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## The CCP's Global Lockdown Fraud

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# The Chinese Communist Party's Global Lockdown Fraud

Request for expedited federal investigation into scientific fraud in COVID-19 public health policies



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To:

Federal Bureau of Investigation  
935 Pennsylvania Avenue NW  
Washington, D.C. 20535

CC:

U.K. Security Service (MI5);  
Australian Security Intelligence Organisation;  
Canadian Security Intelligence Service;  
Bundesnachrichtendienst;  
U.S. Department of Justice

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*This open letter is available for download in PDF format at [Scribd](#).*



We are writing this letter to request that a federal investigation be commenced and/or expedited regarding the scientific debate on major policy decisions during the COVID-19 crisis. In the course of our work, we have identified issues of a potentially criminal nature and believe this investigation necessary to ensure the interests of the public have been properly represented by those promoting certain pandemic policies.

During times of crisis, citizens naturally turn to the advice of those they perceive as experts. In early 2020, the public turned to the advice of scientific authorities when confronted with an apparent viral outbreak. Soon after, most nations followed the advice of prominent scientists and implemented restrictions commonly referred to as “lockdowns.” While the policies varied by jurisdiction, in general they involved restrictions on gatherings and movements and the closure of schools, businesses, and public places, inspired by those imposed by the Chinese Communist Party (CCP) in

Hubei Province. The intervention of federal authorities with police power may be required to ensure that those who have promoted these lockdown policies have done so in good faith.

This letter is meant to call the attention of federal authorities in Australia, Canada, Germany, the United Kingdom, and the United States (the “Nations”) to multiple points of evidence about the origin and historical precedent of lockdowns; the scientific literature and debate behind them; the provenance and quality of predominant COVID-19 testing protocols and models; the motivations, biases, and qualifications of certain prominent lockdown supporters; and the source of public-facing communications surrounding these policies.

### 1. Lockdowns Originated on the Order of Xi Jinping, General Secretary of the Chinese Communist Party, and Were Propagated Into Global Policy by the World Health Organization With Little Analysis or Logic

Lockdown proponents have frequently justified their policies by comparing them to actions taken to combat the pandemic of Spanish influenza a century prior.<sup>[1]</sup> But a realistic examination of the mitigation efforts in response to Spanish influenza reveals that nothing remotely approximating lockdowns was ever imposed. In the words of Judge William S. Stickman, ruling in *Cnty. of Butler v. Wolf*,<sup>[2]</sup> citing the work of preeminent historians:

*Although this nation [the United States] has faced many epidemics and pandemics and state and local governments have employed a variety of interventions in response, there have never previously been lockdowns of entire populations — much less for lengthy and indefinite periods of time...[3]. While, unquestionably, states and local governments restricted certain activities for a limited period of time to mitigate the Spanish Flu, there is no record of any imposition of a population lockdown in response to that disease or any other in our history.*

Not only are lockdowns historically unprecedented in response to any previous epidemic or pandemic in American history, but they are not so much as mentioned in recent guidance offered by the U.S. Centers for Disease Control and Prevention (“CDC”). Judge Stickman continues:

*Indeed, even for a ‘Very High Severity’ pandemic (defined as one comparable to the Spanish Flu), the guidelines provide only that ‘CDC recommends voluntary home isolation of ill persons,’ and ‘CDC might recommend voluntary home quarantine of exposed household members in areas where novel influenza circulates.’ Id. at 32, Table 10 (emphasis added). This is a far, far cry from a statewide lockdown...[4]*

*The fact is that the lockdowns imposed across the United States in early 2020 in response to the COVID-19 pandemic are unprecedented in the history of our Commonwealth and our Country. They have never been used in response to any other disease in our history. They were not recommendations made by the CDC. They were unheard of by the people [of] this nation until just this year. It appears as though the imposition of lockdowns in Wuhan and other areas of China — a nation unconstrained by concern for civil liberties and constitutional norms — started a domino effect where one country, and state, after another imposed draconian and hitherto untried measures on their citizens. (emphasis added)*

Judge Stickman’s intuition regarding the real history of lockdowns is in line with the opinion of the foremost infectious disease scholars. Donald Henderson, the man widely credited with eradicating smallpox, wrote in 2006, “Experience has shown that communities faced with epidemics or other adverse events respond best and with the least anxiety when the normal social functioning of the community is least disrupted.”[5] To our knowledge, no scientist ever publicly supported imposing lockdowns until Xi Jinping, General Secretary of the Chinese Communist Party (CCP), personally authorized the “unprecedented lockdown of Wuhan and other cities beginning on Jan. 23.”[6]

General Secretary Xi is perhaps best known for the punishment of over one million CCP officials for “corruption,”[7] the elimination of term limits from China’s constitution,[8] and, of course, the reeducation and “quarantine”[9] of over one million Uyghur Muslims and other minorities “infected with extremism”[10] throughout the regions of Xinjiang and Tibet, pursuant to the CCP’s pet hybrid of public health and security policy: *fangkong* — the same policy that inspired Xi’s lockdown of Hubei province.[11] General Secretary Xi later affirmed that he had issued these instructions to the CCP’s Politburo Standing Committee on January 7, 2020,[12] but his instructions have never been revealed. Chinese business leader Ren

Zhiqiang was sentenced to 18 years in prison[13] for an open letter in which he requested Xi's instructions be made public.[14]

When the lockdown of Hubei province began, the World Health Organization (WHO)'s representative in China noted that “trying to contain a city of 11 million people is new to science... The lockdown of 11 million people is unprecedented in public health history...”[15] Human rights observers also expressed concerns.[16] But those concerns didn't stop the WHO from effusively praising the CCP's “*unprecedented*” response just days after the lockdown began, and long before it had produced any results: “The measures China has taken are good not only for that country but also for the rest of the world.”[17] WHO Director Tedros Adhanom added that he was personally “very impressed and encouraged by the president [Xi Jinping]'s detailed knowledge of the outbreak” and the next day praised China for “setting a new standard for outbreak response.”[18]

By February 2020, the CCP had begun reporting an exponential decline in COVID-19 cases. In its February report, the WHO waxed rhapsodic about China's triumph:

*General Secretary Xi Jinping personally directed and deployed the prevention and control work ... China's uncompromising and rigorous use of non-pharmaceutical measures to contain transmission of the COVID-19 virus in multiple settings provides vital lessons for the global response”[19]. (emphasis added).*

Shortly thereafter, the WHO held a press conference during which Assistant Director-General Bruce Aylward — who later disconnected a live interview when asked to acknowledge Taiwan[20] — told the press: “What China has demonstrated is, *you have to do this*. If you do it, you can save lives and prevent thousands of cases of what is a very difficult disease.”[21] (emphasis added). Two days later, in an interview for China Central Television (CCTV), Aylward put it bluntly: “*Copy China's response to COVID-19.*”[22] (emphasis added).

The WHO's recommendations are notable for two reasons. First, the WHO's conclusion in its February report that this “rather unique and unprecedented public health response in China reversed the escalating cases”[23] exemplifies the fallacy of *post hoc, ergo propter hoc*. While it was possible that a more “flat” curve in Wuhan could be attributed to the CCP's lockdown, it was at least equally likely that Wuhan

had simply witnessed the natural course of this “novel” pathogen. It should have been obvious that the mere issuance of a policy “unprecedented in public health history” did not automatically mean it was effective — especially given the WHO’s own 2019 guidance for pandemic influenza did not advise border closures, mass contact tracing, or quarantine even of “exposed individuals” under any circumstance.[24]

Furthermore, the WHO did not even consider other countries’ economic circumstances, demographics, or even their *number of COVID-19 cases* — which were very few in most of the world — before instructing the entire world that “you have to do this.”[25] This conclusion by the world’s foremost public health body was, at best, criminally negligent.[26]

Lockdowns are a Xi Jinping policy, and the significance of that fact cannot be overstated. The idea of locking down an entire state or country and forcibly shutting down its businesses and public places was never entertained, never discussed, and never implemented in any pandemic literature until it was done by General Secretary Xi in January 2020. Lockdowns were never tried before 2020 and never tested before 2020, even on a theoretical basis.[27] The idea of “lockdown” was brought into human history on the order of General Secretary Xi; it otherwise never would have entered the collective human imagination. Anytime anyone endorses a lockdown for any length of time, even a few minutes, they are endorsing a Xi Jinping policy. The remainder of this letter concerns *how* lockdowns were laundered into the world’s go-to pandemic policy.

