

Facing COVID-19 by the confinement :

EBM, "MBM" or "SBM" ?

Zelmat M, Clinical Biologist and Hospital Practitioner

(contact : sofianimail@yahoo.fr)

Summary :

On December 31, 2019 : the World Health Organization (WHO) was alerted on cases of atypical pneumonia in Wuhan (Hubei Province of China) by the Taiwan Center for Disease Control (CDC) which, also, expressed reservations on the fact that the cases were not severe acute respiratory syndrome (SARS) as told by the Chinese health authorities. The etiological agent responsible, SARS-CoV-2, was then isolated and the evidence of human-to-human transmission was declared by the WHO mission to China more than 20 days after the alert.

On March 11, 2020 : the WHO made the assessment that the disease, called COVID-19, can be characterized as a pandemic.

Almost all the countries of the world have responded to this disease using a measure, unknown until then in medicine and which constitutes a first in the history of humanity : the confinement (*called also : lockdown*). In this article, we will know if there is scientific evidences that this intervention is effective in decreasing the number of cases and deaths, allowing to spread them over time and avoiding saturation of the clinical services, especially intensive care units (ICU). Two examples of studies to know if the confinement is effective or not will be exposed. We will, also, talk about the balance benefit-risk of the confinement. This article will propose measures to avoid saturation of hospitals and to manage this pandemic as well as possible and will also specify, **for the first time in a scientific publication dealing with this subject**, the exact reason which pushed the world to adopt the confinement. The many experts, including some of international renown, who have gave their opinions on the confinement will be cited juste before concluding this article.

Key words : COVID-19, Evidence-Based Medicine, confinement, lockdown, isolation, quarantine, evidence, WHO.

1-Introduction :

In public health, two measures¹ (*called also : non-pharmaceutical interventions : NPIs*) involving restricted movements of the concerned individuals are used to prevent the spread of an infectious disease outbreak :

-The first concerns **ill** persons ; it is **the isolation**. They are separated from healthy people so they don't contaminate them.

-The second concerns **healthy** persons **but exposed** to the contagious disease ; it is **the quarantine**. They are separated from other persons to see if they become ill. This measure applies, most of the time, to a group of persons coming from an infected area to a non-infected area. In the case of COVID-19, we make a 14-day quarantine.

In 2020 and for the **first time in the history of medicine and humanity**, a third measure was introduced : **the confinement** (*called also : lockdown*). Unlike targeted tools of isolation and quarantine, in this measure the general population is blindly confined to the house whether the subjects are : healthy, sick or exposed to the sick. A famous slogan used in the world sums up this measure : "*stay at home*". In some medical dictionaries, if we find the words "*isolation*" or "*quarantine*", the word "*confinement*" does not even exist.

When looking in a French non-medical dictionary², the definitions that appear concern, among other things, animals : «*Situation of a too large animal population in a too small space and which, as a result, lack of oxygen, food or space*».

If we do a search on Google Books to find epidemiology or public health books on the confinement or the lockdown before 2020, we can't find anything and the titles of the books that appear, outside of physics, are often related to : prison, insane, suicide, madness. If we want to give an example, among the books found, there is : "*Total Confinement : Madness and Reason in the Maximum Security Prison*" by Lorna A. Rhodes (2004).

Before discussing if the confinement is evidenced-based and effective, let us precise what the WHO said about the isolation and the quarantine in its guidance document³ published in 2008 : "*if a communicable disease has demonstrated the ability to spread efficiently between humans, quarantine measures are not considered greatly effective for this purpose – a conclusion reinforced by a WHO working group, which concluded that forced isolation and quarantine are ineffective and impractical*".

2-Evidence-Based Medicine (EBM) ; what are the scientific evidences that the confinement of the general population : is effective in decreasing the number of cases or deaths, allows to spread them over time and avoid saturation of clinical services, especially ICU ?

Some say that there is a study⁴ done by the Imperial College London which has shown that the confinement saves lives. We answer them as follows :

First of all, the "study" of the Imperial College London did not study anything. It's just modelling, "theoretical basis", "simulation", "predictions", "estimations", basically astrology with a scientific outfit. And the medicine is certainly not that. Medicine is based on evidence and **real evidence**. And it is not for nothing that epidemiologists⁵ reject their astrological predictions ;

- The Imperial College London overestimated the burden of HIV/AIDS sixfold⁵.
- It estimated that the mad cow disease will kill 50,000 british (while 177 died).
- They predicted that the bird flu will kill 200 million people worldwide (while 282 died).
- The Imperial College London overestimated the danger of swine flu too (mortality rate : 0,4% vs 0,026 % and 65,000 UK deaths vs 457 !)⁶. The H1N1 pandemic ended up being milder than originally anticipated (*motivating some to decry the considerable money, time and resources consumed by the response*) and the press discovered that Roy Anderson, the rector of the Imperial College London at that time (*now, he chairs a science advisory board of the WHO, is a member of the Bill and Melinda Gates Grand Challenges advisory board, chairs the Schistosomiasis Control Initiative advisory board funded by the Gates Foundation and still works in the College*), who of course advised WHO and governments, received a salary of 116,000 £ a year from the swine flu vaccine manufacturer⁷.

Today, It is on the base of the same faulty model, developed for pandemic influenza planning, that they gave their astrological predictions^{5,8,9} on the COVID-19 epidemic ;

500,000 will die in the UK, 70,000 will die in Sweden and between 300,000 and 500,000 will die in France ! who can believe these crazy numbers ? They, too, told us that the SARS-CoV-2 death rate is 3.4% when in reality it is 30 times lower¹⁰.

If you follow the advice of someone who tells you not to take a path because there is a wolf in that path but you realize later that finally there was just a cat, will you make him trust the next times and will you continue to follow him ? Recently, we discovered that "Mister Confinement" of the Imperial College London does not even respect what he recommended to

governments¹¹ !

After all these successive examples of discrepancy with reality : **in the context of epidemics**, modelling (*especially if done by the Imperial College London*) must no longer be used and must be classified from now on as a **fake science**. Pr John Ashton denounced, also, that those astrological predictions were given a kind of religious status, like tablets of stone from the mountain and that a "little clique" was regarded as demigod.

There is **no scientific evidence** and **no publication** which proves that confining the general population limits the spread of the virus or makes it possible to flatten the epidemic curve. To prove this, there is two ways :

-The first way (*which may be the best*) to prove it is to take 2 cities : A and B (**Figure 1**) that meet all these inclusion criteria (*ideally*) or many of them :

- Number of inhabitants almost equivalent.
- Similar age pyramid.
- Every year (*or in the last 3 years : s-3, s-2, s-1*) : an equivalent number of cases and deaths of seasonal flu.
- Each year (*or in the last 3 years : s-3, s-2, s-1*) : an equivalent mortality rate and attack rate.

Then when the flu epidemic of season *s* begins, we confine one of the two cities. We will conclude that confinement is effective only if, at the end of the epidemic, we find that :

- There is a significant difference between the 2 cities in : the number of cases, the number of deaths, the mortality rate and the attack rate.
- The benefit-risk balance is favorable (*which means that the benefit of confining a population is greater than the risk that results from it on : health, economy, education, social peace and others aspects of life, as we will see*) .

