

New Delta Virus Variant Escalates Lockdowns

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✓ Fact Checked

STORY AT-A-GLANCE

- The emergence of a new SARS-CoV-2 variant from India, called “Delta,” may result in a new round of lockdowns around the world, including the U.K. and Chile
- Chile has one of the highest COVID-jab rates in the world; 58% of the population have received two doses and 75% have received their first dose. Santiago locked down as of June 10, 2021, after the capital reported the highest COVID-19 case numbers since the beginning of the pandemic
- Research by Public Health England (PHE) suggests two doses of Pfizer’s mRNA COVID shot is 88% effective against the Delta variant, while AstraZeneca’s DNA injection appears to be 60% effective. After a single dose, either of the shots was only 33% protective against symptomatic illness
- PHE claims the Delta variant is 64% more likely to transmit within households than the Kent (Alpha) variant that had previously dominated, and that it’s 40% more transmissible outdoors and more likely to affect younger people
- Variants are unlikely to pose significantly differing risk to people with natural immunity compared to the original, as resistance is primarily based on your T cells, which have been shown to recognize and attack variants that are up to 80% dissimilar. SARS-CoV-2 variants are at most 0.3% dissimilar from the original, which means T cell immunity will easily recognize and protect against them

According to the regional director of the European office of the World Health Organization, Hans Henri Kluge, a new coronavirus variant called “Delta” (its scientific

name being B.1.617.2 and originating in India) is “poised to take hold” in Europe, which may necessitate renewed lockdowns.¹

In a June 10, 2021, article, The Hill reported that the SARS-CoV-2 Delta variant “can spread quickly and infect those who have received one of two vaccine doses at higher rates than the fully vaccinated.”²

According to Kluge, Europe is facing the same situation as they did back in the winter of 2020, when cases rapidly rose, resulting in “a devastating resurgence, lockdowns and loss of life.” “Let’s not make that mistake again,” Kluge said during the press conference.

Indian Variant Refuels Fear

The Delta variant is now the dominant strain in the U.K., where a surge in cases, supposedly, has occurred predominantly among younger people between the ages of 12 and 20.³

Research by Public Health England (PHE) suggests two doses of [Pfizer’s mRNA COVID shot](#) is 88% effective against the Delta variant, while [AstraZeneca’s DNA injection](#) is “supposedly” 60% effective. After a single dose, either of the shots was only 33% protective against symptomatic illness.^{4,5}

However, while single-dose recipients are said to be at greater risk than those having received two doses, more fully “vaccinated” people have actually died from this variant. According to the PHE, of the 42 Britons who had died with the Delta variant as of mid-June 2021, 12 had received two doses of gene therapy, compared to just seven single-dose recipients.⁶

More importantly, a June 11, 2021, PHE report⁷ shows that as a hospital patient, you are six times more likely to die of the COVID Delta variant if you are fully vaccinated, than if you are not vaccinated at all.

The information shows up in Table 6 of the 77-page document, which are labeled as the attendance to emergency care and deaths by vaccination status and confirmed Delta

cases from February 1, 2021, to June 7, 2021.

Of 33,206 Delta variant cases admitted to the hospital, 19,573 were not vaccinated. Of those, 23 (or 0.1175%) died. But, of the 13,633 patients who were vaccinated with either one or two doses, 19 (or 0.1393%) died, which is an 18.6% higher death rate than for the unvaccinated patients. Seven of the 5,393 patients who were partially vaccinated with one dose died, or 0.1297%.

Of the 1,785 patients who had both vaccine doses 14 days or more before admission, 12 (or 0.6722%) died. This death rate is 5.72 times higher than that for unvaccinated patients. Put another way, if all 33,206 patients had been fully vaccinated, there would have been 223 deaths.

