

Dear Prosecutor of the International Criminal Court Ms. Fatou Bensouda,

We strongly urge you to consider declaring lockdowns and all-related measures (mask mandate, social distancing, ongoing closures of schools, businesses, bars, restaurants, gyms, museums, theaters and more) a crime against humanity.

The economic, human, psychological and social costs of these policies are considerably higher than their effectiveness in saving lives and reducing the spread of the virus.

According to Canadian medical expert Dr Ari Joffe, “the harms caused by lockdown measures are at least five to 10 times greater than the benefits, as a population plagued by economic downturn, unemployment and loneliness is at risk of early mortality, reduced lifespan and chronic disease. Over time, suicide, depression, alcohol use disorder, childhood trauma due to domestic violence, changes in marital status, and social isolation are projected to cause millions of years of life lost”.¹ An opinion shared by many other scientists: “Given the potential harmful health effects of lockdown measures – hunger, opioid-related overdoses, missed vaccinations, increase in non-COVID diseases from missed health services, domestic abuse, mental health and suicidality, as well as a host of economic consequences with health implications -, we find no significant benefits on case growth of more restrictive NPIs (non-pharmaceutical interventions). The data cannot fully exclude the possibility of some benefits. However, even if they exist, these benefits may not match the numerous harms of these aggressive measures”.² “Do the costs of lockdown outweigh (possibly greatly) - the benefits of lockdown? A recent paper published in the British Medical Journal concluded that lockdown interventions could increase COVID-19 mortality rates over the long term. Another analysis in preprint proposes the same unintended consequences. It is crucial that we consider these latest analyses, and face the possibility that lockdown interventions could result in more COVID-19 deaths than if we simply followed the WHO 2019 pandemic guidelines, as Sweden did. Lockdown significantly undermines many elements of public health. As a strategy it is detrimental to breast, cervical, skin cancer and gastrointestinal cancer screening programmes and treatments; results in reduced referrals for common malignancies such as lung cancer; and increases prevalence of mental health conditions in the young and old. This is not to mention the many impacts on the economic determinants of public health”.³ “The collateral damage now being caused to the population will have a greater impact in the short and long term on all sections of the population than the number of people now being safeguarded from corona. Social isolation and economic damage led to an increase in depression, anxiety, suicides, intra-family violence and child abuse. Studies have shown that the more social and emotional commitments people have, the more resistant they are to viruses. It is much more likely that isolation and quarantine have fatal consequences”.⁴ “We find that the costs of three-months lockdown in the UK are likely to have been high relative to benefits, so that a continuation of severe restrictions is unlikely to be warranted; a movement away from blanket restrictions that bring large, lasting and widespread costs, and towards measures targeted specifically at groups most at risk is now prudent. A great deal of evidence is already emerging on the economic impacts of restrictions. Estimates made to identify the particular effect of restrictive policies

¹ https://macdonaldlaurier.ca/files/pdf/20201209_Rethinking_lockdowns_Joffe_COMMENTARY_FWeb.pdf

² Assessing mandatory stay-at-home and business closure effects on the spread of COVID-19,

Eran Bendavid, Christopher Oh, Jay Bhattacharya, John P. A. Ioannidis

³ COVID-19 Alternative Strategy - A Case for Health and Socioeconomic Wellbeing. An Irish group of medical practitioners and scientists warn governments that lockdown are harmful to societies and do not work to contain pandemics

<https://covidrecovery.ie/>

⁴ Open letter from medical doctors and health professionals to all Belgian authorities and all Belgian media

<https://docs4opendebate.be/en/open-letter/>

suggest that they reduced economic activity by 15 per cent in the 30 days after they were adopted. Stay-at-home requirements and workplace closures are the costliest in economic terms. (...) Many elements of the costs of the lockdown in the UK are not reflected at all in current outcomes, employment and GDP. Health costs – including mental health – are not yet showing up in a measurable way. They are likely to be large and lost lasting. The cost from disrupted education of children and students will be felt over a horizon of many years, even decades”.⁵ “Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings, and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden”.⁶ “Does it really make sense for governments to impose unproven and massively disruptive lockdown style interventions – interventions all but guaranteed to destroy the religious, moral, legal, political, economic, educational and psychosocial fabric of a nation – in a quixotic attempt to reduce a relatively high risk person’s odds of dying by 0.1%? Doesn’t it make more sense for people to do what’s always been done and take voluntary, evidence-based, and personalized approaches to protect such individuals that also respect absolute goods – the inalienable right to work and secure sustenance - and balance competing, relative goods – going to a concert or ballgame? The questions answer themselves. Indeed, it almost seems like a truism to point out that the imposition of coercive and unproven lockdown measures, on an entire population, amounts to a mass social experiment that is fated to fail and ultimately increase people’s baseline probabilities of mortality and morbidity in myriad ways that will effectively negate and even reverse any hypothetical gains from mitigating SARS-CoV-2”.⁷ “The infection fatality rate seems to be about the same as for influenza, but we have never introduced these drastic measures before, when we had influenza pandemics. And we cannot live with them for years to come. The World Bank has just estimated that the corona pandemic has caused an increase of about 100 million people living in extreme poverty. This is not because of COVID-19. It is because of the draconian measures we have introduced. We need a better strategy”.⁸ “The brutal price of this drastic policy is all too obvious. Amid battered public finances, rising unemployment and widespread business failures, entire sectors of the economy have been devastated. At the same time, the quality of life for most of the population has been profoundly diminished, just as education from primary to degree level has been undermined and non-Covid healthcare disrupted. (...)The heavy-handedness of these measures has been out of all proportion to the level of threat –and worse, they have also been ineffective, even counter-productive. Throughout this long emergency, the supposed antidote has often been more harmful than the disease itself. The reality is that Covid represents little danger to the vast majority of people under the age of 60, yet our whole society has been upended by an exaggerated response. And the scars will last for many years”.⁹ “Every policy has direct and indirect effects of intended and unintended consequences. Policies that require people to stay at home to reduce the morbidity and mortality from COVID-19 will have effects beyond the virus. For example, they will adversely affect mental health and economic prospects for many. They will also affect people’s willingness and ability to access health and social services. This is

