant words to explain that.”¹³

“It’s utter, utter nonsense,” Hudson said, adding that Fauci also stated in January 2020, “asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person.”¹⁴

A JAMA Network Open study later found, in December 2020, that asymptomatic transmission is not a primary driver of infection within households.¹⁵ A study in Nature Communications also found “there was no evidence of transmission from asymptomatic positive persons to traced close contacts.”¹⁶

Lockdown Madness

The myth of widespread asymptomatic spread is what was used to justify worldwide lockdowns of healthy people. “Bruce Aylward will go down in history as a criminal of immense stature,” Hudson said, referring to Aylward’s role as the head of a WHO team that visited Wuhan, China, and concluded lockdowns were working to stop COVID-19 spread.¹⁷

“He takes a delegation to China, spends a few days, then comes back and says everyone should follow China’s response, the doctrine of universal susceptibility,” Hudson said. Yet, prior to the COVID-19 pandemic official guidelines for pandemic response plans recommend against large-scale quarantine of the healthy.

In fact, WHO wrote that during an influenza pandemic, quarantine of exposed individuals, entry and exit screening and border closure are “not recommended in any circumstance.”¹⁸

Likewise, in 2021 a study published in the European Journal of Clinical Investigation found no significant benefits on COVID-19 case growth in regions using more restrictive nonpharmaceutical interventions (NPIs) such as mandatory stay-at-home and business closure orders (i.e., lockdowns).¹⁹

Data compiled by PANDA also found no relationship between lockdowns and COVID-19 deaths per million people. The disease followed a trajectory of linear decline regardless of whether or not lockdowns were imposed.

What isn't a lie, however, is that lockdowns cause a great deal of harm. Infant mortality, poverty, starvation and joblessness are on the rise, as are delays in medical treatment and diagnosis, psychological disorders among youth, suicide and deaths of despair.

Education has been disrupted for an estimated 1.6 billion children, Hudson said, and a survey of 2,000 U.S. adults revealed that 1 in 6 Americans started therapy for the first time during 2020. Nearly half (45%) of the survey respondents confirmed that the COVID-19 pandemic was the driving reason that triggered them to seek a therapist's help.²⁰ According to Hudson:

“Perhaps the hardest thing for me to swallow about all of this is in undergraduate epidemiology, it is a well-known finding that when you are confronted with a disease with sharp edge graduation, as you are with coronavirus, measures to generally suppress the spread of the disease have the effect, reliably, of shifting the disease burden onto the vulnerable, who we should be protecting. They worsen coronavirus mortality.”

Mask Rhetoric Is Misleading

It's been touted that face masks are essential to stopping the spread of COVID-19 and could save 130,000 lives in the U.S. alone.²¹ But in 2019, the World Health Organization

analyzed 10 randomized controlled trials and concluded, “there was no evidence that facemasks are effective in reducing transmission of laboratory-confirmed influenza.”²²

Only one randomized controlled trial has been conducted on [mask usage and COVID-19 transmission](#), and it found masks did not statistically significantly reduce the incidence of infection.²³

You may remember that in the early days of the pandemic, face masks were not recommended for the general public. In February 2020, Christine Francis, a consultant for infection prevention and control at WHO headquarters, was featured in a video, holding up a disposable face mask.

She said, “Medical masks like this one cannot protect against the new coronavirus when used alone ... WHO only recommends the use of masks in specific cases.”²⁴ As of March 31, 2020, WHO was still advising against the use of face masks for people without symptoms, stating that there is “no evidence” that such mask usage prevents COVID-19 transmission.²⁵

But by June 2020, the rhetoric had changed. Citing “evolving evidence,” WHO reversed their recommendation and began advising governments to encourage the general public to wear masks where there is widespread transmission and physical distancing is difficult.²⁶ Yet that same day, June 5, 2020, WHO published an announcement stating:²⁷

“At present, there is no direct evidence (from studies on COVID-19 and in healthy people in the community) on the effectiveness of universal masking of healthy people in the community to prevent infection with respiratory viruses, including COVID-19.”

The U.S. Centers for Disease Control and Prevention did a similar about-face on mask usage, citing a study of two hair dressers in Missouri, who were reportedly symptomatic with COVID-19 and styled 139 clients’ hair.

None of the clients tested positive for COVID-19, which the CDC suggested was because they and the stylists wore masks.²⁸ Hudson believes, however, that the customers were probably young and not susceptible to the virus in the first place.

Another study published in the CDC's journal Emerging Infectious Diseases stated, "We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility."²⁹

PANDA data also showed no differences in transmission in states with mask mandates and those without. Still, health officials are now advising you should **double or triple up on masks** to make them work better.

Vaccines Being Sold as a Ticket to Freedom

People who stand to make countless billions out of **COVID-19 vaccines** are now selling them as a ticket to freedom, Hudson states:

"How convenient that we now have a logic that tells us that we need to vaccinate 7.8 billion people for a disease that has a mean survival rate of 99.95% for people under the age of 70. The profiteering here is naked. It is transparent."

It's a sad situation when teenagers, who aren't at high risk, are lining up for vaccines just to get their freedoms back, he adds. When you add in all the other inconsistencies and lies — **PCR tests** that are not capable of diagnosing infectiousness, inflated death numbers, restrictions on travel, media propaganda and arbitrary rules, like the CDC's recent change in physical distancing in classrooms from 6 feet to 3 feet³⁰ — it's as though we're living in an Orwellian reality.

With looming **vaccine passports**, the loss of personal liberties is at an unprecedented level, while people are generally "enslaved by fear" — fear of infection or reinfection, "long COVID," resurgence and mutant variants. "The underpinnings of our civilization are under threat," Hudson noted, and we have a choice. "We've been pushed up against a precipice, will we be pushed off or will we push back?"

He urges people to support the Great Barrington Declaration, which calls for "focused protection" and finding a middle ground between locking down an entire economy and

just “letting it rip.” As of April 4, 2021, the declaration has collected 41,890 signatures from medical practitioners and over 13,796 signatures from medical and public health scientists.³¹

In addition, the declaration is open for public signatures and has collected 764,089 from concerned citizens around the world. The website allows you to read and sign the declaration, answers many frequently asked questions, shares the science behind the recommendations and explains how the declaration was written.

PANDA also published a protocol for reopening society “to provide a road map out of the damaging cycle of lockdowns.”³² Hudson quoted Nelson Mandela, who stated courage is not the absence of fear, but the triumph over it. We all need to strive for courage and support awareness campaigns aimed at stopping the harmful narrative, relieving fear and protecting future freedom.

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