## 2. The Most Influential Institution for Covid-19 Models, Self-Described as “China’s Best Academic Partner in the West,” Has Been by Far the Most Alarmist and Inaccurate Covid-19 Modeler

In February 2020, a team from Imperial College London led by physicist Neil Ferguson ran a computer model that played an outsized role in justifying lockdowns in most countries. Imperial College forecast a number of potential outcomes, including that, by October 2020, more than 500,000 people in Great Britain and 2.2 million people in the U.S. would die as a result of COVID-19, and recommended months of strict social distancing measures to prevent this outcome.[28] The model also predicted the United States could incur up to one million deaths even with “enhanced social distancing” guidelines, including “shielding the elderly.”[29] In reality, by the end of October, according to the CDC and the United Kingdom National

Health Service (NHS), approximately 230,000 deaths[30] in the United States and 37,000 deaths[31] in the United Kingdom had been attributed to COVID-19 (though deaths from all other leading causes — including heart disease, cancer, and influenza — mysteriously declined,[32] indicating that even these low counts from the CDC and NHS are vastly overstated).

A study by researchers at UCLA and the Institute for Health Metrics and Evaluation (IHME) compared the accuracy of various institutions' models predicting COVID-19 mortality.[33] Across all time periods, the models produced by Imperial College were measured to have far higher rates of error than the others — *always* erring on the side of being too high:

*The 12-week median absolute percent errors (MAPE), reflecting models produced in July and August, ranged from 22.4% for the SIK-J Alpha model, to 79.9% for the Imperial model... The Delphi and LANL models from July underestimated mortality, with median percent errors of -5.6% and -8.3% at 6 weeks respectively, while Imperial tended to overestimate (+47.7%), and the remaining models were relatively unbiased... The Imperial model had larger errors, about 5-fold higher than other models by six weeks. This appears to be largely driven by the aforementioned tendency to overestimate mortality. At twelve weeks, MAPE values were lowest for the IHME-MS-SEIR (23.7%) model, while the Imperial model had the most elevated MAPE (98.8%)... In the most current models, the 6-week MAPE across models was 7.2%.*

Imperial's inaccuracy continued unabated. In October 2020, Imperial College's model predicted the U.K. would experience 2,000 deaths per day by mid-December.[34] In fact, deaths per day in the U.K. never reached 400, per NHS.[35]

Five years earlier, on October 21, 2015, General Secretary Xi personally visited Imperial College London for the announcement of “a series of new UK-China education and research collaborations” including “nanotechnology, bioengineering... and public health.”[36] This was the only trip Xi ever made to the U.K. as General Secretary; the trip lasted just four days and involved just one university: Imperial College London.[37] In a speech welcoming General Secretary Xi and his wife, Peng Liyuan, a goodwill ambassador to the WHO, Imperial College President Alice Gast addressed the Chancellor of the Exchequer:

*Chancellor, you have said that you aim to make the U.K. ‘China’s best partner in the west.’ Imperial College London strives to be just that, China’s best academic partner in the west... As China’s top research partner in the U.K., Imperial’s academics and students benefit from collaboration on a daily basis.[38] (emphasis added)*

In 2019, Gast became part of the notably pro-China[39] World Economic Forum’s AI Council along with Chinese AI Expert and venture capitalist Kai-Fu Lee, and to this day, Imperial College continues to advertise itself as “UK’s number one university collaborator with Chinese research institutions.”[40]

In March 2020, Imperial College produced a report titled “Evidence of initial success for China exiting COVID-19 social distancing policy after achieving containment,” concluding:

*For the first time since the outbreak began there have been no new confirmed cases caused by local transmission in China reported for five consecutive days up to 23 March 2020. This is an indication that the social distancing measures enacted in China have led to control of COVID-19 in China... after very intense social distancing which resulted in containment, China has successfully exited their stringent social distancing policy to some degree.[41]*

Imperial College had no way of knowing if this was, in fact, true — failing to discover cases does not mean they do not exist, particularly with a virus that is fatal to hardly anyone except the most vulnerable, and a regime with a long history of fraud— and its conclusion directly contradicted that of the U.S. intelligence community around the same time that China had intentionally misrepresented its coronavirus numbers.[42] In a December interview, Neil Ferguson recalled how China had inspired his lockdown recommendations to the U.K.’s Scientific Advisory Group for Emergencies (SAGE):

*I think people’s sense of what is possible in terms of control changed quite dramatically between January and March... It’s a communist one party state, we said. We couldn’t get away with it in Europe, we thought... And then Italy did it. And we realised we could... If China had not done it, the year would have been very different.[43]*



In a time of panic, it's natural for the public to focus on the worst possible outcomes. Thus, a prestigious institution producing particularly alarmist models can have an outsized impact on political discourse. In this case, the institution in question not only consistently and egregiously erred in just one direction — the “tendency to overestimate mortality” — but also had a special relationship with China as its “best academic partner in the west.”

### 3. Deadly Recommendations for Early Mechanical Ventilation Came from China

In early March 2020, the WHO released COVID-19 provider guidance documents to healthcare workers.[44] The guidance recommended escalating quickly to mechanical ventilation as an early intervention for treating COVID-19 patients, a departure from past experience during respiratory-virus epidemics.[45] In doing so, they cited the guidance being presented by Chinese journal articles, which published papers in January and February claiming that “*Chinese expert consensus*” called for “invasive mechanical ventilation” as the “first choice” for people with moderate to severe respiratory distress,[46] in part to protect medical staff. As the Wall Street Journal later reported:

*Last spring, doctors put patients on ventilators partly to limit contagion at a time when it was less clear how the virus spread, when protective masks and gowns were in short supply. Doctors could have employed other kinds of breathing support devices that don't require risky sedation, but early reports suggested patients using them could spray dangerous amounts of virus into the air, said Theodore Iwashyna, a critical-care physician at University of Michigan and Department of Veterans Affairs hospitals in Ann Arbor, Mich.*

*At the time, he said, doctors and nurses feared the virus would spread through hospitals. “We were intubating sick patients very early. Not for the patients' benefit, but in order to control the epidemic and to save other patients,” Dr. Iwashyna said “That felt awful.”[47] (emphasis added)*

In New York and other cities, early and often ventilator use became a common theme, and it had devastating consequences for patients.[48] On March 31, 2020, Dr. Cameron Kyle-Sidell, who had been caring for ICU patients at one of the hardest-hit

hospitals in New York City, acted as an early whistleblower, sounding the alarm about the ventilator issue in a widely-shared video:

*We are operating under a medical paradigm that is untrue... I fear that this misguided treatment will lead to a tremendous amount of harm to a great number of people in a very short time... I don't know the final answer to this disease, but I'm quite sure that a ventilator is not it... This method being widely adopted at this very moment at every hospital in the country ... is actually doing more harm than good.*  
[49]

An April Reuters interview with dozens of medical specialists made it clear that mechanical ventilator overuse had become a global issue: “Many highlighted the risks from using the most invasive types of them — mechanical ventilators — too early or too frequently, or from non-specialists using them without proper training in overwhelmed hospitals.”[50]

By May 2020, it was common knowledge in the medical community that early ventilator use was hurting, not helping, COVID-19 patients, and that less invasive measures were in fact very effective in assisting recoveries.[51] A New York City study found a *97.2% mortality rate* among those over age 65 who received mechanical ventilation.[52] The “early action” ventilator guidance that the WHO distributed to the world killed thousands of innocent patients; the WHO obtained that guidance from China.