⁵ LIVING WITH COVID-19: BALANCING COSTS AGAINST BENEFITS IN THE FACE OF THE VIRUS, David Miles, Mike Stedman, Adrian Heald

⁶ Harvard University professor Dr. Martin Kulldorff, Oxford University epidemiologist Dr. Sunetra Gupta, and Stanford University physician and epidemiologist Dr. Jay Bhattachary

⁷ Review of calculated SARS-CoV-2 infection fatality rates: Good CDC science versus dubious CDC science, the actual risk that does not justify the “cure”, Prof. Joseph Audie, August 2020

⁸ Is the infection fatality rate for COVID-19 worse than that for influenza? Peter C Gøtzsche, Professor and director Institute for Scientific Freedom, Copenhagen, December 2020

⁹ Dr John Lee, former professor of pathology and NHS consultant pathologist <https://www.dailymail.co.uk/debate/article-9386953/DR-JOHN-LEE-darkest-predictions-come-true-effects-lockdowns-catastrophic.html>

likely to result in increases in morbidity and mortality from otherwise curable diseases, such as cancer, acute myocardial infarction and stroke. A comparison between COVID-19 deaths prevented and excess cancer deaths caused shows it is possible that preventing COVID-19 deaths through lockdowns might result in more life-years being lost than saved”.¹⁰ “We think government lockdowns cause substantial collateral health damage. Hospital admissions in the USA for emergency treatment of acute ischaemic strokes have been substantially lower in February–March, 2020, than in February–March, 2019, resulting in delayed treatment. The situation is similar for patients with cancer. In German hospitals, cancer cases decreased during the first national lockdown between March 12 and April 19, 2020: by 13·9% for breast cancer, 16·5% for bladder cancer, 18·4% for gastric cancer, 19·8% for lung cancer, 22·3% for colon cancer, and 23·1% for prostate cancer, suggesting that cancers might have been undetected and untreated during this period. Government restrictions are disrupting traditional means of support between friends and family members. Physical distancing and contact reduction are causing severe stress to many people and might increase the risk of suicide”.¹¹ “Fear resulting in social isolation and unwillingness to seek healthcare will increase morbidity and mortality. 2020 saw in UK a 76% reduction in patients presenting to primary care with suspected cancer, and 5000 fewer patients presented to hospital with acute coronary syndrome. Health effects related to lockdown and lockdown induced recession are likely to outweigh the effects of deaths from covid, especially the impact on ambitious cancer targets of detecting >75% stage 1-2 cancers by 2028. The media has trivialised other causes of death by not reporting them. Leading causes of death remain dementia, cardiovascular and circulatory diseases, and cancers. Deaths seem to have been misattributed to covid-19”.¹² “Studies point in the same direction, that people have been slower to seek help for medical emergencies due to an overblown fear for Covid. This delay has likely resulted in a significant number of unnecessary deaths, especially for strokes and heart attack. Now, of course, deaths due to delays in seeking treatment aren’t directly due to lockdown. Rather they are due to government and media fearmongering. Moreover, childhood vaccination programs in many developing countries have been put on hold due to the global obsession with fighting Covid. The hold-up in vaccinations in developing countries will likely result in many more years of life lost than are lost directly due to the virus. (...) Can the situation for children get any worse? Apparently, yes it can. The authors of an article published in the British Medical Journal in July noted that the incidence of abusive head trauma in children arriving at their hospital had increased by 1,500% in the first month of lockdown, when compared with the same period in preceding years. There was a 15- fold increase in children getting beaten so badly by their caregivers that they ended up in hospital with severe head trauma. What can we conclude from all these data? Very simply: lockdown and the fear-mongering that goes with it almost certainly kills many more people than it saves, and it certainly results in many more years of life lost”.¹³ “There is no doubt that the sense of proportion has been completely lost, and the consequences are and will be tragic. In addition to Covid patients, there are still millions of people struggling with important treatments and therapies: heart attacks, cancer patients, diabetics, patients with stroke outcomes and disabling diseases. In Italy 21 people die every hour due to cancer and 26 people from cardiovascular problems and these data are destined to drastically and sadly increase in the coming years”.¹⁴ “People continue to die of many pathologies but, in Italian hospitals, those not infected with Covid feel they are neglected. Since the start of the dramatic health emergency, 11