-The second way to know if the confinement is effective is to take, this time, a single city (**Figure 2**) which has each year (*or in the last 3 years : s-3, s-2, s-1*) all these inclusion criterias (*ideally*) or many of them : a constant number of cases and deaths of seasonal flu as well as a constant mortality rate and attack rate.

Then when the flu epidemic of season *s* begins, we confine the city. We can conclude that confinement is effective only if, at the end of the epidemic, we find that :

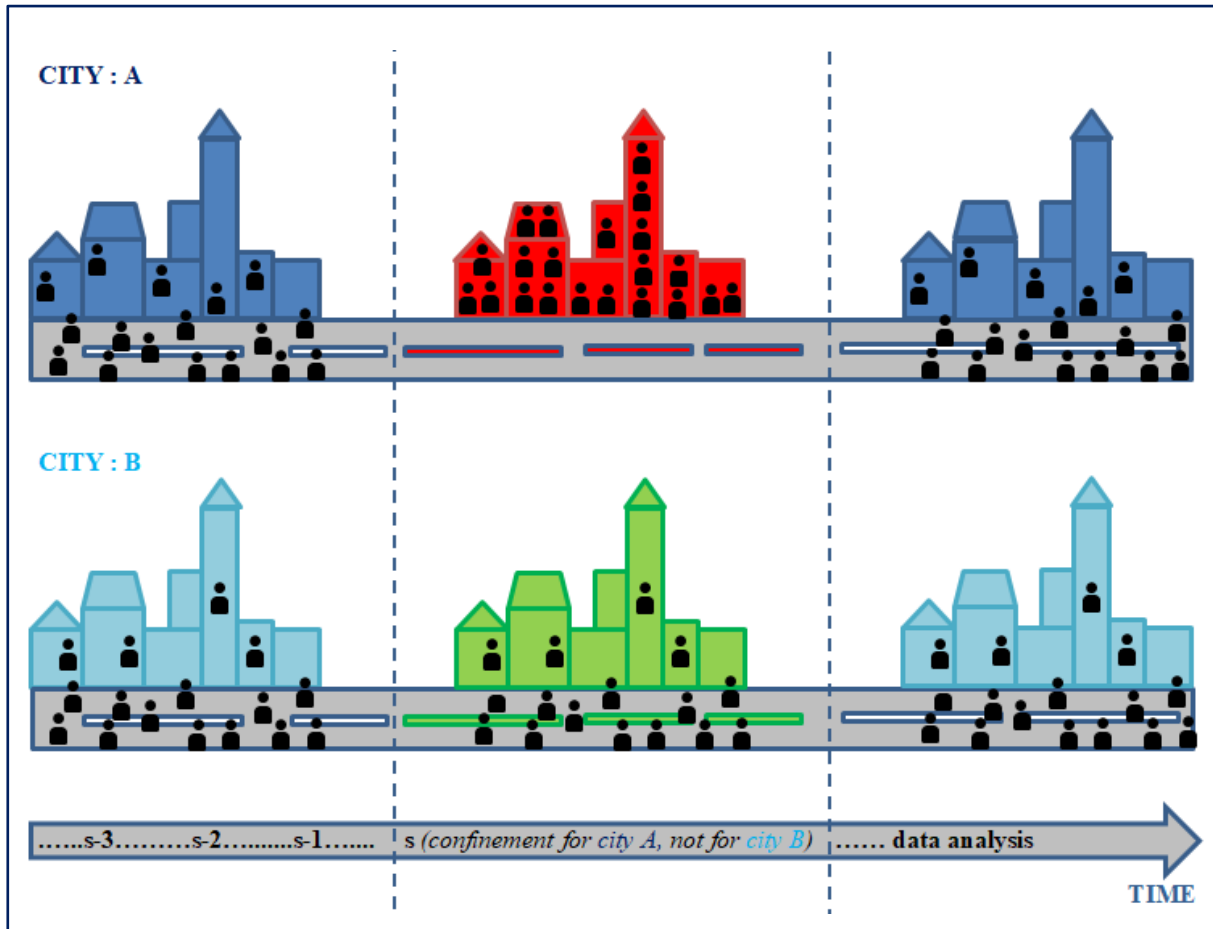


Figure 1 : The first way to study the effectiveness or not of the confinement (2 cities). *s-3* : season of the flu 3 years before the confinement. *s-2* : season of the flu 2 years before the confinement. *s-1* : season of the flu 1 year before the confinement.

- There is between season *s* and previous seasons (*s-3*, *s-2* and *s-1*) a significant difference in : the number of cases, the number of deaths, the mortality rate and the attack rate.
- The benefit-risk balance is favorable (*which means that the benefit of confining the population of the city is greater than the risk that results from it on : health, economy, education, social peace and others aspects of life*).

The question that arises : do such studies or scientific evidence exist in the medical literature ? The answer is, of course : no. Why ? Simply because the confinement of the population is a measure below the level of the middle age medicine ! Yes, it is not even the level of the medieval medicine because even at the time of leprosy or black plague (1347-1352), they did not confine cities or countries (*but they only made isolation for people infected with leprosy*).

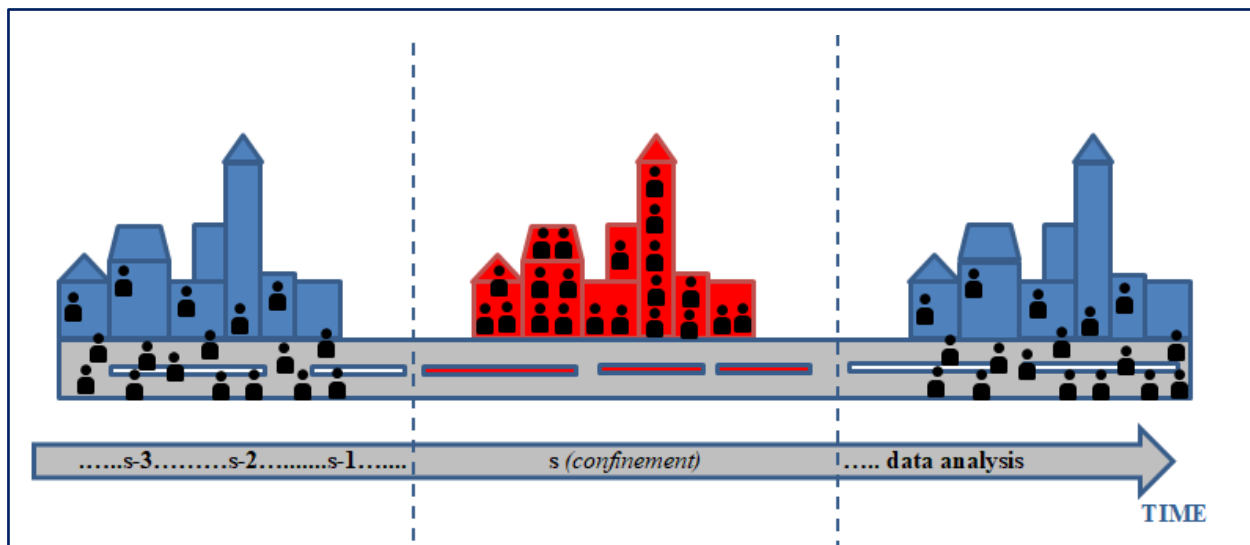


Figure 2 : The second way to study the effectiveness or not of the confinement (one city). s-3 : season of the flu 3 years before the confinement. s-2 : season of the flu 2 years before the confinement. s-1 : season of the flu 1 year before the confinement.