4. The World's Predominant, Wildly-Inaccurate PCR Testing Protocols Are Based on Incomplete, Theoretical Genome Sequences Supplied by China  
Virologists Victor Corman and Christian Drosten led the exceptionally-rapid creation of the first COVID-19 PCR test (the “Corman-Drosten Protocol”);[53] it is now the most commonly-used testing protocol in the world for detecting the SARS-CoV-2 virus which may, in certain cases, lead to the disease COVID-19. (As discussed *infra*, the Court of Appeal of Lisbon concluded that this PCR test was producing as many as 97% false positives). Corman and Drosten were provided with the *in silico* (theoretical) genome sequences used to create their PCR protocol by Chinese scientists including Yong-Zhen Zhang and Shi Zhengli, Director at the Wuhan Institute of Virology.[54] (These genome sequences were then posted to the open-source depository Virological.org on January 10, 2020). The Corman-Drosten

Protocol was submitted to the WHO on January 13,[55] eight days *prior* to the date it was submitted to the medical journal Eurosurveillance for “peer review.”[56]

The WHO released the Corman-Drosten Protocol on January 21, the same day it was submitted to Eurosurveillance.[57] Drosten sits on the board of Eurosurveillance, a conflict of interest.[58] The Corman-Drosten Protocol was accepted[59] by Eurosurveillance the *very next* day, January 22 (the same day the WHO confirmed human-to-human transmission),[60] an extraordinarily quick turnaround; peer review for scientific journals is an intensive process requiring identification of, and action by, external reviewers, which typically takes weeks to months. Of all 1,595 publications at Eurosurveillance since 2015, not one other research paper was reviewed and accepted in fewer than 20 days.[61] Eurosurveillance’s peer review process also requires an author declaration that no conflicts of interest exist, which was, in this case, a false statement.[62] This extraordinarily quick turnaround made it impossible for any other PCR protocol to be published before the Corman-Drosten Protocol, which was published on PubMed on January 23,[63] giving it a valuable “first-mover” advantage ensuring that it became the predominant PCR protocol in the world.

The molecular biologist Pieter Borger and his team submitted a retraction request for the Corman-Drosten PCR protocol.[64] According to Borger’s report, the Corman-Drosten PCR test workflow contains multiple, fatal errors. The most glaring issue is the fact that, at the time the protocol was submitted, there was no good reason to believe widespread PCR testing would even be necessary:

*The authors introduce the background for their scientific work as: “The ongoing outbreak of the recently emerged novel coronavirus (2019-nCoV) poses a challenge for public health laboratories as virus isolates are unavailable while there is growing evidence that the outbreak is more widespread than initially thought, and international spread through travelers does already occur.*

*According to BBC News[65] and Google Statistics[66] there were 6 deaths worldwide on January 21st 2020 — the day when the manuscript was submitted. Why did the authors assume a challenge for public health laboratories while there was no substantial evidence at that time to indicate that the outbreak was more widespread than initially thought? (emphasis added)*

Borger's report goes on to specify ten major flaws with the Corman-Drosten protocol, the biggest issue being the fact that the entire test is based on *in silico* (theoretical) sequences supplied by China:

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*The first and major issue is that the novel Coronavirus SARS-CoV-2 (in the publication named 2019-nCoV and in February 2020 named SARS-CoV-2 by an international consortium of virus experts) is based on in silico sequences, supplied by a laboratory in China,[67] because at the time neither control material of infectious (“live”) or inactivated SARS-CoV-2 nor isolated genomic RNA of the virus was available to the authors. To date no validation has been performed by the authorship based on isolated SARS-CoV-2 viruses or full length RNA thereof.*

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In addition, the primers and probes in Drosten's protocol are incomplete and non-specific; the primer concentrations are four to five times too high; the GC content (connection strength) is far too low; the annealing temperature difference in primer pairs is up to five times too high; the PCR products have not been validated at the molecular level, rendering the test useless as a specific diagnostic tool to identify SARS-CoV-2; and — given the protocol was accepted for publication just one day after it was submitted to Eurosurveillance — it was obviously never subjected to any meaningful peer review.

Corman and Drosten's PCR protocol thus has every indications of being fraudulent.

In June, a peer-reviewed study was published comparing the accuracy of the COVID-19 PCR test protocols on the short list recommended by the WHO. The PCR protocol developed by the CDC (the N2 US CDC protocol)[68] — likewise based on *in silico* genome sequences supplied by China — fared little better than the Corman-Drosten protocol:

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*The E Charité [Corman-Drosten] and N2 US CDC assays were positive for all specimens, including negative samples and negative controls (water).[69]*

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Together, these two PCR protocols account for the vast majority of COVID-19 PCR tests conducted in the Nations.[70] Both rely on *in silico* sequences from China, and both produce wildly inaccurate results, testing positive for all specimens including negative samples and plain water.

## 5. Predominant, Excessive PCR Testing Protocols Came from China

In accordance with recommendations by the WHO and other public health authorities, countless laboratories have engaged in mass PCR testing for the SARS-CoV-2 virus.[71] Fundamental to PCR testing is the concept of “cycle thresholds.” The PCR test amplifies genetic matter from a virus in cycles; the fewer cycles required, the greater the amount of virus, or viral load, in the sample. The greater the viral load, the more likely the patient is to be contagious. Thus, the higher the PCR cycle threshold, the lower the amount of viral load needed to trigger a positive PCR test.

If the PCR cycle threshold indicating a “positive” is set too high, a positive result may not even indicate any meaningful amount of live viral particles. As Dr. Anthony Fauci mentioned in a July 2020 interview, a cycle threshold of 35 or more should not be considered a positive result:

*What is now sort of evolving into a bit of a standard ... if you get a cycle threshold of 35 or more ... the chances of it being replication-confident are minuscule... So, I think if somebody does come in with 37, 38, even 36, you got to say, you know, it's just dead nucleotides, period.[72] (emphasis added)*

The WHO published its currently-outstanding guidance on laboratory testing for COVID-19 on March 19, 2020.[73] The WHO's guidance contained only three studies discussing PCR cycle thresholds. All three studies[74] are from China and use cycle thresholds from 37 to 40: “A cycle threshold value (Ct-value) less than 37 was defined as a positive test, and a Ct-value of 40 or more was defined as a negative test.”[75]

As described by the New York Times, most laboratories and manufacturers in the United States now set their cutoff for a positive PCR test from 37 to 40 cycle thresholds: “Most tests set the limit at 40, a few at 37. This means that you are positive for the coronavirus if the test process required up to 40 cycles, or 37, to detect the virus.”[76] At 37 cycles, any viral RNA or DNA will have been amplified over 68 billion times, and at 40 cycles it will have been amplified over 500 billion times.