¹⁰ Life-Years and Lockdowns: Estimating the Effects on Covid-19 and Cancer Outcomes from the UK’s Response to the Pandemic
Pinar Jenkins, Karol Sikora and Paul Dolan

¹¹ Calling for benefit–risk evaluations of COVID-19 control measures, The Lancet

¹² Poor, biased reporting of daily covid death statistics without perspective creates fear, BMJ
<https://www.bmj.com/content/372/bmj.n640>

¹³ Sebastian Rushworth, junior doctor in Stockholm, “Covid: Why most of what you know is wrong”

¹⁴ Carmine di Mambro, president of an association to protect the rights of cancer patients
<http://insiemecontroilcancro.net/covid-19-tumori-malattie-cardiovascolari-nella-fase-2-va-rivista-lassistenza/>

million citizens are at risk of losing their lives due to difficulties in accessing care. The pandemic has overwhelmed the national health service and today, to risk the most, it is precisely the "fragile patients" that is the oncohematological and cardiological patients. For these pathologies, in terms of mortality, we have gone back twenty years, eliminating, with a swipe of a sponge, the extraordinary progress of decades of research".¹⁵ "Since the onset of the pandemic in Italy, the fear of contagion has sent about 20% of cancer patients away from hospitals, patients who should have been subjected to useful treatments. Fears are also widespread in those with heart disease: there has been a reduction of more than 50% in hospitalizations for heart attacks. And hospitalizations for heart failure, heart rhythm abnormalities and pacemaker and defibrillator dysfunction are down by about a third".¹⁶ "There is a growing body of research on the effects of lockdowns. Research comparing interventions across countries suggests that lockdown do bring infection case growth rates down in the short-term, but multiple research studies show no effect of lockdown measures on mortality rates, indeed some studies suggest that deploying lockdown are related to increased mortality. Psychological research has documented the negative effects of lockdowns on mental health. There is also clear evidence that lockdowns lead to specific stressors that are known to have an immunosuppressant effect in relation to respiratory illness, thus may increase the likelihood of getting ill after being exposed to a coronavirus".¹⁷ "These coercive measures deliberated constitute a destructive infringement of fundamental rights and their enforcement lacks medical justification. There is no logic in applying such brute force on the entire society. It is the opposite of what we did in previous years. When we have a disease that kills almost only old and chronically sick people, we don't shut down the education system, we don't crush our economics, we don't stop all trade and tourism".¹⁸ "The management of the crisis has become disproportionate and is now causing more harm than good. We urge policy-makers to remember that this pandemic, like all pandemics, will eventually pass but the social and psychological damage that it is causing risks becoming permanent. After the initial justifiable response to Covid-19, the evidence base now shows a different picture. The problem of functional false positive rates has still not been addressed and particularly in the context of low prevalence of disease whereby false positives are likely to exceed true positives substantially and moreover correlate poorly with the person being infectious. We have the knowledge to enable a policy that protects the elderly and vulnerable without increasing all other health and economic harms and which is not at the expense our whole way of life and particularly that of the nation's children".¹⁹ "The first principle of medical and health care is to do no harm. Furthermore, evidence-based medical information should be the determining factor in all governmental healthcare rules, policies and procedures. The current government measures regarding covid are not supported by evidence-based medical research and many of these measures are harmful to individuals, families and societies in general. We call on all levels of government to immediately stop promoting lockdowns and physical distancing, the use of masks, quarantine of asymptomatic people and isolation, using RT-PCR testing on people, advocating inadequately tested gene-modifying covid-19 vaccinations, business closures or restrictions, closures of public facilities, including schools, parks and recreational facilities, misrepresentation of the covid situation in the media".²⁰ "Many international studies bear out that lockdowns have proven to be a complete failure as a public health measure to contain a respiratory virus. They did not succeed in their primary objective of containing spread yet have caused great harm. Lockdowns were explicitly not

¹⁵ C. MASSI, La paralisi degli ospedali - Appello dei medici a Conte: «Pensiamo a tutti i malati», "Il Messaggero", 27.10.2020

¹⁶ Covid-19: "11 milioni di cittadini colpiti da tumori e malattie del cuore", "Insieme contro il cancro"

¹⁷ Dr Oliver Robinson – Lockdown policies: doing more harm than good?

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3782395

¹⁸ Letter signed by more than 100 Israel physicians excoriating the government's policies employed to combat the coronavirus, December 2020

¹⁹ <https://www.dailymail.co.uk/news/article-8925427/Official-data-exaggerating-risk-Covid-500-academics-tell-Boris-Johnson.html>