For black plague : they have only prohibited the entry of people from the infected territories) despite the fact that the black plague¹² killed 25 million people ! If the doctors of the middle age saw the enormous medical knowledge we have acquired on microorganisms in general and on viruses in particular, the therapeutic arsenal as well as modern hospitals that we have (things they did not have, of course) and if they saw that we confined not cities but entire countries and that we paralyzed the world economy and education for a virus of which 99 % of the infected people cure and which do not even make the tenth of the number of deaths from the epidemics of their time, not only would they have blamed us but they would be hallucinated and they would laugh out loud ! We would also have the same criticism and the same mockery of doctors of the 19th century who also did not confine cities or entire countries despite the fact that the Spanish flu (1918-1920)¹³ had infected 500 million people and killed 50 million of them !

In medicine : the confinement does not exist. It does not exist in infectiology, epidemiology or public health. It is, moreover, unheard of in the history of medicine and humanity ! It is therefore necessary to return to reason and to practice the medicine of the 21th century. Furthermore, where is the logic and the consistency when some European countries require evidence for the hydroxychloroquine-azithromycin and not for the confinement ?

There is no evidence that China has "flattened" the epidemic curve through the confinement. Saying that China has reduced the number of cases or managed the epidemic well thanks to the confinement is a pure lie and is not based on any evidence (*as we will see later*), **because no one is able to give the number of cases or deaths in China if they had not applied the confinement**. It is quite simply because it is the kinetics and the normal evolution of any epidemic curve (*ascending phase, peak then descending phase*). Several specialists say that we cannot break the transmission chains by confining people. Then, how can we trust China and believe that confinement has enabled to reduce the number of cases if the data it has communicated are not even true !¹⁴

3-What reasonable measures can be taken to avoid saturation of hospitals and to manage this pandemic as well as possible ?

-Create a national digital platform : to avoid the saturation of hospitals (*especially those located in an important cluster*), this epidemic requires the transfer of their patients when they have very few beds left to nearby hospitals by using a digital platform which allows them to see the availability of beds at national level in real time (*and of course the availability of beds in neighboring regions by clicking on them*). Three color codes can be used : *green* = unsaturated , *yellow* = medium , *red* = imminent saturation. The choice of neighboring hospitals to which the transfer will be made must follow this order of priority : green then yellow then red. All COVID and ICU clinical services of the country must update the remaining number of beds as soon as a bed is occupied. The transfer can be made by different means : land, rail, sea or air. An example of a national digital platform is given for Italy in **Figure 3**. This platform will allow to manage the beds of all hospitals as if they were a single large hospital. As we say : unity is strength. But, because of unreasonable fear and hysteria, the patient transfers were implemented late in some countries. People¹⁵, including healthcare professionals, have been lobotomized by media to the point of almost believing that : a patient infected by the coronavirus = the plague and touching or approaching a patient with COVID-19 = I get infected = I die !

-Create a digital platform between countries : it's the same principle except that it allows to see the state of beds of the nearest neighboring countries.

-Build temporary hospitals if the transfer is not sufficient.

As a post-epidemic measure : we suggest, also, that the health ministers of the countries

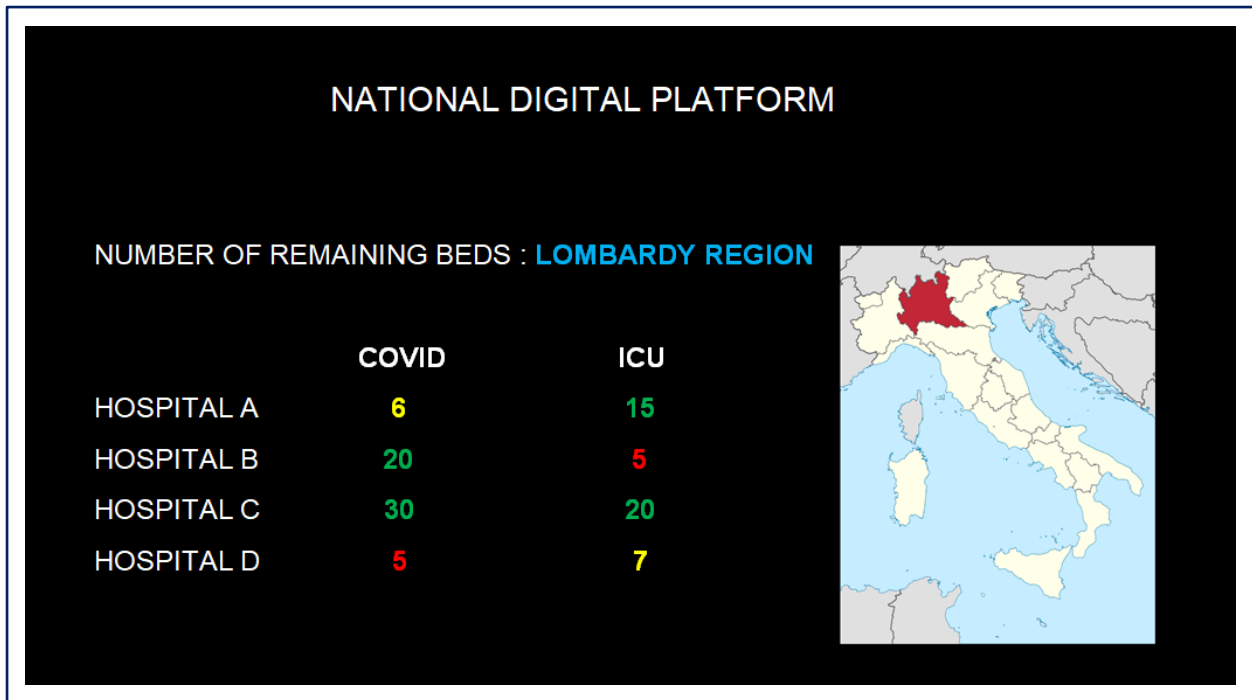


Figure 3 : Example of a national digital platform

devote 20% of their working time to field visits (*which can be combined, to save time and money*). For example : every three months, the minister of health spends two weeks in a given region where he will follow (*as if he was an intern*) a member of the medical staff throughout his working day and discusses with health professionals. An office area can also be dedicated to the minister. Each day, the minister of health visits a different health establishment (or medical office). To succeed in his mission (especially in the case of an epidemic), it is important for the minister of health to be connected to the reality on the ground.

-Buy ICU equipments, biological tests and protective equipment or borrow them from non or least affected countries or those where the epidemic is over. However, some German and American teams¹⁶ abandon long-established ventilator protocols ; they say that they do more harm than good for COVID patients, explain that many patients do not fit with the severe acute respiratory distress syndrome (ARDS) criteria and that we should be careful with the systematic use of mechanical ventilation. It appears that the non-distinction between phenotype L and H was what caused, partly, a high number of deaths. The decision to intubate was motivated once again by the unreasonable fear of the virus with disastrous consequences on the number of deaths.

In case of shortage, alternative solutions such as manual manufacturing of protective masks should be encouraged.