Doctors interviewed by the New York Times agreed with Dr. Fauci that anything above 35 cycle thresholds is too sensitive. “A more reasonable cutoff would be 30 to 35,” said Juliet Morrison, virologist at UC Riverside. Dr. Michael Mina, epidemiologist

at the Harvard T.H. Chan School of Public Health, said he would set the figure at 30, or even less. Using current testing standards with 37 to 40 cycle thresholds:

*In three sets of testing data that include cycle thresholds, compiled by officials in Massachusetts, New York and Nevada, up to 90 percent of people testing positive carried barely any virus, a review by The Times found... In Massachusetts, from 85 to 90 percent of people who tested positive in July with a cycle threshold of 40 would have been deemed negative if the threshold were 30 cycles, Dr. Mina said. 'I would say that none of those people should be contact-traced, not one,' he said.[77]. (emphasis added).*

In a recent ruling, the Court of Appeal of Lisbon concluded: “In view of current scientific evidence, this test shows itself to be unable to determine beyond reasonable doubt that such positivity corresponds, in fact, to the infection of a person by the SARS-CoV-2 virus.”[78] The two most important reasons for this, said the judges, are that, “the test’s reliability depends on the number of cycles used” and that “the test’s reliability depends on the viral load present.”[79]

The court cited a study conducted by “some of the leading European and world specialists,” showing that if someone tested positive for COVID-19 at a cycle threshold of 35 or higher, the chance of that person actually being infected is less than 3%, and that “the probability of... receiving a false positive is 97% or higher.”[80]

To summarize, based on guidance issued by the WHO citing three studies from China, laboratories and manufacturers across the United States and many other countries are using a PCR cycle threshold of 37 to 40 for COVID-19 PCR tests that were created using *in silico* genome sequences supplied by a laboratory in China, pursuant to which positive COVID-19 case counts have been inflated as much as ten- to thirty-fold.[81]

**6. Studies Showing Significant Asymptomatic Transmission, the Only Scientific Basis for Lockdowns of Healthy Individuals, Came from China**  
Underpinning the policy of “lockdown” is the scientific concept of “asymptomatic spread.” According to the WHO, “Early data from China suggested that people without symptoms could infect others.”[82] This idea of asymptomatic spread was reflected in the WHO’s February report.[83] According to this concept, healthy individuals, or “silent spreaders” might be responsible for a significant number of

SARS-CoV-2 transmissions.[84] The idea of setting out to stop asymptomatic spread was a significant departure from prevailing public health guidance and experience during prior respiratory-virus pandemics.[85]

The concept of significant asymptomatic spread was believed to be a novel and unique feature of SARS-CoV-2 based on several studies performed in China.[86] Multiple studies from other countries could not find any transmission of SARS-CoV-2 from asymptomatic individuals.[87]

A paper from McGill University concluded that “transmission in the asymptomatic period was documented in numerous studies,” but every one of those studies was conducted in China; where studies outside of China have tried to replicate these findings, they have failed.[88] An Italian study concluded that two asymptomatic individuals who tested positive had been infected by two other asymptomatic individuals, but this was based on 2,800 PCR tests; given the false-positive rate discussed above, the conclusion is dubious.[89] An influential study from Brunei Darussalam found significant asymptomatic spread,[90] but its findings are considerably weakened by a poor case definition; its two findings of asymptomatic spread were that of a young girl with no symptoms who allegedly spread SARS-CoV-2 to her teacher who had “a mild cough on one day,” and a father who remained asymptomatic but whose wife briefly had a runny nose and whose baby also had a mild cough one day.[91]

A German study co-authored by Christian Drosten claimed to have found “Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany,”[92] but the researchers didn’t actually speak to the woman before they published the paper, and officials later confirmed that she did, in fact, have symptoms while in Germany.[93]

Absent this concept of significant asymptomatic spread, there is no scientific case for locking down healthy persons. This concept of significant asymptomatic transmission of SARS-CoV-2, and the studies backing it, came from China.

## 7. The CCP Engaged in an Early, Broad, Systematic, and Global Propaganda Campaign to Promote Its Lockdown Response

After concluding the CCP's lockdowns had “reversed the escalating cases” in China, the WHO was not alone in imploring the world to “Copy China's response to COVID-19.” Beginning the same day the CCP locked down Hubei province, “leaked” videos from Wuhan began flooding international social media sites including Facebook, Twitter, and YouTube — all of which are blocked in China — purporting to show the horrors of Wuhan's epidemic and the seriousness of its lockdown, in scenes likened to *Zombieland* and *The Walking Dead*.<sup>[94]</sup> Official Chinese accounts widely shared an image of a hospital wing supposedly constructed in one day, but which actually showed an apartment 600 miles away.<sup>[95]</sup>

Then, beginning in March 2020, the entire world was bombarded with propaganda extolling the virtues of China's heavy-handed approach.<sup>[96]</sup> Chinese state media bought numerous Facebook ads<sup>[97]</sup> advertising China's pandemic response (all of which ran without Facebook's required political disclaimer), and began erroneously describing “herd immunity” — the inevitable endpoint of every epidemic either by naturally-acquired immunity<sup>[98]</sup> or vaccination — as a “strategy” violating “human rights.”<sup>[99]</sup> Sweden, whose leaders were unique in foregoing lockdowns, became a primary target of the CCP's propaganda campaign.<sup>[100]</sup> In the words of China's state-run Global Times:

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*Chinese analysts and netizens doubt herd immunity and called it a violation of human rights, citing high mortality in the country compared to other Northern European countries. “So-called human rights, democracy, freedom are heading in the wrong direction in Sweden, and countries that are extremely irresponsible do not deserve to be China's friend ...”<sup>[101]</sup>*

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That was, of course, before the WHO adopted the bold, contradictory strategy of attempting to rewrite the historical definition of herd immunity wholesale. As recently as June 2020, the WHO's definition of herd immunity had properly included “immunity developed through previous infection”—but on October 15, 2020, the WHO effectively erased the eons-long history of naturally-acquired immunity from its website:

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*‘Herd immunity’, also known as ‘population immunity’, is a concept used for vaccination, in which a population can be protected from a certain virus if a threshold of vaccination is reached.*

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*Herd immunity is achieved by protecting people from a virus, not by exposing them to it.[102] (emphasis added)*

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China's official spokesperson, Hua Chunying, posted a video of a 7-year-old girl reciting the importance of strict social distancing among children.[103] Simultaneously, hundreds of thousands of clandestine social media posts, which were later flagged as state-sponsored, expressed admiration for China's lockdowns and longed for governments around the world to emulate them, while denigrating governments and world leaders who failed to follow suit;[104] governments including, but not limited to: Nigeria,[105] Ghana,[106] South Africa,[107] Namibia,[108] Kenya,[109] France,[110] Spain,[111] Colombia,[112] Brazil,[113] Argentina,[114] Canada,[115] Australia,[116] India,[117] Germany,[118] the United Kingdom,[119] and the United States.[120] Not only is this very poor global citizenship, but especially in light of the dubious science discussed above, it's worth wondering whether these social media posts were intended to popularize lockdowns as the end in themselves. [121]

When Italy became the first country outside China to lock down, Chinese experts arrived on March 12 and two days later advised a tighter lockdown: "There are still too many people and behaviors on the street to improve." [122] On March 19, they repeated that Italy's lockdown was "not strict enough." "Here in Milan, the hardest hit area by COVID-19, there isn't a very strict lockdown ... We need every citizen to be involved in the fight of COVID-19 and follow this policy." [123]

Chinese company DJI donated drones to 22 U.S. states to help enforce lockdown rules.[124] Months later, DJI was blacklisted by the U.S. for having "enabled wide-scale human rights abuses within China through abusive genetic collection and analysis or high-technology surveillance, and/or facilitated the export of items by China that aid repressive regimes ..." [125] On July 7, FBI Director Christopher Wray disclosed that the CCP even specifically approached local politicians to endorse its pandemic response:

*[W]e have heard from federal, state, and even local officials that Chinese diplomats are aggressively urging support for China's handling of the COVID-19 crisis. Yes, this is happening at both the federal and state levels. Not that long ago, we had a*

*state senator who was recently even asked to introduce a resolution supporting China's response to the pandemic.[126]*

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China has financial stakes in virtually every top media outlet.[127] With regard to complex issues like lockdowns, China's influence can collectively tip these media entities in a dangerous direction, such as encouraging countries to copy China's response to COVID-19.[128] The CCP has shaped the media's scientific narratives by consistently promoting the falsehood that "China controlled the virus,"[129] which is, of course, a baldfaced lie.[130] Nonetheless, by encouraging mainstream publications to repeat the lie that "China controlled the virus," the CCP has normalized this lie and ensured its forged data remains integral to scientific discourse.[131] Meanwhile, the CCP began closely monitoring Chinese academic publications on COVID-19.[132]

The significance of China's global lockdown propaganda campaign is the intent behind it. While the scientific issues described above — criminal negligence by the WHO, alarmist mortality models, dubious PCR tests, and bad studies on asymptomatic transmission — could theoretically be attributed to incompetence, the CCP's propaganda is evidence of deliberation. Sloppy science may be professionally shameful, but it is neither a crime nor a moral failing. The possibility of corruption and fraud, on the other hand, is another matter.