²⁰ <https://www.libertycoalitioncanada.com/post/press-release-canadian-doctors-speaking-out>

recommended even for severe respiratory viral outbreaks in all pandemic planning prior to 2020, including those endorsed by the WHO and the Department of Health. The reasons for ignoring existing policies and adopting unprecedented measures appear to have been (i) panic whipped up by the media (especially scenes from China), (ii) a reluctance to do things differently to neighbouring countries and (iii) the unfaltering belief in one single mathematical model, which latterly turned out to be wildly inaccurate. In particular, frontline clinicians and experts are alerting policy makers to an impending mental health catastrophe in children and young people. Government actions in response to the pandemic have created a ‘perfect storm’ for the emergence and exacerbation of mental health problems in addition to creating significant barriers to effective treatment”.²¹ “While aimed at fighting the virus’s spread, the interventions imposed a massive toll in areas including global hunger, domestic abuse, mental and physical health problems, suicides and bankruptcies. (...) However, the stay-at-home orders, which varied greatly in intensity and duration (and, anecdotally, in enforcement severity) seem to have made no observable tangible impact on the daily COVID-19 cases and deaths. Further, the most severe restrictions, such as a prolonged lockdown and nighttime curfew implemented in California in November, did not prevent the subsequent December-January spike in cases or fatalities.”²² A German judge also, declaring corona ordinance unconstitutional, noted these consequences of the lockdown: increase in domestic violence against children and women; increase in depression as a result of social isolation anxiety, psychosis/anxiety disorders as a result of Covid-19 anxiety and other mental disorders/nervous overload due to family/personal/occupational problems as a result of the lockdown; increase in suicides as a result of unemployment or bankruptcy; health impairments as a result of lack of exercise; failure to undergo surgery and inpatient treatment because hospital beds being reserved for Covid-19 patients; failure to undergo surgery, inpatient treatment, doctor visits because patients feared infection with Covid-19. *There can be no doubt that the number of deaths attributable to the lockdown policy measures alone exceeds the number of deaths prevented by the lockdown many times over. For this reason alone, the standards to be assessed here do not satisfy the proportionality requirement. Added to this are the direct and indirect restrictions on freedom, the gigantic financial damage, the immense damage to health and the non-material damage. The word “disproportionate” is too colourless to even hint at the dimensions of what is happening. The lockdown policy pursued by the state government in the spring (and now again), of which the general ban on contact was (and is) an essential component, is a catastrophically wrong political decision with dramatic consequences for almost all areas of people’s lives.*²³ According to Stefan Swartling Peterson and Anna Mia Ekström, two of Sweden’s leading experts on global health, restrictions against the coronavirus have killed as many people as the virus itself. They have gone through data from Unicef and Unaid and found that the vast majority of people who have died of lockdown have died in poor countries and been young. The specific causes of death are malnutrition, caused by shutting down the global economy, lack of vaccination, caused by shutting down childhood vaccination programs, and treatable diseases like tuberculosis and HIV, that have been prioritized down as a result of efforts to fight covid-19.²⁴ As early as April 2020, researchers at the John Hopkins Bloomberg School of Public Health predicted that more than one million children under five in low- and middle-income countries would die in the next six months due to the disruption of health services; they also calculated a 39 per cent increase in maternal deaths per month for the same reason.²⁵ A new United Nations report has laid bare the appalling cost of lockdowns in some of the world’s poorest countries. The report examines the effect of the unprecedented Government shutdown policies on healthcare, social services, education and the economy. It estimates that the disruption in healthcare services caused by

²¹ Covid-19 response, HART <https://www.hartgroup.org/covid-19-evidence/>

²² <https://c2cjournal.ca/2021/03/do-lockdowns-make-a-difference-in-a-pandemic/>

²³ <https://ukhumanrightsblog.com/2021/01/25/german-district-court-declares-corona-ordinance-unconstitutional/>

²⁴ <https://norwaytoday.info/news/swedish-researchers-anti-corona-restrictions-have-killed-as-many-people-as-the-virus-itself/>

²⁵ https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3576549

Government responses to COVID-19 in Afghanistan, Nepal, Bangladesh, India, Pakistan and Sri Lanka (home to some 1.8 billion people) may have led to 239,000 maternal and child deaths. This compares to around 186,000 deaths “with COVID-19”, meaning the lockdowns are estimated to have killed considerably more than the virus.²⁶

As a direct consequence of forced isolation, there has been a surge in deaths from drug abuse in the United States, a real drug epidemic inside covid-19 epidemic. The same is happening in Europe: in fact the European Institute for Addiction Treatment noted an alarming increase in the consumption of antidepressants, alcohol and drugs.²⁷ “Pharmacies have increased their supplies of anxiolytics and hypnotics by 35% and their supplies of antidepressants by 28.2%. We expect 300,000 new cases to be handled by mental health departments”. [...] Apathy, anxiety, depression, sleep disturbances, but also hyperactivity, a desire to violate restrictions and rebel against closures to “feel alive” are on the rise. The coronavirus epidemic is having dramatic consequences for the entire population, but while those on physical health are limited directly to the infected, the psychological effects are not sparing anyone”, Professor Massimo Di Giannantonio, president of the Italian Society of Psychiatry, has revealed.²⁸ In an interview with “La Stampa”, he has also pointed out: “We observe an increase in the sale of antidepressants and anxiolytics. And a rise in psychiatric visits. [...] In this second wave of the pandemic the trend of an increase in drugs that already emerged last spring is confirmed. According to the WHO, one of the main consequences of the emergency will be the multiplication of psychopathological problems and social distress”.²⁹ Dr David Nabarro, WHO special envoy for covid-19, said this of lockdowns back in October: “We in the World Health Organization do not advocate lockdowns as the primary means of control of the virus. (...) just look at what’s happened to the tourism industry... look what’s happening to small-holding farmers. (...) it seems we may have a doubling of world poverty by next year. We may well have at least a doubling of child malnutrition. (...) This is a terrible, ghastly global catastrophe”.³⁰