-Transfer part of the health professionals from the least affected areas of the country to the most affected areas. A digital platform could also be created to manage and facilitate these transfers. Here, we emphasize an important remark : we must not isolate at home health professionals which are COVID + if their symptoms are mild and the sick leave should not be 14 days if the health professional recovers after a few days because it makes the healthcare team understaffed and under pressure. They can continue to work by wearing a mask and more scrupulously respecting the barrier measures.

-Request, if necessary, the help of health professionals from other countries especially among non or least affected countries or those where the epidemic is over.

As a post-epidemic measure : remove competitive examinations for access to health professions. It's because of these competitive examinations, that there is a lack of health professionals in many countries whereas with the means and the hospitals which they have, they can train more doctors or nurses or other healthcare professionals. There is no reason that health studies don't follow the same admission procedures of other streams. Precisely, because health is essential, access must be facilitated and there must be as many health professionals as possible.

-Ensure that the information provided by the media is complete and reasonable : because giving the daily number of cases or deaths without the number of recovered people and without specifying, each time, two essential information (*85% of mild forms and 99 % of infected people recover*) will create fear, panic and anxiety that will lead people, at the slightest sign, to think that it is the coronavirus and that they will potentially die. This will lead also to an overwhelmed emergency response system. In France, for example, the number of calls¹⁷ was multiplied by 5 ! This madness, because of the media, went so far as to stigmatize health professionals who were asked by neighbors to move. Delirium went, also, to the point that families were prevented from seeing their dead or from properly performing the funeral as if the coronavirus was plague or Ebola and as if it was going to jump from the body of the dead and bite the alive.

Regarding the number of deaths, in countries¹⁸ such as : Austria, Germany, UK, Italy, USA, Belgium, no distinction is made between patients who die **from** COVID-19 and those who die **with** COVID-19. This overestimates the deaths and constitutes a serious and scandalous manipulation of the figures. According to Pr Walter Ricciardi, only 12% of deaths in Italy are directly related to COVID-19 ! This means the number of deaths attributed to COVID-19 is overestimated 8 times ! Dr Dan Erickson, a specialist in emergency medicine, reported that

doctors from several US states have been pressured to issue death certificates mentioning COVID-19 even if the patient died from other reasons¹⁹. Why this manipulation of figures ? Is it to exceed the number of deaths from the flu and make COVID-19 look more dangerous and more deadly ? Who gave these instructions to countries ?

In addition, studies²⁰ have shown that more than 20% of COVID-19 patients can be co-infected by other respiratory viruses. How can we know if they died from SARS-CoV-2 and not from other viruses ?

-Associate private hospitals in the control of the epidemic and not exclude them.

-Raise awareness of barrier measures by the various means of communication. But awareness is not enough, we also have to teach people how to wash their hands and how to wear a mask.

-Do not neglect the treatment options which have been proven (*such as : hydroxychloroquine-azithromycin proposed by Didier Raoult*) to satisfy the business plans of certain pharmaceutical laboratories (manufacture of a vaccine). Public health must take precedence over private interests.

-Let people study (*especially that children, adolescents or young people are not at-risk populations*) and work while possibly wearing (**but only in promiscuous situations and in the two first epidemic stages : ascending phase and peak**) masks that can easily be manufactured by themselves and are quite suitable for the general population. There are three entry points for the virus : the mouth, the nose and the eyes. It suffices, therefore, to block them ; the first two by a mask and the last by sensitizing people to avoid touching their eyes or touching them only after washing their hands. From the start of the epidemic, the confinement should not have been done and people could continue their lives almost normally since it was enough to block the three entry points of the virus into the body, especially in promiscuous situations (*face to face + contact more than 15 min + less than 1 meter*). This is how we break the chains of transmission and not by confining people.

-Secure visits and contacts with at-risk populations by barrier measures (*possibly by wearing a mask, also*) and by reducing the frequency and duration of these visits. But banning them completely is a big mistake because it is enough to make their illness worse or even kill them. To mention an example : a seventy-year-old woman who, thanks to the confinement, no longer saw her grandchildren and whose children left her food outside her door without coming to kiss her, committed suicide by hanging in her apartment.

-Set, eventually, thresholds for dense and promiscuous gatherings **but only in the two first epidemic stages**.

-Encourage solidarity between countries : the aid provided by Luxembourg and Germany to France for the transfer of its patients as well as the aid provided by Turkey and Taiwan to Europe, especially Italy, are good examples.

4-What are the risks, dangers and catastrophic consequences during and after confinement ?

- Suicide of people ²¹, as it was reported in China and it has already started in many countries.
- Development of psychiatric pathologies²².
- Paralysis of the educational path of pupils and students at the university²³.
- Negative impacts and dangers on animals²⁴.
- Neglecting other diseases²⁵ (especially chronic diseases) and an increase in their mortality.
- Increase in domestic violence²⁶.
- Economic losses, unemployment and a major economic crisis²⁷ : this will, also, interrupt the flow of funding necessary for the equipment of hospitals. In addition, few people know that the 2007-2008 economic crisis resulted in the suicide of at least 13,000 people in Europe and North America alone²⁸. And it has already started when we are not in yet.
- Serious consequences for agriculture²⁹.
- Destabilization of countries and social peace and risk of a war³⁰. We could see the beginnings of a war when we remember the arguments in supermarkets³¹.

After having exposed all the dangers of the confinement, it is clear that the benefit-risk balance is extremely and dangerously unfavorable, especially since the benefit of confinement is absolutely not evidence based and even close to 0 ! and this is heart of the matter : **the benefit-risk balance** ; the life of every human being is of course precious, but what is the worst choice : make confinement to supposedly « save the lives » of a few thousand people and to supposedly not saturate hospitals or suffer the consequences just mentioned, including the ravages of a possible war ? Furthermore, we were not and we are not in this situation of having to let people die, because hospitals are not saturated. In France, for example, saturation concerned only a few hospitals, 3 or 4 in particular in the east, but people are made to believe, because of psychosis and hysteria, that the entire hospital system is saturated or that the saturation is imminent although there is more than 1,000 public hospitals ! and if we add the structures of the private sector : we arrive at almost 3,000. Is it reasonable and true to attribute to 1,000 or 3,000 hospitals a situation which concerns only 3 or 4 hospitals ? It is not

surprising, too, that some hospitals are saturated because they are situated in clusters, they probably have more subjects at risk than other regions and because certain measures were not taken or were not taken in time. The same reasoning applies for Italy. It should also be remembered that hospitals in some countries³² have been overwhelmed (including ICU) during previous flu epidemics (**at that time, we were even talking about : "tsunami" of patients in the hospitals, tents erected outside, "war zones", "hospitals collapsed" and a "state of emergency"**) and yet no confinement has been applied.

5-Why do the countries of the world confine their populations?

On February 25, 2020 : Bruce Aylward, the head of WHO-China joint mission on COVID-19, praised the response brought by Beijing to the epidemic. He said that China had succeeded by "old-fashioned" tools, emphasized that "the world needed to learn from China" and must be inspired by it. He also said that "if he had COVID-19, he wanted to be treated in China"! ³³ Once, he also praised China calling it "very open" and "very transparent" ³⁴.