## 8. Many Prominent Pro-Lockdown Scientists Show Conspicuous Pro-China Bias

Not only were lockdowns laundered into science with a shocking lack of scientific debate, but many scientists have shown an unusual deference to China in evaluating the continuation of lockdown policies. These scientists have continuously praised China, and many appear to be operating on the assumption that China has, in fact, eliminated domestic COVID-19 cases as the CCP claims, when in fact this claim is a lie, as confirmed by the intelligence community.[133] Needless to say, promoting major public policy decisions based on this mistaken assumption can have devastating consequences.

In a May 2020 interview for China Central Television, Richard Horton, editor-in-chief of the esteemed medical journal *The Lancet*, emphatically praised China's lockdowns:

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*It was not only the right thing to do, but it also showed other countries how they should respond in the face of such an acute threat. So, I think we have a great deal to thank China for ...[134].*

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In July, Horton reiterated his gratitude toward China, tweeting: “Indeed. China should not be ‘blamed’. In my view, we should thank Chinese scientists and health workers for their incredibly selfless commitment to attacking this outbreak. They deserve our unconditional gratitude.”[135] And in August, Horton doubled down again in a full-throated piece that had surprisingly little to do with health:

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*The “century of humiliation,” when China was dominated by a colonially-minded west and Japan, only came to an end with the Communist victory in the civil war in 1949 ... Every contemporary Chinese leader, including Xi Jinping, has seen their task as protecting the territorial security won by Mao and the economic security achieved by Deng.[136].*

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On October 8, the Lancet published a ringing endorsement of China’s pandemic response: *China’s successful control of COVID-19.*[137] This article was met with high praise by Chen Weihua, China Daily EU Bureau Chief:

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*Despite ignorance by many in the West, this article by The Lancet is a powerful endorsement of China’s successful pandemic response. Hate to read stories by those paparazzi journalists who are experts at spinning but have little knowledge of science.[138].*

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Chinese scientists later submitted an article to The Lancet arguing that SARS-CoV-2 originated in India, in the midst of ongoing border skirmishes with India.[139] Just weeks later, however, the party line changed again amid economic tensions with Australia, and Global Times claimed the coronavirus may have come from Australia. [140]

William A. Haseltine, Chairman of the Board of the US-China Health Summit since 2015, has also reserved great praise for China. In October 2020, China Daily syndicated a column from Haseltine in which he towed the CCP’s party line on Sweden, chastising the country for choosing to “forego lockdowns” and base its

strategy on “herd immunity,” for which he falsely states that Sweden’s “COVID-19 infection and fatality rates were among the world’s highest”:

*But to base a pandemic-response strategy on the assumption that herd immunity is inevitable - vaccine or no vaccine - is to afford a virus a path of least resistance. That was the case in Sweden, where policymakers decided to forego lockdowns and business closures in favor of more lenient advisories on mask-wearing and social distancing. Unsurprisingly, Sweden’s subsequent COVID-19 infection and fatality rates were among the world’s highest.[141].*

Early in the pandemic, on March 25, Haseltine also praised China’s measures in contrast to the United States, most of which had yet to impose lockdowns: “The measures the US is taking to control Covid-19 are far inferior to what was done in China according to @JNBPage in @WSJ — <http://ow.ly/BS5R50yVDV2>. For more details see an interview quarantine of an American in Shanghai — <http://ow.ly/nz3050yVDXO>.”[142] Later that day, Haseltine continued: “Two months of lockdown in Hubei province in China has been lifted, although Wuhan remains under quarantine until April 8. This is an important moment, and testament to the effectiveness of containment measures.”[143] Haseltine praised China again on May 20: “It is possible to eliminate Covid without effective drugs or vaccines. This is how they did it in Wuhan, China.”[144]

On June 4, Haseltine again compared the U.S. negatively to China: “The steps China has taken to protect its population through testing and tracking is truly impressive. The US, on the other hand, is failing.”[145] And again on September 15: “Has the US has done [sic] all it can to control Covid-19? Covid can be contained without a vaccine or drug. China now has near zero new infections. ACCESS Health & the @RockefellerFdn explored how they did it with the use of digital technologies. <http://ow.ly/I4Ch50BrEpJ>.”[146]

Tom Frieden, former director of the CDC, is another prominent advocate of COVID-19 lockdowns. In 2015, “Frieden praised the public health partnership between China and the United States,” according to Global Times.[147] In 2017, Frieden joined China in backing Tedros Adhanom as director of the WHO over the United Kingdom’s eminently-qualified David Nabarro: “Tedros is an excellent choice to lead WHO. He succeeded in Ethiopia, making remarkable health progress...”[148] To the contrary, as

was widely-known at the time, Tedros had helped Ethiopia's regime cover up three cholera epidemics during his time as Ethiopia's Minister of Public Health.[149] As a senior member of the Tigray People's Liberation Front (TPLF), designated a terrorist organization by the United States in the 1990s, Tedros "was a crucial decision maker in relation to security service actions that included killing, arbitrarily detaining and torturing Ethiopians" and was "personally responsible for brutal repression of the Amhara people, using aid money selectively to starve them out and deny them access to basic services," — war crimes for which charges of genocide have recently been submitted against him at the International Criminal Court at the Hague.[150]

Frieden traveled extensively throughout China in 2018 and 2019 for public health collaborations, and he has heaped praise on China since the COVID-19 crisis began. [151] Frieden praised China's response early on, writing for CNN on February 25: "China's extraordinary cordon of Hubei province and other areas bought the world at least a month of lead time to prepare." [152] In an April interview, Frieden told China Global Television (CGTN): "There's a lot the world can learn from China on stopping COVID-19." [153]

On March 17, Frieden urged the U.S. to emulate China's expansion of hospital capacity: "When @voxdotcom posted this yesterday I thought hospitals might need to triple their beds and ventilators for pts with #COVID19. Now data suggests we may need as much as 10x more. China built 1K bed hospitals in 8 days, urgent action needed in US now." [154]

On April 1, Frieden tweeted the same words three times, praising China and urging the U.S. to ramp up its response: "I'm angry. Friends & neighbors sick & dying. 2.9: days Wuhan's action bought China: <https://bit.ly/3bCxJg>. 2.9: number of MONTHS squandered by US not ramping up protection of HCW, critical care, testing, contact tracing, isolation, quarantine. Roadmap: <https://bit.ly/2R3RtgW>." [155]

In August, Frieden praised China several times, contrasting its "success" with that of the U.S. On August 10: "Meanwhile in China. They report they can now do 4.8M PCR tests/day. Schools are opening and staying open. Mask-wearing is, where appropriate, nearly universal. Last week, they had an average of 34 cases/day. That's a case rate less than 1/5,000th that of the US." [156] On August 15: "This reflection from an American teaching in Chengdu — where Covid lockdowns were strictly enforced —

examines the nuances of life in China and how the country was able to crush the curve.”[157] And on August 16: “Thoughts about huge, unmasked crowds at festivals in Wuhan!?! Well, that’s the reward for crushing the curve — you get back to near pre-Covid reality. But that’s probably not a reasonable goal for most places, where simmering control is a realistic best-case scenario.”[158] And on August 18: “China reported a case rate less than 1/5,000th of the US’. It’s possible for us to control Covid too if Americans work together and fully support public health.”[159]

While these individuals are unique in their pro-China, pro-lockdown bias, as scientists they’re far from alone in their apparent ties to the CCP. In June, the National Institutes of Health (NIH) disclosed that 189 of its grantees had received undisclosed funding from foreign governments.[160] In 93% of cases, including that of Charles Lieber, chair of Harvard’s chemistry department, the undisclosed funding came from China.[161] The co-founders of CanSino Biologics, a Chinese vaccine company collaborating with Canada, were found to be members of the CCP’s Thousand Talents Plan for co-opting and incentivizing scientists to transfer research and knowledge to China.[162] According to the Harvard Crimson, the largest gift in the history of Harvard’s Chan School of Public Health came in part from a “pawn of the CCP,” a “cheerleader for a government responsible for significant humanitarian crises” through a series of shell companies, the largest of which was named in the Panama Papers.[163]

There is nothing immoral or illegal about merely being wrong. But given the magnitude of the decisions being made during the COVID-19 crisis, if even a handful of influential scientists are cross-incentivized to support lockdowns regardless of any real data or results, this can have an outsized impact on both public opinion and policy.