The PHE also claims the Delta variant is 64% more likely to transmit within households than the Kent (Alpha) variant that had previously dominated, and that it's 40% more transmissible outdoors.⁸

Knowing what we now know about how science and statistics are being manipulated to give the appearance of a serious problem where there is none, I take these statements and data with a grain of salt. World leaders, however, are using the data to impose yet more restrictions. British Prime Minister Boris Johnson is now considering keeping lockdown rules in place until spring of 2022.⁹

Similarly, Chile, which has one of the highest COVID-jab rates in the world, with 58% of the population having received two doses and 75% having received their first dose, authorities announced a blanket lockdown across the capital of Santiago, June 10, 2021. The lockdown came in response to the highest COVID-19 case numbers since the beginning of the pandemic.¹⁰

Why Was a Disgraced Disease Modeler Relied on Yet Again?

In the U.S., Delta accounts for about 10% of cases and is doubling every two weeks, according to the former Food and Drug Administration commissioner Dr. Scott Gottlieb, who spoke about the variant on a "Face the Nation" broadcast June 13, 2021.^{11,12}

According to Gottlieb, Delta is likely to “spike a new epidemic heading into the fall.”¹³ Showing just how crazy a repeat this is, Gottlieb is again citing data from Neil Ferguson. Yahoo! News calls Ferguson a “prominent British epidemiologist” but in fact, the man is beyond untrustworthy and has been thoroughly — and publicly — disgraced.

His only prominence is that of a failed statistician whose models have been repeatedly proven faulty to a ridiculous degree. The fact that Gottlieb is again using Ferguson’s models ought to set off warning bells that this is fear propaganda to justify even further COVID jabs and nothing else.

It was Ferguson’s Imperial College model¹⁴ that predicted the death of 2 million Americans and 500,000 Britons unless draconian lockdown and social distancing measures were implemented. A major flaw in his model was that he didn’t account for the fact that the susceptible population is only ever a small portion of people, never 100%.¹⁵

Ferguson was also the source of the December 2020 prediction that the Alpha variant B117 — the so-called “Kent” strain that became the predominant strain before Delta — would be 50% to 70% more contagious than previous variants circulating in the U.K., and would infect children and teens to a greater extent than previous variants.¹⁶

Well, what happened? PHE data reveal the rolling average of infections (i.e., positive tests, which may be symptomatic or asymptomatic) sharply declined starting in January 2021, from a high of 68,053 cases in early January to a low of 1,649 cases in early May 2021.¹⁷

Daily hospitalizations also dropped, as did the number of daily deaths, which plunged from a high of 1,610 in January 2021 to a low of eight on June 13, 2021.¹⁸ Apparently, the much-feared and “far more infectious” B117 strain didn’t unleash a mass-death cascade after all.

“ In the U.S., CDC data show a total of 204 teens — aged 12 to 17 — were admitted to hospital for COVID assessment between January and March 2021. These

are hardly catastrophic numbers. Fewer than one-third required intensive care and none died.

Meanwhile, there are at least four reported deaths among 12- to 17-year-olds following COVID “vaccination,” along with several hundred adverse effect reports, including dozens of cases of heart inflammation.”

What’s more, the fact that mainstream media and health authorities have not highlighted the number of children infected or hospitalized is a clear hint that children really weren’t at great risk from B117 either. They just wanted you to fear the possibility of it being so.

In the U.S., Centers for Disease Control and Prevention data¹⁹ show adolescent hospitalizations for COVID-19 peaked at a rate of 2.1 per 100,000 hospital admissions in early January 2021. By mid-March, that had declined to 0.6 per 100,000. In April, it rose a little again, to 1.3 per 100,000. In actual numbers, we’re talking about a total of 204 teens — aged 12 to 17 — being admitted to hospital for assessment between January 2021 and March 2021.

These statistics are indeed quite far from catastrophic. Fewer than one-third required intensive care and none died. Meanwhile, there are at least four reported deaths among 12- to 17-year-olds following COVID “vaccination,” along with several hundred adverse effect reports, including dozens of cases of heart inflammation.²⁰

As Ferguson’s calamitous predictions for Alpha variant B117 having failed to come to fruition, it appears the same fearmongering narrative has now simply shifted over to the Delta variant.