Other experts have recently warned that prolonged lockdowns could encourage the emergence of more dangerous variants: “There is already some evidence emerging to support this theory. The Kent variant is reported to be more transmissible and more deadly, while the South Africa variant is more likely to make people severely ill. Is it a coincidence that the prevalence of these variants emerged in countries with very strict measures in place throughout the pandemic? Is it a coincidence that the Kent variant dominated following a period of regional and national UK lockdowns? If lockdowns are the key to stopping these dangerous mutations, then where is the Swedish variant?”³¹ “Due to human intervention, the course of this pandemic has been thoroughly disturbed as of the very beginning. Widespread and stringent infection prevention measures combined with mass vaccination campaigns using inadequate vaccines will undoubtedly lead to a situation where the pandemic is getting increasingly out of control”.³² Professor Anthony Brookes, at the Department of Genetics & Genome Biology, University of Leicester cautioned that lockdowns, mass testing, and track and trace systems together act to hinder mild or asymptomatic spread, whilst giving an unnatural relative advantage to strains that are more virulent³³.

²⁶ <https://www.unicef.org/rosa/media/13066/file/Main%20Report.pdf>

²⁷ <https://indexmedical.it/articoli/ieud-durante-lemergenza-covid-19-aumentate-le-morti-per-overdose-in-usa-e-italia/>

²⁸ The effects of Covid on mental health: + 300 thousand psychiatric patients, boom in psychotropic drugs, Fanpage.it

<https://www.fanpage.it/attualita/gli-effetti-del-covid-sulla-salute-mentale-300mila-pazienti-psichiatrici-boom-di-psicofarmaci/>
²⁹ <https://www.lastampa.it/topnews/primo-piano/2020/12/01/news/boom-di-ansiolitici-cosi-la-pandemia-ci-ha-reso-piu-fragili-1.39603226>

³⁰ <https://mobile.twitter.com/spectator/status/1314573157827858434>

³¹ Mutant variations and the danger of lockdowns, 2 March 2021, Health Advisory and Recovery Team

³² https://agenziastampaitalia.it/images/Public_health_emergency_of_international_concert_Geert_Vanden_Bossche.01.pdf

³³ PANDA press release March 2, 2021

We must point out that the health risk linked to the spread of sars-cov-2 is in itself too insignificant to justify such totalitarian measures. At a global level, the current lethality of covid-19 places this pandemic in the same category as previous pandemics, thus denying its alleged exceptional character. According to Ioannidis, "many early deaths may have been due to suboptimal management, malfunctional health systems, sending COVID-19 patients to nursing homes, and nosocomial infections; such deaths are partially avoidable moving forward. Global infection fatality rate is 0.15-0.20% (0.03-0.04% in those <70 years)".³⁴ A recent noninstitutionalized IFR study in Indiana found that the overall IFR was 0.26% and that "persons younger than 40 years had an IFR of 0.01%".³⁵ A study published in *Canadian Medical Association Journal* found that risk of death from covid-19 is 3.5 time higher than from flu but it considers only the first wave period (November-June)³⁶, while it is reported that the fatality rate from covid-19 has declined in all age groups during the second phase of the pandemic.^{37 38} According to Dr Scott W. Atlas, five key facts are being ignored by those calling for continuing the near-total lockdown, and one of these is covid-19 IFR: "The overwhelming majority of people do not have any significant risk of dying from COVID-19. The recent Stanford University antibody study now estimates that the fatality rate if infected is likely 0.1 to 0.2 percent, a risk far lower than previous World Health Organization estimates that were 20 to 30 times higher and that motivated isolation policies. In New York City, an epicenter of the pandemic with more than one-third of all U.S. deaths, the rate of death for people 18 to 45 years old is 0.01 percent, or 10 per 100,000 in the population. On the other hand, people aged 75 and over have a death rate 80 times that. For people under 18 years old, the rate of death is zero per 100,000. (...)If you do not already have an underlying chronic condition, your chances of dying are small, regardless of age. And young adults and children in normal health have almost no risk of any serious illness from COVID-19. (...)In this virus, we know that medical care is not even necessary for the vast majority of people who are infected. It is so mild that half of infected people are asymptomatic, shown in early data from the Diamond Princess ship, and then in Iceland and Italy. That has been falsely portrayed as a problem requiring mass isolation".³⁹

In the specific Italian case, we observe that for at least six months mortality, critical and severe cases have been constantly decreasing⁴⁰, and this suggests that the disease is much less serious and more treatable than in March and April. Moreover, several drugs have been found to be effective in preventing and treating the infection.⁴¹ As regards the number of deaths, which always seems to be very high in our country, it must be specified that in Italy all deaths of people who are positive to swab are considered covid-19 deaths, even if the primary cause is not linked to covid-19.⁴²