## 9. Many Other Influential Lockdown Supporters Are Both Woefully Unqualified to Be Advising World Leaders on Pandemic Policy and Often Show Conspicuous Pro-China Bias

In addition to the many scientists with ties to China, a number of woefully unqualified individuals have held themselves out to the public and politicians as experts with regard to COVID-19 epidemiology and lockdowns, when in fact their backgrounds reveal them to have no such expertise. Many of these, too, have shown unusual deference to China.

On January 25, 2020, Eric Feigl-Ding, an epidemiologist in Harvard's nutrition department with little background in infectious disease, wrote, "HOLY MOTHER OF GOD, the new coronavirus is a 3.8!!! How bad is that reproductive Ro value? It is thermonuclear pandemic level bad." [164] This was the first of a months-long series of dubious, but widely-shared, alarmist tweets by the previously unknown Ding, by virtue of which he gained hundreds of thousands of Twitter followers and became one of the leading advocates of strict COVID-19 mandates, despite his evident lack of qualifications. [165]

Ding is an alumnus of the World Economic Forum's Global Shapers, a group of young people that considers Taiwan a part of Greater China [166] and has campaigned during the COVID-19 crisis to share "their personal experiences of combating the coronavirus in their cities and of adapting to a new normal." [167] His enormous Twitter following irked many of his colleagues, prompting prominent Harvard epidemiologist Marc Lipsitch to denounce him as a charlatan: "OK lots of people think this is an intramural tiff. In the sense that we have been working @CCDD\_HSPH for a decade and at @HarvardEpi for 25y to establish ID epidemiology as a field of excellence & we don't like a charlatan exploiting a tenuous connection for self-promotion, yes." [168]

Columbia virologist Angela Rasmussen agreed with Dr. Lipsitch's assessment: "Eric Feigl-Ding is a charlatan. If Dr. Lipsitch sounds condescending, it's because EFD has repeatedly claimed expertise he doesn't have in order to get attention. He sensationalizes data and distributes outright misinformation. He's harmful to public health and I disdain that too." [169]

These denunciations by Drs. Rasmussen and Lipsitch are noteworthy in that both have supported limited lockdowns and criticized both pro- and anti-lockdown scientists and commentators. However, their denunciations of Ding have not slowed down his Twitter campaign, and he has continued to present himself in attire worn by a medical doctor, completely inappropriate to his background as a nutritionist. [170]

Tomas Pueyo is an engineer and MBA with no background in health or epidemiology who came to sudden fame for a March 10 article on the self-publishing site Medium titled "Coronavirus: Why You Must Act Now," in which he implored leaders around the world to implement lockdowns on China's model to counter rising COVID-19

cases. “The total number of cases grew exponentially *until China contained it*. But then, it leaked outside, and now it’s a pandemic that nobody can stop.”<sup>[171]</sup> (emphasis added)

Pueyo’s article quickly went viral and was shared hundreds of thousands of times, including by many celebrities.<sup>[172]</sup> After it went viral, Pueyo went on tour advising state legislators on implementing lockdowns.<sup>[173]</sup>

Not only was Pueyo unqualified to be dispatching this type of epidemiological advice to world leaders, but Pueyo’s March 10 article contains a number of red flags. First, Pueyo several times refers to the coronavirus as a “pandemic.” However, as of March 10, the WHO had not yet declared the coronavirus a pandemic,<sup>[174]</sup> and per the article, cases accounted for less than 0.0015% of the world’s population. In the article, Pueyo then goes on to implore leaders:

*But in 2–4 weeks, when the entire world is in lockdown, when the few precious days of social distancing you will have enabled will have saved lives, people won’t criticize you anymore: They will thank you for making the right decision. (emphasis added)*

Not only was the coronavirus not yet a pandemic, but as of March 10 there were fewer than 200 cases in the entire developing world outside China. Pueyo had no good reason to call the coronavirus a pandemic, no good reason to believe the *entire world* would be in lockdown in two to four weeks, and, above all, no good reason to be advising world leaders to lock down.

On March 19, Pueyo posted another Medium article titled “The Hammer and Dance,” which again went viral, explaining the strategy Pueyo described as “the Hammer” — quick, aggressive lockdowns when outbreaks occur — followed by “the Dance” — tracing, surveillance, and quarantine measures.<sup>[175]</sup>

On March 22, three days after Pueyo’s “The Hammer and Dance” was published, a strategy paper by the German Federal Ministry of the Interior (BMI) entitled “How to get a grip on COVID-19” (later dubbed “the Panic Paper”) was secretly distributed to members of German parliament and leaders of certain media outlets — this paper played an outsized role in encouraging the German government to implement a



nationwide lockdown in March 2020.[176] After the BMI refused to release the Panic Paper to the public under the Freedom of Information Act, it was leaked by FragDenStaat, a whistleblower site.[177]

Despite being published just three days after Pueyo's article, the Panic Paper relied heavily on Pueyo's work, referring to the strategy of intermittent lockdowns and surveillance as the "Hammer and Dance" without citing Pueyo. The term "Hammer and Dance" has no history in epidemiology — Tomas Pueyo invented it for his March 19 article.[178]

Otto Kölbl is one of the authors of the Panic Paper.[179] Kölbl has been "researching socio-economic development in China and (comparatively) in other developing countries as well as their presentation in the Western media" since 2007.[180] From 2005 to 2006 he was a language teacher at Northwestern Polytechnical University in Xi'an, China. He now runs his own blog called "rainbowbuilders.org" in which he has described Hong Kong as "parasitic"[181] and praised China's exemplary development of Tibet.[182] Like Pueyo, Kölbl is extraordinarily unqualified to be advising world leaders on any aspect of epidemiology, infectiology, or public health, fields in which he has no background.

Maximilian Mayer is another co-author of the Panic Paper.[183] Mayer taught at the University of Nottingham in Ningbo China and Tongji University in Shanghai, and was a research fellow at Renmin University Beijing.[184] Mayer's research interests include China's foreign and energy policy, climate politics, and international relations, and he edited *Rethinking the Silk-Road: China's Belt and Road Initiative and Emerging Eurasian Relations*. [185] He has since returned to Bonn University as a junior professor of international relations.[186] Like Pueyo and Kölbl, Mayer lacks any apparent qualification in epidemiology, infectiology, or public health, the fields on which he advised Germany's leaders via the Panic Paper.