Who can believe these statements ? Who can believe that if he had COVID-19, he wanted to be treated in China ? Who can believe that the world must be inspired by China and that the control of the epidemic must be done with old-fashioned methods ? When we superimpose the statements of Bruce Aylward with those of other WHO officials³⁵ who said about false information : "In addition to an outbreak of disease, there is what we call an infodemic" or "we must combat the spread of...misinformation", we remember the French idiom : "c'est l'hôpital qui se fout de la Charité" (the equivalent in English is : pot calling the kettle black) ! What is amazing is that Bruce Aylward made the world believe what he said, including health professionals ! Because unfortunately : since Bruce Aylward's declarations and the report³⁶ (where we can read that China methods are : "agile and ambitious") overseen by him on China, the countries of the world have taken disproportionate measures and blindly follow the recommendations of the WHO by confining their populations, a measure based on a scam as we saw. The media also feed fear and psychosis by presenting the SARS-CoV-2 as a very dangerous virus or with high mortality when it is absolutely not the case. Even some health professionals follow like sheep. Without entering into conspiracy theories and after precedents like the H1N1 of 2009, can we trust the WHO and follow all its recommendations ? is it independent in its recommendations and decisions ? The answer is of course : No.

Fortunately, a recent interview (March 28, 2020) with Bruce Aylward showed his true face

and WHO's conflicts of interest with China when the journalist Yvonne Tong asked him about the status of Taiwan (*which has a conflict with China*) in the WHO and whether the WHO would reconsider Taiwan's membership, he pretended not to hear the question then when she repeated the question, he interrupted her and suggested to move to another question. But when Yvonne Tong repeated again the question, he immediately ended the video call ! The video³⁷ reached more than 8 million views. And fortunately, too, that a month and a half after his declarations, the world discovered that the numbers of cases and deaths that China communicated are not even true !¹⁴

6-Unknown truths about the World Health Organization :

The successes of the WHO are undisputed in saving millions of lives through vaccination programs, in wiping out the pox (*by the Intensified Smallpox Eradication Programme*) and reducing tobacco consumption (*by the WHO Framework Convention on Tobacco Control*) but it faces many criticism :

Funded in the 1970s at 80% by contributions from its member states and 20% by companies and private donors, we are now experiencing the reverse trend ! : **WHO is actually 80% funded by pharmaceutical laboratories, banks, arms industry, oil compagnies, alcohol industry, etc.** while Bill Gates participates more and more in the financing of the WHO through his foundation³⁸, making the organization very dependant (so much so that some call him the : "the WHO doctor") and the facts are accumulating : false alarm on H1N1 flu under the pressure of pharmaceutical lobbies, disturbing complacency towards glyphosate which the WHO declared safe despite the victims of the herbicide, blindness towards the consequences of pollution due to oil companies in Africa, minimization of the human toll of nuclear disasters (*because of the agreement which the WHO signed with the International Atomic Energy Agency (IAEA)!*) from Chernobyl to Fukushima and the disasters of the use of depleted uranium munitions in Iraq and the Balkans, non-recognition of *Artemisia* to protect pharmaceutical interests despite the fact that it has been already evidence-based medicine.

The independence of the organization is compromised both by the influence of industrial lobbies -including that of pharmaceutical laboratories- and by the interests of its member states, especially China. The Geneva institution, which had underestimated the Ebola threat (*more than 11,000 dead*), is also accused of neglect towards tropical diseases, in favor of juicier markets. An investigation³⁹ in 2016 delivered an edifying radiography of the WHO showing a weakened structure by the clutches of lobbyists, subject to multiple conflicts

of interest and it has explained how, in the WHO, private interests dominate those of the public health. Another investigation⁴⁰ was also carried out on the WHO, called : "trust WHO". At the time of the H1N1 flu, Dr Wolfgang Wodarg, the chairman of the Health Committee of the Parliamentary Assembly of the Council of Europe, criticized the influence of the pharmaceutical industry on scientists and officials of WHO, stating⁴¹ that it has led to the situation where *"unnecessarily millions of healthy people were exposed to the risk of poorly tested vaccines"* and that, for a flu strain it was *"vastly less harmful"* than all previous flu epidemics. According to the report⁴² done by the Parliamentary Assembly of the Council of Europe about the way in which the H1N1 influenza pandemic had been handled by the WHO : *" waste of large sums of public money and also unjustified scares and fears about health risks...Grave shortcomings have been identified regarding the transparency of decision-making processes relating to the pandemic which have generated concerns about the possible influence of the pharmaceutical industry on some of the major decisions relating to the pandemic. It must be feared that this lack of transparency and accountability will result in a plummet in confidence in the advice given by major public health institutions"*. What the WHO planetary lie about H1N1 of 2009 does mean ? It means that there are people ready to inject into the body of men a vaccine - which they do not need – for wads of money ! you realize the danger of these people ?

Wolfgang Wodarg, considered the "pandemic" swine flu campaign of the WHO *"one of the greatest medicine scandals of the Century"* and he called for an enquiry.

Today : an enquiry also deserves to be opened and must start by questioning Bruce Aylward. As a reminder, it was also he who said at the end of February : *"There is only one drug right now that we think may have real efficacy and that's remdesivir"*. How can he say that even before the results come out ? And why did he say it ?

History repeats itself with almost the same actors (*including Imperial College London*) and the same campaign of panic and terror but this time not only a serious investigation must be carried out but the WHO must be reformed from top to bottom and rid of all what gangrene it. The people who are behind the confinement (we have to look for them on the WHO side), the psychosis and the global terror : when they see the rush of people to the supermarkets, the people arguing for toilet paper, distances of 1 meter in shopping centers, people confined like animals, police hitting people, people signing certificates to be able to go out, drones and helicopters mobilized to monitor confinement, etc., it is not excluded that they are laughing because of the ease with which they have manipulated entire countries and may be they even

called them : sheep. The madness has reached the point that in some countries⁴³ : beaches have been "disinfected" with bleach, mustached and bearded firefighters have been banned from working, woman in her seventies fined after going out to throw her trash and even coins and money bills coming from abroad have been "isolated" !

How did countries get to this level of madness, stupidity and dictatorship ? Especially those who call themselves democratic countries ? All this for a virus that causes 85% of mild forms and for which 99% of infected people recover. That's why fighting the COVID-19 epidemic by confining the general population is a madness-based medicine ("MBM" !) and not EBM. In the past, we had the mad cow disease but COVID-19 can also be called : the mad sheep disease.

It is unbelievable how we have managed to make every country in the world a true copy of China and how through fear and media people have submitted to it. WHO recommended playing video games during the confinement ! Is this serious from an organization which supposedly takes care of health ? Will these countries also follow the WHO in this very health recommendation⁴⁴ ? The confinement (or rather sequestration) of the general population is a heresy from a medical point of view ; it does not exist in medicine or public health and it is not based on any scientific evidence, it is just a dictatorial measure made in China then exported (on a conflicts of interest and lies background) by the WHO to the countries of the world to which it sold it as a health strategy and an effective one (whereas this measure has nothing to do with health and is absolutely not effective). I would even say that **it is the health scam of the 21th century**. Yes, it is not evidence-based medicine but scam-based medicine ("SBM" !).