³⁴ <https://onlinelibrary.wiley.com/doi/full/10.1111/eci.13423>

³⁵ Infection Fatality Ratios for covid-19 among noninstitutionalized persons 12 and older: results of a random-sample prevalence study, *Annals of Internal Medicine*, January 2021

³⁶ <https://medicalxpress.com/news/2021-02-death-covid-higher-flu.html>

³⁷ <https://www.cebm.net/covid-19/declining-covid-19-case-fatality-rates-across-all-ages-analysis-of-german-data/>

³⁸ <https://www.rainews.it/dl/rainews/articoli/coronavirus-rapporto-istat-iss-a-maggio-il-tasso-di-mortalita-torna-sotto-la-media-e62699fd-9bf0-4041-8a7e-ac00ca13a357.html>

³⁹ <https://thehill.com/opinion/healthcare/494034-the-data-are-in-stop-the-panic-and-end-the-total-isolation>

⁴⁰ reports of the Italian Institute of Health, www.iss.it. While in the first weeks of the epidemic there was a higher percentage of severe/critical cases and of cases already dead at the time of diagnosis, with the passage of time, we highlight, in percentage, a sharp increase in asymptomatic or pauci-symptomatic cases and a marked reduction in severe cases and deaths. Moreover, in the second period of the pandemic, deaths concern older people with a worse pre-existing health condition than deaths in the first three months: deaths of people with three or more pre-existing diseases increase and those with fewer or none decrease.

⁴¹ <https://swprs.org/on-the-treatment-of-covid-19/>

⁴² <https://www.stuff.co.nz/national/health/coronavirus/120443722/coronavirus-is-covid19-really-the-cause-of-all-the-fatalities-in-italy>

The entire lockdown architecture seems therefore to rest on two “pillars”: the number of positives identified by PCR and antigen tests and asymptomatic transmission of the virus. The studies we have produced show that neither swabs can be considered reliable diagnostic tools nor asymptomatic people transmit the virus (or transmit it very rarely as to have virtually no impact in the grand scheme). A massive covid testing campaign is underway not only in Italy, but worldwide, costing countries billions of dollars. But more and more experts are claiming that the misuse of PCR testing is resulting in a vast number of false positives. Many are denouncing the testing as illogical and fraudulent, stating that it shouldn't be considered diagnostic. Yet these are the very tests that are used to report daily numbers around the country justifying the policies to depress economy and society. The late Kary Mullis, inventor of the PCR test, explicitly stated in an interview that these tests should not be used for diagnostic purposes.⁴³ On January 20, 2021, WHO issued an advisory for labs processing PCR tests, asserting that “careful interpretation of weak positives result is needed”, a positive PCR test result not automatically constituting a case of covid-19.⁴⁴ According to German attorney Reiner Fuellmich, “a number of highly respected scientists have concluded there has never been a coronavirus pandemic but only a PCR test pandemic. If someone tests positive it does not mean they are infected with anything. Based on the rules of criminal law, asserting false facts concerning the PCR tests, or intentional misrepresentation, that can only be assessed as fraud”.⁴⁵ As for the question of asymptomatic positives, i.e. the majority of people who have come into contact with the Sars-CoV-2 virus, we must say that the second phase of the pandemic was managed by starting from the assumption that the “asymptomatic positives” were contagious. However, on June 8, epidemiologist Maria Van Kerkhove, head of the WHO anti-Covid-19 technical team, described asymptomatic transmission as “very rare”⁴⁶. Although harshly criticized, this statement has been confirmed by several studies, among which we cite the one published on November 20, 2020 by the journal “Nature”, which reports the results of a screening for SARS-CoV-2 infection conducted in the post-lockdown in the city of Wuhan (between May 14 and June 1, 2020), which was attended by 9,899,828 people. The study, titled *Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China* comes to the following conclusions: “There were 10,652,513 eligible people aged ≥6 years in Wuhan (94.1% of the total population). [...] Of the 9,899,828 participants, 9,865,404 had no previous diagnosis of COVID-19 and 34,424 were cured COVID-19 patients. Screening of 9,865,404 participants without a history of COVID-19 found no recently confirmed COVID-19 cases and identified 300 asymptomatic positive cases [...] A total of 1,174 close contacts of asymptomatic positive cases were tracked. All tested negative for COVID-19. [...] Of the 34,424 participants with a history of COVID-19, 107 were re-positive [...] Viral cultures were negative for all asymptomatic positive and re-positive cases, indicating the absence of “viable virus” in the positive cases found in this study”⁴⁷. Science agrees that, in general, although an asymptomatic person can transmit a microbe, they do not transmit the disease, that is, people who are weakly positive cannot infect others, because their viral load is too low to spread the virus. In the same reports of the Italian CTS (scientific technical committee) it is stated that: “The identification of viral RNA does not necessarily imply infectivity”.⁴⁸ In a study conducted in June on 133 researchers of the Mario Negri Institute for Pharmacological Research and 298 employees of Brembo, in which 40 positive cases were found, “the positivity of these swabs emerged

⁴³ https://www.youtube.com/watch?v=iWOJKuSKw5c&feature=emb_logo

⁴⁴ <https://www.who.int/news/item/14-12-2020-who-information-notice-for-ivd-users>

⁴⁵ <https://www.covidtruths.co.uk/2020/11/update-on-dr-reiner-fuellmich-class-action-lawsuits-against-coronavirus-fraud/>

⁴⁶ Press conference 8 June 2020, WHO, 08.06.2020

[https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-08jun2020.pdf?sfvrsn=f6fd460a_0].