From the earliest possible date, physicist Yaner Bar-Yam has urged the entire world to adopt the strategy of attempting to eliminate COVID-19 entirely as China had supposedly done through the global adoption of strict social distancing measures. On February 2, Bar-Yam praised China's supposed rapid construction of a hospital: "Hospital built in days in China is now operational." [187] On February 28, Bar-Yam quoted the WHO's report from its China Joint Mission which sent the world into

lockdown: “China’s uncompromising and rigorous use of non-pharmaceutical measures to contain transmission of the COVID-19 virus in multiple settings provides vital lessons for the global response.”[188] That same day, Bar-Yam continued “We should all acknowledge and thank China for their aggressive response to the Wuhan coronavirus. This includes stopping almost all travel of their citizens to the world to prevent contagion elsewhere.”[189] In February, Bar-Yam launched the website [www.endcoronavirus.org](http://www.endcoronavirus.org), which was soon translated into 17 languages, urging countries around the world to implement Wuhan-style lockdowns.[190]

Bar-Yam has spent the better part of a year admiring China’s lockdowns — including the CCP’s murderous lockdown in Xinjiang — and promoting the use of China’s data despite allegations of fraud. On July 18, Bar-Yam praised China’s “wartime” lockdown in Xinjiang: “17 new cases, shut the city down. Don’t give it a chance. China coronavirus: ‘Wartime state’ declared for Urumqi in Xinjiang.”[191] This same lockdown simultaneously caused incredible concern among human rights watchers and activists due to the CCP’s concomitant acts of genocide in Xinjiang against Uyghur Muslims and other Turkic minorities.[192]

On March 8, Bar-Yam defended China’s data, in contrast to the U.S.: “Actually, the numbers in the US are underreported because of limited testing. This is known. Many said the numbers in China are underreported, nobody has shown evidence. If you have it show it or take a seat.”[193] Bar-Yam reiterated this sentiment on March 14: “Speculations about the problems in China with data are projections.”[194] On March 29, Bar-Yam encouraged the U.S. to emulate China: “We need a much wider restriction. Still, China used such a strategy effectively.”[195] And, on August 3, Bar-Yam congratulated China: “Successful outbreak response: China’s manufacturing activity surges in July.”[196]

During crises, citizens trust experts with major policy decisions. For individuals to hold themselves out to the public and their leaders as experts in a crisis when they lack the necessary qualifications is bad enough; if they are somehow cross-incentivized to do so, it’s much worse.

## 10. Several Top National Health Officials Among the Nations Are Woefully Unqualified and Show Conspicuous Pro-China Bias

Canada's top health minister, Patty Hajdu, has no apparent background in infectiology or epidemiology, her only public health experience being in substance abuse and injury prevention.[197] Hajdu's admiration for China goes back some time — in 2014 she advised: "Don't believe everything you read. Chinese sunset story pure propaganda," sharing an article arguing that stories of China broadcasting a sunset in Beijing were false.[198] Hajdu first earned the praise of Chinese foreign spokesperson Hua Chunying in early February 2020 for refusing to ban travel from China: "Canada believes the ban of entry has no basis, which is a sharp contrast for the U.S. behaviours." [199]

In April, Hajdu defended China's COVID-19 case data: "There is no indication the data that came out of China in terms of their death rate and infection rate was falsified in any way." [200] When a reporter pointed out a U.S. intelligence report to the contrary, Hajdu scolded: "I would say your question is feeding into conspiracy theories that many people have been perpetuating on the internet." [201] After that early April exchange, Hajdu was excoriated in Canada's press for "effectively trying to gaslight her own citizens about the conduct of a habitually oppressive and untruthful regime." [202] But Hajdu ignored that coverage and quickly doubled down just one month later, praising China's "historic containment efforts." [203]

Hajdu continued into September, again earning aplomb from CGTN for defending China: "very early on China alerted the World Health Organization to the emergence of a novel coronavirus and also shared the sequencing of the gene which allowed countries to be able to rapidly produce tests to be able to detect it in their own countries." [204] For this, Chen Weihua, China Daily EU Bureau Chief, praised Hajdu: "Canadian Health Minister Hajdu is a role model. She is a disappointment to those paparazzi journalists and fearmongers." [205]

Hajdu even earned a special nod from China's Ministry of Foreign Affairs: "We noticed relevant reports and applaud the Canadian health minister's objective and fair remarks." [206]

As commentator Spencer Fernando pointed out, "Propaganda Patty ... appears to be one of the only people on Earth who actually believes China's official virus numbers." [207] Apparently unrepentant, Hajdu again scolded a journalist questioning data, echoing her April sentiments: "Mr. Speaker, do you know what will

help Canadians' lives? If the member opposite and the leader of the opposition stop their members from sharing fake and dangerous news like the member from Lethridge and the member of Carleton stay focused on saving lives of Canadians instead of spreading conspiracy theories.”[208]

Matt Hancock is a former economist and civil servant who had little to no background in public health or natural science before becoming health secretary of the United Kingdom. Prior to COVID-19, Hancock reportedly showed little interest in his role: “For him, it’s all about promoting himself and using it as a stepping stone to his next job,” said another NHS chief. “Tech is the only area in which he’s made a mark... But his belief that tech can solve many of the NHS’s difficulties had led to him being derided by people he needs to respect him.”[209]

Hancock has been especially keen on the adoption of technology from China, meeting with Kai-Fu Lee, CEO of Chinese venture capital firm Sinovation Ventures, in January 2018.[210] (In 2019, Kai-Fu Lee became part of the World Economic Forum’s AI Council along with Imperial College President Alice Gast).[211] In September 2018, Hancock led a “British business delegation talking healthtech in China”:[212] “I’m in China this week to look at collaborating with our Chinese counterparts to harness the power of tech & innovation in healthcare.”[213]

In April 2020, China’s National Health Commission reported that Hancock and his Chinese counterpart, Ma Xioawei, had spoken over the phone to discuss future collaboration during the COVID-19 crisis: “Hancock spoke highly of China’s commitment to fighting COVID-19 and China-UK cooperation during the pandemic, and said that the UK is willing to enhance exchanges and collaboration with China ...”[214] Three weeks later, CGTN reported that Hancock and Ma held a digital meeting of high-level health officials from China and the UK in a bid to increase cooperation amid the COVID-19 pandemic and beyond, including discussing “lockdown-lifting strategies:”

*Hancock said he appreciated the cooperation so far between the two nations in their joint response to the epidemic, and expressed that the UK is willing to strengthen anti-epidemic cooperation with China and to use the epidemic prevention and control agreements as an opportunity to deepen bilateral health and global health cooperation... They held in-depth discussions on topics including lockdown-lifting*

*strategies and reiterated their willingness to strengthen experience sharing and technical cooperation to jointly safeguard the people of the two countries.[215].*  
*(emphasis added)*

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During the COVID-19 crisis, Christian Drosten assumed the role of Germany's most influential health official, though as a virologist he has little background in epidemiology, infectiology, or public health.[216] Drosten's central role in creating the wildly-inaccurate COVID-19 PCR test has already been discussed. In a May 14 press conference, Drosten referred to: "this concept in the pandemic research of "The hammer and the dance," but this is not true — as discussed above, the term has no history, it was invented by Tomas Pueyo on March 19.

Daniel Andrews, Premier of Victoria, Australia, employs several advisors with ties to the CCP who have been involved in his strict pandemic policies. Danny Pearson, the MP who led Andrews' Belt and Road negotiations, lauded China's handling of the coronavirus.[217] Andrews' long-time staffer, Nancy Yang, attended a course in propaganda at a high-level CCP academy and helped spread COVID-19 disinformation early in the COVID-19 crisis.[218] Both Yang and Andrews' senior advisor on China, Marty Mei, are members of the Chinese Community Council of Australia, the foremost United Front organization in Victoria.[219] Two senior figures in organizations linked to the Chinese Communist Party's foreign influence operation, Arthur Wu and Su Junxi, were chosen as COVID-19 "community ambassadors" in Andrews' government.  
[220]

Andrews previously signed onto Xi Jinping's Belt and Road initiative without consulting Prime Minister Scott Morrison, for which he was publicly rebuked.[221] Internal documents obtained under the freedom of information act show Andrews pitching for money and expertise from Chinese state-owned companies in his trip to China in October 2019, with a promise to "facilitate" their access to Victoria and "collaborate" on the state's biggest projects. Victoria, he said, would become "China's gateway to Australia." [222]

In August 2020, the city of Melbourne in Victoria became the first Australian city to implement Stage 4 lockdown — the strictest restrictions, with curfews and stiff fines.  
[223]

## 11. Prominent Lockdown Supporters Have Proven Unusually Indifferent to the Devastating Consequences of Their Policies

In addition to their pro-China bias, lockdown proponents have proven strangely stubborn in their support of these policies, continuing to promote economically- and socially-destructive measures seemingly without concern for their terrifying real-world consequences; tragically, these consequences are all too real.