The WHO urged the world to copy China's response to COVID-19 and it really succeeded ; every country in the world, blindly following the WHO and dictatorial measures of the confinement, has become a certified copy of China. Only very few countries can be congratulated like Sweden which has not blindly followed others. Sweden was right to apply its strategy because in the 21st century we cannot fight viruses by confining ourselves and hiding from them. Viruses are ubiquitous, they are part of our environment. We fight them by being in contact with them and by protecting ourselves from them (barrier measures) ; if it's the flu season and someone has to go to work what is he supposed to do ? He must confine himself ? He must hide at home ? No, he has to get out, he has to be in contact with the virus outside (*elevator, metro, doors, etc*) but when he returns home, he washes his hands. If it's the gastroenteritis season and someone wants to go to the restaurant what is he supposed to do ?

He must confine himself ? He must hide at home ? No, he has to get out, he has to be in contact with the virus outside (*elevator, metro, doors, etc*) but before eating, he washes his hands. And this is how we must behave with viruses that are part of our environment.

Otherwise, how do we want to be immunized against viruses ? Sweden hasn't tested anything because that's how humanity has always behaved with viruses. It's the other countries which tested and they did it with a crazy measure that doesn't make sense in medicine.

We are told : "*but we don't have a vaccine, that's why we confine the populations, to avoid having a lot of cases and deaths*". Precisely, if we apply this false reasoning, we should each year as the epidemic of seasonal flu draws near confine the population because despite the existence of a vaccine and despite the existence of antivirals, it continues to infect each year worldwide 1 billion persons and kill 650,000. Is the general population confined in the flu epidemic every year ? Even partial confinement (*of subjects at risk for example*) is not done!

After the heresy of confinement, we now invent that of "the second wave". In which book of medicine or epidemiology have they learned that a "second wave" can occur in the immediate aftermath of an epidemic? And while we are in the last phase of the epidemic, a third heresy has appeared : the wearing of masks for public (*in summer, moreover !*) while international guidelines⁴⁵ recommend it only when the severity of a pandemic is high (*even in this case, the guidelines say that there is no evidence that it is effective in reducing transmission*) and especially not when it starts to disappear (*at the third phase of an epidemic*) ! But let's not be fooled : the aim behind it is absolutely not to preserve public health but to prolong fear until the marketing of a vaccine. Who will be responsible of the death of the driver caused by the mask⁴⁶ and the death of the teenager who committed suicide because of the confinement²¹ ?

In this outbreak, instead of behaving like human beings who think, we have repeated like parrots what others said (*for example, the famous solgan : stay at home*) and we have followed like sheep what others did or what we were asked to do. We have to wake up, we have to return to reason and think. Nothing in this virus justifies such a blockage of the world.

And finally, All this madness (*as wearing masks for asymptomatic people and social distancing*), this masquerade and this terrorism (*media, health and political*) must stop, **everything** in the world must be unlocked and opened very quickly before it will be too late, **life must return to normal**, this very dangerous confinement must be immediately stopped (*because every day spent in confinement aggravates our situation*), health professionals must break their silence and condemn these measures, people must wake up from their blind submission and reject the lockdown and governments must listen to real experts in

infectiology, epidemiology, virology and health professionals who denounce, from many countries (*UK, France, Germany, USA, etc*), what is going on as : Wolfgang Wodarg, Karin Mölling, Didier Raoult, Ansgar Lohse, Nicole Delépine, John Ioannidis, François Bricaire, Gérard Krause, Marc Girard, Peter Gøtzsche, Claus Köhnlein, Gérard Delépine, Martin Haditsch, Pietro Vernazza, Johan Giesecke, Alexander Kekulé, Norwegian Medical Association, German Network for Evidence-based Medicine, Carl Heneghan, Tom Jefferson, Artin Massihi, Jean-François Toussaint, Andy Marc, John Lee, Mikko Paunio, Henrik Ullum, Ulrich Hegerl, Hendrick Streeck, Gerd Reuther, Leopoldo Salmaso, Michael T. Osterholm, Malcom Kendrick, Karol Sikora, Dan Erickson, Frank Ulrich Montgomery, Pablo Goldschmidt, Knut Wittkowski, Hans-Joachim Maaz, John Oxford, Joel Kettner, Klaus Püschel, Scott Atlas, David Katz, Professor Sucharit Bhakdi (*he sent also a letter to Angela Merkel*) who describes the measures⁴⁷ taken as : "*grotesque, absurd and very dangerous... a horrible impact on the world economy ... self-destruction and collective suicide ...*".

7-Conclusion :

In medicine, there is only isolation and quarantine and the confinement of the general population is not only a heresy (*because it does not exist in medicine nor in epidemiology nor in infectiology nor in public health*) but it is based on no scientific evidence. In medicine, we can't and we have no right to set up a treatment or a preventive measure if it is not based on evidence (Evidence Based-Medicine). The confinement is, also, very dangerous for health, economy, education and peace. The governments must listen to real experts (*who put public health before private interests*), stop **immediately** all the lockdown measures and re-open everything (*economy, hospital medical services, education, etc*) because nothing in this virus justifies them ; this virus is, in the general population, mild and not very dangerous as we are told because it causes 85% of mild forms, 99 % of infected people recover, it is not a danger for pregnant women and children (*unlike the flu*), it spreads less faster than influenza viruses⁴⁸, children are not important drivers (*unlike the flu*), its mortality rate is similar to the flu or even lower and much lower than the coronaviruses that appeared in 2003 (10%) and 2012 (30%). Each year : flu virus infects worldwide 1 billion persons and kills 650,000 and tuberculosis, which is in the top 10 of death causes in the world and much more contagious (*an untreated patient can infect 10 to 15 people*) causes 10,4 million cases and kills 1,8 million people. Yet, we never talk about any health crisis. The entire hospital system of countries is absolutely not overwhelmed because saturation only concerns very few hospitals

and this can be avoided by taking reasonable measures to manage this epidemic as we indicated and as Sweden did. The WHO must undergo a radical reform. The confinement is truly the health scam of the 21st century, an enquiry must be done about it and those responsible in the WHO and Imperial College London must be questioned and if necessary tried.

Declaration of interests : no competing interests.

Funding information : no funding by external sources.

Ethical approval statement : not applicable because no human subjects were involved and no case reports/case series were included in this article.

References :

1. Cetron M, Maloney S, Koppaka R, et al. ISOLATION AND QUARANTINE: CONTAINMENT STRATEGIES FOR SARS 2003. In: Institute of Medicine (US) Forum on Microbial Threats; Knobler S, Mahmoud A, Lemon S, et al., editors. Learning from SARS: Preparing for the Next Disease Outbreak: Workshop Summary. Washington (DC): National Academies Press (US); 2004. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK92450/>
2. Dictionnaire Larousse. <https://www.larousse.fr/dictionnaires/francais/confinement/18092?q=confinement#17981> (accessed May 5, 2020).
3. WHO. Communicable disease alert and response for mass gatherings Key considerations June 2008. https://www.who.int/csr/Mass_gatherings2.pdf#page=65 (accessed May 5, 2020).
4. Imperial College COVID-19 Response Team. Report 13: Estimating the number of infections and the impact of non-pharmaceutical interventions on COVID-19 in 11 European countries. 30 March 2020.
5. Roland Salmon. Roland Salmon : « Les données pour soutenir la politique du confinement font défaut ». Le Monde. 08 April 2020.

Jean-François Toussaint and Andy Marc. Sortir d'un confinement aveugle. La Recherche. 22 April 2020.