Clearly, they want us to fear for our children, as this will improve compliance with freedom-robbing measures and boost vaccine uptake. Right now, they’re having a really hard time explaining why children, whose risk of serious complications or death from

COVID-19, and who aren't a primary disease vector, would need to participate in an uncontrolled gene therapy experiment.

COVID Measures Did Not Work and Should Never Be Repeated

After a year and a half of lies and disinformation, it seems clear the technocrats pushing for a Great Reset are more than willing to make things up as they go, simply to keep the pandemic going. According to Kluge, the way out of this new phase of the pandemic is “a combination of public health measures and vaccination, not one or the other.”²¹

This despite the fact that we already know that none of these strategies actually work. As noted by pathologist Dr. Roger Hodkinson²² in a May 27, 2021, Last American Vagabond interview,²³ masks, social distancing and lockdowns did not work and never will, and the COVID jabs are too dangerous to pursue.

In the interview above, Hodkinson reviews the very real concerns surrounding vaccine-induced spike proteins and their potentially devastating effects on health and human reproduction,²⁴ seeing how Pfizer's own research demonstrates free spike proteins are disseminated throughout your body within hours of injection.^{25,26,27}

I detailed this research in “[Researcher: 'We Made a Big Mistake' on COVID-19 Vaccine](#),” which featured an interview with Canadian immunologist and vaccine researcher Byram Bridle, Ph.D. I've also explained the mechanics of why the [SARS-CoV-2 spike protein](#) is so dangerous and toxic in “[The Many Ways in Which COVID Vaccines May Harm Your Health](#).”

Anti-Vax Hater Predicts Nightmare Summer

In a June 11, 2021, Daily Beast article,²⁸ Dr. Peter Hotez — a rabid anti-vax hater — is now saying that children living in conservative “red” states, where COVID jab refusal tends to be higher, face a dangerous “nightmare summer.”

Hotez, dean of the National School of Tropical Medicine at Baylor College of Medicine, has in the past called for [violent suppression of vaccine safety information](#), bullying

parents of vaccine-injured children²⁹ by calling them “anti-vaxxers” even though they’re discussing their children’s injuries that occurred as a result of vaccination, not because they didn’t vaccinate them.

In 2018, Hotez classified vaccine safety and pro-informed consent advocacy groups such as the National Vaccine Information Center as “hate groups” that “hate children,”³⁰ and said we must “snuff out” (a term typically reserved for gangster style murder) the “anti-vaccine” movement.^{31,32} He’s also stated that vaccination “is not a choice; it’s a responsibility.”³³ Not surprisingly, Hotez has very strong ties to the vaccine industry.

During a March 23, 2019, appearance on the Joe Rogan show, Hotez suggested Amazon, Facebook, Twitter, Google, Reddit, Instagram and other online platforms should hire chief scientific officers to manage, filter and regulate content.³⁴ Hotez has also called for the use of **cyberwarfare tactics** against people who dare discuss potential vaccine problems, including yours truly.

No doubt, he’s loving the current Dark Age of online censorship that arose with the COVID pandemic.

“The only way to prevent these variants from gaining a foothold is to step up the pace of vaccinating everyone over the age 12 (and hopefully children younger than that by the fall),” Hotez writes in his Daily Beast article.³⁵

“But in these robust pockets of vaccine resistance, it’s hard to imagine getting anywhere close to full coverage of young people. For example, more than 50 percent of 12- to 17-year-olds are vaccinated (received at least one dose of vaccine) in Massachusetts and Vermont, whereas less than 10 percent of those in this same age group have been vaccinated in Alabama, Louisiana, and Mississippi.

Here’s what might happen if we don’t fully vaccinate the South. First, the number of cases could accelerate in July and August, just as they did last year ... In addition, we might see the new variants rise in frequency and disproportionately affect children, adolescents, and young adults, possibly including a multisystem inflammatory syndrome of children or MIS-C.