⁴⁷ S.CAO et AL., *Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China*, “Nature”, 20.11.2020

[<https://www.nature.com/articles/s41467-020-19802-w>].

⁴⁸ Verbale CTS, 6 marzo 2020, n. 20

only with very high amplification cycles, including 34 and 38 cycles, which correspond to 35,000-38,000 copies of viral RNA. They are cases of positivity with a very low viral load, not contagious. We call them contagions, but they are only swab-positive people”.⁴⁹ Starting from these assumptions, how is it possible to justify the imposition of quarantine and generalized lockdowns?

On the basis of the number of positive cases, on January 14, the government chaired by former Prime Minister Conte extended again the state of emergency until April 30. It follows that the Italian government continues to have the power, not subject to parliamentary control, to close, at national or regional/local level, schools, shops, bars, restaurants, businesses, and impose curfews and restrictions on the movement and social life of people based on the mere (presumed) increase in cases without considering their clinical characteristics and infectivity.

We can summarize the contents of this complaint in these statements:

- 1) The health emergency linked to the spread of sars-cov-2 in Italy ended in May; subsequent ISS reports describing an epidemiological situation in which the increase in positive cases is however accompanied by a marked reduction in severe/critical cases and deaths. The overall excess mortality recorded this year in Italy concerns mainly the months of March and April (“first wave”) and includes not only the deaths directly attributable to covid-19 but also those resulting from the disruption of the healthcare system and from serious initial errors in the management of the emergency.

With regard to this last point, it is necessary to open a parenthesis, referring, for a more detailed analysis, to the attached essay “State massacre”. Although the Ministry of Health had already been informed in January (as evidenced by a note dated January 22⁵⁰) that the mild form caused by the virus could progress to a severe form in people with an already compromised clinical condition and in the elderly, no precautionary measure to protect these categories of population had been taken at the beginning. Indeed, the long-term hospital facilities have turned into extermination camps. The regional director of the World Health Organization for Europe, Hans Kluge, had to admit: “The picture on these structures is deeply worrying [...] According to the estimates of the countries of the European region, about half of the people who died of Covid-19 were residing in retirement homes. It is an unimaginable tragedy”⁵¹. In the Bergamo area, the numbers of this massacre were disclosed by “Altreconomia”: “The official and dramatic figure was communicated on 21 September to Altreconomia by the Health Protection Agency after more than five months from the first request for civic access aimed at shedding light on the effects of Covid-19 in the 65 nursing homes in the area”⁵². In these facilities, between January and June, 2,255 people died (of which 1,229 over 88 years old), up 127% compared to 2019. If in March 2019 the elderly who died were 163, in the same month of 2020 they rise to 1,308, an average of 42 per day. In percentage, 702% more than the previous year: “Deaths were the missing piece. We knew how it had gone with respect to the lack of supply of protective devices to over 6 thousand guests and to the social and health staff, with almost the entire month of March left uncovered. We knew in detail the serious

⁴⁹ M. IMARISIO, Coronavirus, Remuzzi: «I nuovi positivi non sono contagiosi, stop alla paura», “Corriere della Sera”, 19.06.2020 [https://www.corriere.it/cronache/20_giugno_19/coronavirus-remuzzi-nuovi-positivi-non-sono-contagiosi-stop-paura-bf24c59c-b199-11ea-842e-6a88f68d3e0a.shtml].

⁵⁰ Circolare del Ministero della Salute, 22 gennaio 2020, n. 0001997, con oggetto: “Polmonite da nuovo coronavirus (2019 – nCoV) in Cina”

⁵¹ Coronavirus, Oms: «Quasi la metà dei morti in Europa era nelle case di cura», “la Repubblica”, 23.04.2020 [https://www.repubblica.it/cronaca/2020/04/23/news/oms_coronavirus_case_di_cura-254781814/].

⁵² D. FACCHINI, Nelle Rsa di Bergamo 1.308 decessi solo a marzo. I dati inediti dell’Ats sull’impatto del Covid-19, Altreconomia.it, 23.09.2020 [<https://altreconomia.it/decessi-rsa-bergamo-dati-ats/>].