Tom Jefferson and Carl Heneghan. Modelling the models. CEBM (Centre for Evidence-Based Medicine). 3 April 2020.
6. Steerpike. Six questions that Neil Ferguson should be asked. The Spectator. 16 April 2020.
7. David Derbyshire. Government virus expert paid £116k by swine flu vaccine. Daily Mail Online. 27 July 2009.

8. Imperial College COVID-19 Response Team. Report 9: Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand. 16 March 2020.
9. Aurélie Haroche. Quand les politiques confondent modélisations mathématiques et astrologie. JIM (Journal International de Médecine). 25 April 2020.
10. John P. A. Ioannidis. A fiasco in the making? As the coronavirus pandemic takes hold, we are making decisions without reliable data. STAT. 16 March 2020.
11. Anna Mikhailova, Christopher Hope, Michael Gillard and Louisa Wells. Exclusive: Government scientist Neil Ferguson resigns after breaking lockdown rules to meet his married lover. The Telegraph. 5 May 2020.
12. Lore Loir, Eric Leroy. Histoire de la médecine La peste noire: Fléau de l'Europe médiévale. Press Leroy Agency. December 2014.

Jonathan Duhoux. La Peste noire et ses ravages: L'Europe décimée au XIVe siècle. 50 minutes. 2015.
13. François Bricaire, Frédéric Saldmann. Les nouvelles épidémies. Comment s'en protéger ?. Flammarion. 2009.
14. Le Parisien avec AFP. Coronavirus : la Chine aurait menti sur le nombre de morts, estime Washington. Le Parisien. 2 April 2020.

Sam Clench. Coronavirus: China lying about number of cases and deaths, US intelligence says. new.com.au. 2 April 2020.
15. charentelibre.fr. Arrivée de deux patients du grand est à Angoulême le confinement n'arrête pas la bêtise. charentelibre.fr. 29 March 2020.

Dan Bilefsky. 31 Deaths: Toll at Quebec Nursing Home in Pandemic Reflects Global Phenomenon. The New York Times. 16 April 2020.
16. Gattinoni, L., Chiumello, D., Caironi, P. et al. COVID-19 pneumonia: different respiratory treatments for different phenotypes?. Intensive Care Med (2020).

The New York Times (YouTube channel). Doctors Face Troubling Question: Are They Treating Coronavirus Correctly? | NYT News. 14 April 2020.

Matt Strauss. The underground doctors' movement questioning the use of ventilators. The Spectator. 2 May 2020.

Chris Kitching. Life-saving' ventilators are destroying coronavirus patients' lungs, doctor says. Mirror. 18 April 2020.

Martin Gould. EXCLUSIVE: 'It's a horror movie.' Nurse working on coronavirus frontline in New York claims the city is 'murdering' COVID-19 patients by putting them on ventilators and causing trauma to the lungs. Dailymail. 27 April 2020.

17. Franceinfo. Covid-19 : le nombre d'appels au 15 "multiplié par quatre ou cinq" lundi, selon le Samu. 25 February 2020.

18. Heute. Österreich bei Corona-Todesstatistik sehr liberal. 2 April 2020.

German Network for Evidence-based Medicine. COVID-19 - Where is the Evidence?. 20 March 2020.

Dr John Lee. How to understand – and report – figures for ‘Covid deaths. The spectator. 29 March 2020.

Malcolm Kendrick. I've signed death certificates during Covid-19. Here's why you can't trust any of the statistics on the number of victims. RT. 28 May 2020.

Griffin S. Covid-19: "Staggering number" of extra deaths in community is not explained by covid-19. *BMJ*. 2020;369:m1931. Published 2020 May 13. doi:10.1136/bmj.m1931

Sarah Newey. Why have so many coronavirus patients died in Italy?. The Telegraph. 23 March 2020.

Matt Discombe. ‘Systematic reviews’ to discover true cause of outbreak deaths. HSJ for health care leaders. 25 April 2020.

Fox News. Feds classifying all coronavirus patient deaths as ‘COVID-19’ deaths, regardless of cause. New York Post. 7 April 2020.

Ariel Zilber. Coroner refuses to rule COVID-19 as cause of death of six-week-old baby after Connecticut governor claimed toddler was 'youngest coronavirus victim in the world'. Dailymail. 06 Apr 2020.

Lauren Melendez. IDPH Director explains how Covid deaths are classified. 25 News. 20 April 2020.

Project Veritas (YouTube Channel). BREAKING: Funeral Directors in COVID-19 Epicenter Doubt Legitimacy of Deaths Attributed to Pandemic. 30 April 2020.

A.L. et H.M.Trop "transparente", la Belgique va revoir sa façon de compter les morts du Covid. RTBF. 16 April 2020.

19. Veronica Morley. Accelerated Urgent Care doctors recommend lifting shelter-in-place order. 23 ABC News. 22 April 2020.

20. Kim, D., Quinn, J., Pinsky, B., Shah, N. H., & Brown, I. (2020). Rates of Co-infection Between SARS-CoV-2 and Other Respiratory Pathogens. *JAMA*, e206266. Advance

online publication. <https://doi.org/10.1001/jama.2020.6266>

- 21.** Brice Perrier. Didier Raoult sur le coronavirus : "Il ne faut pas jouer avec la peur". Marianne. 16 March 2020.

Coronavirus : ces suicides de malades ou de personnes tenaillées par l'angoisse. Midi Libre. 9 April 2020.

Ouest-France avec AFP. Coronavirus Suicide d'un ministre régional allemand « profondément inquiet » de la situation. Ouest-France. 28 March 2020.

Catherine Perrot. Le nombre de suicides a quasiment doublé en Creuse depuis le confinement. La Montagne. 22 April 2020.

Eugene Henderson and Lorraine King. Parents warned after teen took her own life 'because lockdown felt like 300 years'. Mirror. 22 April 2020.

James Gordon. California doctors say they have seen 'a years worth of suicides' in the last month because of the impact lockdown is having on mental health. Dailymail. 24 May 2020.

Kawohl W, Nordt C. COVID-19, unemployment, and suicide. *Lancet Psychiatry*. 2020;7(5):389-390. doi:10.1016/S2215-0366(20)30141-3

- 22.** SudOuest.fr avec AFP. Bouffées délirantes, décompensations : les psychiatres face aux "pathologies du confinement". SudOuest. 1 May 2020.

Elizabeth DePompei. Indiana sees 'alarming' spike in mental health, addiction issues amid coronavirus. Indianapolis Star. 5 April 2020.

Ouest-France avec AFP. « Je suis le Covid-19 » Des psychiatres face aux pathologies du confinement. Ouest-France. 1 May 2020

- 23.** Viner RM, Russell SJ, Croker H, Packer J, Ward J, Stansfield C, Mytton O, Bonell C, Booy R. School closure and management practices during coronavirus outbreaks including COVID-19: a rapid systematic review. *Lancet Child Adolesc Health*. 2020 May;4(5) 397-404. doi:10.1016/s2352-4642(20)30095-x. PMID: 32272089.

- 24.** Brut (YouTube Channel). La faune sauvage, victime indirecte du coronavirus. 20 March 2020.

Dr Thierry Bedossa et Andrea A. CORONAVIRUS : DES MILLIONS D'OISEAUX VONT MOURIR DANS LES VILLES !. Hectorkitchen. 22 March 2020.