Some children's hospitals in the region may already be seeing an acceleration in hospitalizations and ICU admissions. In fact, the CDC just reported on rising hospitalization rates among adolescents this spring."

Hotez Overstates Risk to Children and Teens

Here, Hotez cites the CDC data³⁶ I discussed earlier, and the way he does it ends up misrepresenting the trend. To repeat, no teenagers have died from COVID-19. And the uptick in hospitalization he's talking about is an uptick from the mid-March low. But the April 2021 hospitalization rate for teens is still only about half the January 2021 rate (1.3 per 100,000 hospitalizations compared to 2.1 per 100,000). We are not looking at a doomsday trend here.

*"The nation has to be fully and evenly vaccinated if we are to have any hope of navigating our way out of this epidemic. It's also the surest way to protect young people in this region," Hotez writes.*³⁷

I disagree. Already last year, in 2020, data suggested the vast majority of the global population already had full or partial natural immunity. Initially, experts estimated that 70% of the population or more would need to be exposed and develop immunity before natural herd immunity would be achieved.³⁸

By mid-October 2020, more than a dozen scientists claimed the herd immunity threshold is actually somewhere between 43% and 9%, which means a vast majority of the global population — by then — were already at very low risk of serious illness.^{39,40,41,42,43} Data from Stockholm, Sweden, which didn't shut down during 2020, showed a herd immunity threshold of 17%.⁴⁴

Contrast that to the COVID jabs, which do NOT actually make you immune. You can still contract the illness and spread the virus. The vaccine makers admit the design of the shots mean they will only lessen your symptoms if or when you get infected. Theoretically, this will prevent or lower your risk of hospitalization and death.

However, on the flipside, scientists have fervently warned that the COVID shots may trigger antibody-dependent enhancement (ADE), making vaccinated individuals far more prone to serious complications and death when encountering the wild virus.

Children and teens also are not dying from COVID-19 in droves. In fact, they're not dying from it at all, so the idea that they are in dire need of gene therapy is simply not true.

No Need to Fear Mutations

Is there cause to be concerned about the new Delta variant? Or any other variant for that matter? According to Michael Yeadon, Ph.D., a life science researcher and former vice-president and chief scientist of allergy and respiratory research at Pfizer, the answer is a firm "no." In the interview above, which is part of the full-length documentary "Planet Lockdown,"⁴⁵ Yeadon explains why.

"Basically, everything your government has told you about this virus, everything you need to do to stay safe, is a lie," Yeadon says. "Every part of it ... None of the key themes that you hear talked about – from asymptomatic transmission to top-up vaccines [i.e., booster shots] – not one of those things is supported by the science.

Every piece is cleverly chosen adjacently to something that probably is true, but is itself a lie, and has led people to where we are right now."

When it comes to your susceptibility to variants, mutated versions of SARS-CoV-2, your resilience is not dependent on antibodies as much as it's dependent on your T-cell immunity, also known as cellular immunity. Yeadon explains:

"You've got four or five different arms of the immune system: innate immunity, mucosal, antibody, T-cells and compliment[ary systems]. There are all of these different wonderful systems that have integrated, one with another, because it needs to defend you against all sorts of different threats in the environment.

What I'm telling you is that the emphasis on antibodies in respect of respiratory viral infections is wrong, and you can establish that quite easily by doing some searching ...

I'm not saying antibodies have no role, but they're really not very important. This has been proven. There are some people in whom a natural experiment has occurred. They have a defect and they actually don't make antibodies, but they're able to fight off COVID-19, the virus SARS-CoV-2, quite well.

The way they do that is, they have T-cell immunity, cellular immunity. [T-cells] are cells that are trained to detect virus-infected cells and to kill those cells.

That's how you defend yourself against a virus. So, all of these mentions of antibody levels, it's just bunk. It is not a good measure of whether or not you're immune. It does give evidence that you've been infected, but their persistence is not important as to whether you've got immunity ...

We've known this for decades. We've known about T-cells for decades. They were clearly in my undergraduate textbooks. And we've known about their importance in defending you against respiratory viruses since probably the 1970s, certainly the 1980s ...