Data from the website yelp.com has shown that over 60% of business closures during the COVID-19 crisis are now permanent, amounting to more than 97,000 businesses lost in the U.S.[[224](#)] Nearly half of black-owned small businesses have been wiped out.[[225](#)] Unemployment in the United States reached as high as 14.7% and highways jammed with thousands of vehicles awaiting their turn at food banks.[[226](#)] Nearly 5% of the population of the United Kingdom went hungry during the first three weeks of lockdown.[[227](#)]

A survey found that 22% of Canadians were experiencing high anxiety levels, a four-fold increase from before the COVID-19 crisis, while the number reporting symptoms of depression doubled to 13%.[[228](#)] More than 40 U.S. states have reported increases in opioid-related mortality.[[229](#)] And, according to the CDC, despite mass PCR testing and the enormous number of false positives, at least 100,947 excess deaths in 2020 were *not linked to COVID-19 at all*.[[230](#)]

Though at little risk from the virus itself, young people bore an outsized share of the burden of lockdown. More than seven in ten adults aged 18–23 said they experienced common symptoms of depression.[[231](#)] The CDC revealed that young adults aged 25–44 saw the largest increase in “excess” deaths from previous years, a stunning 26.5% jump,[[232](#)] despite accounting for *fewer than 3%* of deaths from COVID-19. This increase literally *surpassed* the increase in excess mortality of older Americans, who are at much higher risk of COVID-19 fatality. Since young people are at very low risk for COVID-19 fatality — 20–49-year-olds have a 99.98% chance of surviving the virus, per CDC data — this shocking increase in deaths is largely attributable to deaths of “despair,” in other words, deaths by lockdown.[[233](#)]

Suicides jumped to unprecedented levels around the world. “We’ve never seen numbers like this in such a short period of time,” said Walnut Creek’s Dr. Mike deBoisblanc. “I mean we’ve seen a year’s worth of suicide attempts in the last four

weeks.”[234] “September of 2020 has been the highest month ever that we’ve seen suicidal patients admitted to our medical center,” said Dr. Kia Carter, medical director of Psychiatry at Cook Children’s Hospital.[235] In Japan, government statistics show suicide claimed more lives in October than Covid-19 has over the entire year to date. [236]

And, despite being at virtually no risk from COVID-19, as a result of lockdowns, children have suffered the most of all. Nearly one in four children living under COVID-19 lockdowns, social restrictions, and school closures are dealing with feelings of anxiety, with many at risk of lasting psychological distress.[237] In recent surveys of children and parents in the U.S., Germany, Finland, Spain and the U.K. by Save the Children, up to 65% of the children struggled with feelings of isolation.[238]

Children’s health and intellectual development has regressed. Some who were potty-trained before lockdowns have reverted to diapers, and others have forgotten basic numbers or how to use a knife and fork.[239] According to the University of Wisconsin, during the COVID-19 crisis American children over the age of ten have engaged in 50% less physical activity.[240] Achievement gaps have widened, and early literacy progress has declined.[241] Per CDC, the proportion of mental health–related emergency visits for children aged 5–11 and 12–17 years increased approximately 24% and 31%, respectively.[242] And, most horrifying of all, a study found a 1493% rise in the incidence of abusive head trauma among children during the first month of lockdown in the U.K.[243]

These are not statistics. They’re friends, neighbors, and citizens, whose lives have been needlessly destroyed by government policies. But while these statistics among the Nations may be horrifying, they pale in comparison to the suffering of untold millions in the developing world, cast into starvation and poverty as a result of our lockdowns. Autocracies grew more oppressive, and democracies took on autocratic characteristics.[244] In India, millions of stranded workers lost their livelihoods and marched in exodus to far-off villages.[245] In South Africa, food lines stretched for miles.[246] Quarantined migrants in Saudi Arabia were left to die. “The guards just throw the bodies out back as if it was trash.”[247]

The United Nations forewarned of a “famine of biblical proportions” with 265 million people “literally marching to the brink of starvation,”[248] and later estimated that

the crisis had “pushed an additional 150 million children into multidimensional poverty — deprived of education, health, housing, nutrition, sanitation or water.”[249] All this for a virus that the WHO’s peer-reviewed data[250] now reveals to have an infection fatality rate of 0.23% — 0.05% in those under age 70 — and which the WHO estimates might have already infected one in ten people worldwide by October.[251]

According to the International Monetary Fund, the economy of just one G20 country grew during 2020: China.[252]

That lockdown supporters may not want to acknowledge these facts does not make them any less real. The suffering caused by these policies cannot be undone, but it can at least be prevented going forward, and justice can be obtained if these policies were imposed in bad faith.

Under the United Nations’ Covenant on Civil and Political rights, it is incumbent on any government imposing disease control measures to utilize the “least restrictive means” available to effectively achieve the public health goal.[253] With the examples of Sweden, Florida, South Dakota, Belarus, and others successfully deploying means far less restrictive than China’s lockdowns to manage COVID-19 — without incurring any excess mortality or results worse than lockdown areas — it is difficult to understand how any world leader can continue to impose these measures in good faith.

## CONCLUSION

In the 20th century, the term *totalitarian* was born to describe certain regimes that used modern technology to control every aspect of citizens’ lives, binding them to the state by breaking all pre-existing social bonds. One such regime was the Soviet Union, and there is a growing expert consensus that China today is likewise totalitarian.[254] Totalitarian regimes utilize any and all means in the pathological monopolization of power. Though they deliver an exceptionally low quality of life to their citizens, totalitarian states are advanced political organisms, punching above their weight in geopolitics with their unparalleled ability to keep secrets and execute complex operations — the archetypal example being the clandestine rearmament of Germany in the 1930s. In the wilds of geopolitics, the lion underestimates the snake at its own



peril, and with lockdowns, the CCP appears to have delivered the world a hefty dose of snake oil.

Both intelligence agencies and scientists may be forgiven for overlooking the CCP's lockdown fraud. The scientific concepts involved are complex enough to elude defense officials,[255] while the geopolitical implications of China's turn toward totalitarianism are certainly convoluted enough to have deceived scientists.

Throughout 2020, lockdown measures have been quite popular, but that popularity is deceptive. For the general public, the idea that anyone might accept some outside incentive to support such devastating policies while knowing them to be ineffective — needlessly bankrupting millions of families and depriving millions of children of education and food — is, quite simply, too dark. Thus, the public supports lockdowns because the alternative — that they might have been implemented without good cause — is a possibility too evil for most to contemplate. But those who know history know that others with superficially excellent credentials have done even worse for even less.

Furthermore, most of the public believes that if there were anything untoward about the science behind lockdowns, intelligence agencies would stop them. For obvious reasons, those who work at intelligence agencies do not have the luxury of such complacency. Given the gravity of the decisions being made, we cannot ignore the possibility that the entire “science” of COVID-19 lockdowns has been a fraud of unprecedented proportion, deliberately promulgated by the Chinese Communist Party and its collaborators to impoverish the nations who implemented it.

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*This letter is to be construed only as a recommendation that the above matters be investigated by law-enforcement authorities as a matter of national security. This is not a formal criminal complaint, nor are these facts necessarily indicative that any crime may have been committed by any individual named herein, a determination that can be made only by appropriate legal authorities.*

*Respectfully submitted this 10th day of January, 2021, by:*

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