25. Florian Guénet. Coronavirus en France : des risques de surmortalité pour d'autres maladies. La Nouvelle Tribune. 11 April 2020.

Youen Tanguy. Coronavirus : un médecin craint "une vague de patients ayant fait un AVC" après l'épidémie. RTL. 1 April 2020.

Internisten warnen vor „Kollateralschäden“. wien.ORF.at. 15 April 2020.

Paul Nuki. Two new waves of deaths are about to break over the NHS, new analysis warns. The Telegraph. 25 April 2020.

26. Le Monde avec AFP. Hausse des violences conjugales pendant le confinement. Le Monde. 30 March 2020.

Olivier Duc. Coronavirus : le confinement, "terreau favorable aux violences conjugales et familiales". France Bleue. 31 March 2020.

27. Selon Trump, un confinement prolongé aux Etats-Unis pourrait «détruire» le pays. Liberation. 24 March 2020.

Grégoire Normand . Coronavirus : des pertes faramineuses pour l'économie française. La Tribune. 30 March 2020.

Camille Allain. Coronavirus dans le Morbihan : Le préfet invite les entreprises à rouvrir pour éviter « la pire récession du siècle ». 20 minutes. 20 March 2020.

Carmen Reinicke. US weekly jobless claims spike to a record 3.3 million as the coronavirus outbreak triggers widespread unemployment. Businessinsider. 26 March 2020.

Richard Hiault. Coronavirus : les scénarios noirs d'une profonde récession. Les Echos. 20 March 2020.

Terina Allen. 3 Bitter Truths About Coronavirus Job Losses And The Economy. Forbes. 10 May 2020.

Lauren Provost . La crise sanitaire du coronavirus en cache une autre pour cet expert en stratégie. Huffpost. 03 April 2020.

28. Anne-Laure Lebrun. Au moins 13.000 suicides liés à la crise économique de 2007. Le Figaro. 13 June 2014.
29. Brut (YouTube Channel). 4 conséquences de la crise sanitaire pour les agriculteurs. 5 April 2020.
30. Capital avec AFP. Les Américains achètent des armes à tour de bras, craintes d'émeutes. Capital. 25 March 2020.
31. LeHuffPost (YouTube Channel). Coronavirus: les supermarchés pris d'assaut par crainte du confinement. 16 March 2020.
- CNEWS (YouTube Channel). Coronavirus : bagarres dans les supermarchés australiens pour du papier toilette. 8 March 2020.
32. Helen Branswell. A severe flu season is stretching hospitals thin. That is a very bad omen. STAT. 15 January 2018.
- Amanda Macmillan. Hospitals Overwhelmed by Flu Patients Are Treating Them in Tents. TIME. 18 January 2018.
- Amanda Ferguson. Surgeries postponed due to severe flu cases overwhelming Toronto ICU. Citynews. 13 february 2018.
- Laura Donnelly. Hospital admissions for flu triple and 111 phonenumber overwhelmed by deepening NHS crisis. The Telegraph. 4 January 2018.
- Soumya Karlamangla. California hospitals face a 'war zone' of flu patients — and are setting up tents to treat them. Los Angeles Times. 16 January 2018.
- Simona Ravizza. Milano, terapie intensive al collasso per l'influenza: già 48 malati gravi molte operazioni rinviate. corriere della sera. 10 January 2018.
- Chelsea Wade. Hospital Overrun By Flu Cases Having To Turn Them Away. CBS DFW. 8 January 2018.
- Denis Campbell. NHS winter crisis: extra beds created by 52% of UK hospitals. The Guardian. 2 December 2019.
- R. Salamanca. Temas Relacionados. La gripe colapsa los hospitales de media España. El Mundo. 1 December 2017.

33. Global News (YouTube Channel). Coronavirus outbreak: WHO expert says countries must shift mindset to virus preparedness | FULL. 25 February 2020.

CGTN (YouTube Channel). If I had COVID-19, I want to be treated in China, says WHO official. 27 February 2020.

Paul Benkimoun. Covid-19 : le monde « n'est pas prêt », selon la mission de l'OMS en Chine. Le Monde. 26 February 2020.

34. China Daily (YouTube Channel). WHO expert: China has taught us lessons. 10 March 2020.

35. Zarocostas J. How to fight an infodemic. *Lancet*. 2020;395(10225):676. doi:10.1016/S0140-6736(20)30461-X

Fabien Magnenou. Coronavirus 2019-nCoV : comment l'OMS s'efforce de contenir l'"infodémie" qui entoure l'épidémie. Franceinfo. 8 February 2020.

AFP (YouTube Channel). Coronavirus: l'OMS part en guerre contre la désinformation | AFP News. 3 February 2020.

36. WHO. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19). February 2020. <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf> (accessed May 1, 2020).

37. Hong Kong World City (Twitter account : @HKWORLD CITY). 28 March 2020, 12:40 PM.

Formosa TV English News (YouTube Channel). Senior WHO official dodges questions about Taiwan's WHO membership; praises China. 30 March 2020.

38. McCoy, David & Kembhavi, Gayatri & Patel, Jinesh & Luintel, Akish. (2009). The Bill & Melinda Gates Foundation's grant-making programme for global health. *Lancet*. 373. 1645-53. 10.1016/S0140-6736(09)60571-7.

McCoy D., McGoey L. (2011) Global Health and the Gates Foundation — In Perspective. In: Rushton S., Williams O.D. (eds) Partnerships and Foundations in Global Health Governance. International Political Economy Series. Palgrave Macmillan, London

39. Juttat Pinzler, Tatjana Mischke. L'OMS : dans les griffes des lobbyistes ?. arte. 2016.

40. trustWHO campaign (YouTube Channel). trustWHO campaign. 10 May 2017.
- trustWHO campaign (YouTube Channel). trailer_trustWHO. 27 June 2017.
41. F. William Engdahl. European Parliament to Investigate WHO and "Pandemic" Scandal. healthcare-in-europe.com. 26 January 2010.
42. Paul FLYNN. The handling of the H1N1 pandemic: more transparency needed. Parliamentary Assembly of the Council of Europe. 07 June 2010.
43. franceinfo. Coronavirus : en Espagne, la municipalité d'un village désinfecte la plage à l'eau de Javel avant de reconnaître une erreur. 03 May 2020.
- Coronavirus : moustachus ou barbus, des pompiers interdits de travailler attaquent leur direction en justice. L'indépendant. 20 April 2020.
- franceinfo. Confinement : une amende infligée à une septuagénaire après être sortie jeter ses poubelles au tri selectif. 09 April 2020.
44. Valentine BONTEMPS. Jouer aux jeux vidéo pendant le confinement, c'est recommandé par l'OMS. Le Républicain Lorrain. 03 April 2020.
45. Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza; 2019. Licence: CC BY-NC-SA 3.0 IGO.
46. Jessie Gomez. Lincoln Park driver 'passed out' due to N95 mask, crashed car, police say. Daily Record. 25 April 2020.
47. Prof. Dr. med. Sucharit Bhakdi (YouTube Channel). Corona-Krise: Prof. Sucharit Bhakdi erklärt warum die Maßnahmen sinnlos und selbstzerstörerisch sind. 19 March 2020.
48. WHO. Q&A: Influenza and COVID-19 - similarities and differences. 17 March 2020.