It's quite normal for RNA viruses like SARS-CoV-2, when it replicates, to make typographical errors. It's got a very good error detection, error correction system so it doesn't make too many typos, but it does make some, and those are called 'variants.'

It's really important to know that if you find the variant that's most different from the sequence identified in Wuhan, that variance ... is only 0.3% different from the original sequence.

I'll say it another way. If you find the most different variance, it's 99.7% identical to the original one, and I can assure you ... that amount of difference is absolutely NOT possibly able to represent itself to you as a different virus. [So] when your government scientists tell you that a variant that's 0.3% different

from SARS-CoV-2 could masquerade as a new virus and be a threat to your health, you should know, and I'm telling you, they are lying."

To recap, what Yeadon is saying is that a virus cannot mutate into a version that is so dissimilar from the original that your body cannot identify it. If you have T cell immunity, your immune system will recognize the mutated virus and take care of it, just as it would with the original version of the virus.

He explains how, earlier in the pandemic, scientists obtained blood from patients who had been sickened with the SARS virus 17 or 18 years ago. SARS-CoV-1, responsible for that SARS outbreak, is only 80% similar to SARS-CoV-2. They wanted to know if the immune systems of these patients would be able to recognize SARS-CoV-2 — which they did. They still had memory T-cells against SARS-CoV-1, and those cells also recognized SARS-CoV-2, despite being only 80% similar.

Now, if a 20% difference was not enough to circumvent the immune system of these patients, why should you be concerned with a variant that is at most 0.3% different from the original SARS-CoV-2? And why would we need booster shots for these near-identical variants?

Booster Shots, a Trojan Horse?

Yeadon is extremely suspicious of the intentions behind booster shots for different variants, saying:

"You should be terrified at this point, as I am, because there's absolutely no possible justification for their manufacture. There's no possible benign interpretation of this. I believe they [the booster shots] are going to be used to damage your health and possibly kill you. Seriously. I can see no sensible interpretation other than a serious attempt at mass depopulation.

This will provide the tools to do it, and plausible deniability. They'll create another story about some sort of biological threat and you'll line up and get your top-up vaccines, and a few months or a year or so later, you'll die of some

peculiar inexplicable syndrome. And they won't be able to associate it with the vaccines.

That's my belief – that they're lying to you about variants so they can make damaging top-up vaccines that you don't need at all. I think they will be used for malign purposes ...”

Reject the ‘New Normal’ and Reclaim Your Life

Until or unless someone in the know steps up to the plate with a confession, we have no way of knowing whether depopulation is actually an intended outcome of these shots. Still, even if there's no ill intent behind them, the real-world outcome may still be a mass-casualty event.

What seems clearer is that world leaders are sowing fear that is wildly disproportionate to the actual health threat of this virus and its variants, and the most logical reason for this is because they need this pandemic to continue in order to usher in [the Great Reset](#).

The Great Reset, in turn, is part of a parallel agenda built around [transhumanist ideologies](#), ideas and ideals, where man is merged with machine and biologically controlled through the use of nanotechnology and [digital surveillance](#).

If I'm correct, then the COVID pandemic narrative will continue to be spun, not for the next several months but years. The [fearmongering](#) will persist until permanent tracking has been implemented, getting regular gene therapy injections have become the norm and no one does anything unless government says it's OK. In other words, until life has been permanently turned into a hell fit for robots alone.

In the video below, talkRADIO host Julia Hartley-Brewer shares her opinion on the matter, saying that if the U.K. does not open on “Freedom Day,” June 21, 2021, as planned, then lockdowns are likely to continue forever.

She points out that the “vaccines” are working better than anyone dared hope, and a far larger portion of the population than expected have willingly taken them. People are as

safe as they're ever going to get, yet government is still vacillating, saying it's not enough. It's time to go back to the old normal where people are free to live their own lives, Hartley-Brewer says, and she's absolutely right.

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