delays in the swabs, with the first real cycle of examinations carried out on April 24, 2020. We had reconstructed as in full emergency Covid-19 in Bergamo between mid-March and the start of 'phase two' over 260 patients already tested positive had been discharged from hospitals and transferred to 11 nursing homes and intermediate care facilities".⁵³ For at least all the months of January and February, therefore, the protection of individuals at risk does not appear to be among the priorities of the Government. This unpreparedness can be traced both to an initial underestimation of the risk represented by sars-cov-2 for the elderly and vulnerable (underestimation also resulting from a contradictory communication from the WHO), and to the failure to update the national pandemic plan, dating back to 2006.⁵⁴ According to Pier Paolo Lunelli, former commander of the Nuclear Defense School, "there were 3 countries, in particular Italy, Belgium and Spain which had a pandemic plan updated to 2006. If we compare the data of these three countries with the data of Switzerland or Germany, which had the updated plans, it turns out that while Germany has had a death rate of about 100 people per one million inhabitants, we would have had less than 7,000 deaths. If we had followed the Dutch system, for example, we would have dropped to under 20,000 dead". The Italian pandemic plan, not updated and therefore inadequate to deal with the covid-19 health emergency, has also ended up in the spotlight of The Guardian.⁵⁵ It is therefore possible to reasonably conclude that, as regards the Italian case, the updating of the pandemic plan and a timely protection of the categories at risk could have saved lives and prevented the closure of the whole country. Controversial was also the indication in last April by the Ministry of Health not to carry out autopsies on covid cases.⁵⁶ This has led to a fatal delay in defining the exact cause of deaths from Covid-19 and to the application of medical protocols which, to a large extent, have proved not only contraindicated but even lethal. "The lack of post-mortem investigations did not allow a definition of the exact cause of death. In this context it is extremely complex to define the exact pathways of this infection. [...] How can we estimate the real cause specific mortality, including the mortality rate, associated with COVID-19 when the cause of death is not present in the studies? How can we identify the additional care required for specific categories of patients if information on the true cause of death is still missing?".⁵⁷

- 2) The emergency seems now to rest exclusively on the continuously increasing number of positives that, to date, are made up of 62% of completely asymptomatic people and 33% of pauci-symptomatic and with mild symptoms (only 0.6% are critical cases). However, these numbers could be mystifying given the unreliability of the swabs and the apparent inability of health officials to discriminate between seasonal influenza and covid-19 cases: to date, the flu virus has not yet been officially detected in Italy.⁵⁸ Moreover, imposing restrictions only on the basis of the reproduction number is a very controversial practice, as shown in a recent study appeared on the Journal of Medical Virology, because, and it seems to be the case of Italy, this number can be easily misused, thus resulting in completely arbitrary closures. The authors conclude: "at the end of the game

⁵³ See above

⁵⁴ CCN, "Piano nazionale di preparazione e risposta a una pandemia influenzale", Ministero della Salute, 2006 [http://www.salute.gov.it/imgs/C_17_pubblicazioni_501_allegato.pdf].

⁵⁵ [<https://www.theguardian.com/world/2020/aug/13/italy-pandemic-plan-was-old-and-inadequate-covid-report-finds>]

⁵⁶ Circolare Ministero della Salute, 1° aprile 2020, n. 0011285, recante: "Indicazioni emergenziali connesse ad epidemia COVID-19 riguardanti il settore funebre, cimiteriale e di cremazione

⁵⁷ S. MONICA ET AL., No Autopsies on COVID-19 Deaths: A Missed Opportunity and the Lockdown of Science, "Journal of Clinical Medicine", 14.05.2020 [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7291342/>].

⁵⁸ Since the start of the season, no flu virus has so far been identified in Italy - ISS virological report on influenza of February 3, 2021

the reproduction number seems a dancer, dancing music depending on the actual director of the orchestra who performs it”.⁵⁹

- 3) Despite the fact that for months the health situation no longer presents the emergency characteristics of the first phase, the Italian government, having extended the state of emergency, continues to implement measures that damage the economy, society and the mental and physical health of citizens.
- 4) Young people, for whom sars-cov-2 is less lethal than a common flu, are the most affected by the anti-covid measures, with dramatic consequences for their mental health. The attached studies confirm the psychological damage caused by forced isolation and related stress, with repercussions also on physical health and life-course health outcomes⁶⁰. Moreover, according to Oxford Uehiro Centre for Practical Ethics and Wellcome Centre for Ethics and Humanities, “the level of unemployment in young generations caused by restrictive measures will likely negatively impact their life expectancy. The costs (of the lockdown) will be mostly paid by the young. This is in addition to the educational gaps of children because of school closure, increased levels of serious anxiety and depression during lockdowns reported by parents of school age children (who do belong to the young generations overburdened by restrictions and at low risk of COVID-19), and the exacerbation of various sorts of inequalities among young generations caused by education gaps”.⁶¹ The evidence shows that schooling raises skills, and so while qualifications are in part simply a “signal” of ability, missed school means lower skills which have real implications for individual lives and for the economy as a whole: a huge base of evidence shows that earnings depend on skills, and lower skills means lower earnings. In other words, one of the consequences of lost skills from closed schools is greater risk of poverty; there is a huge literature linking poverty to ill health and early death. The negative effects are over 50% larger for disadvantaged children⁶². Distance learning cannot compete with face-to-face teaching in the consolidation of skills, as, for example, laboratory activities cannot be carried out at home. Missed education in 2020 in the US has been associated with an estimated loss of 5.53 million years.⁶³ Although in Italy face-to-face lessons for high school students have been recently resumed, 50% of the lessons are still remote, and quarantines for exposed students mean that many children and adolescents do not regularly attend school. Many schools suspend face-to-face teaching for all students if two or more classes are “quarantined” in order to sanitize the environments.⁶⁴ With regard to the quarantine of exposed individuals, we must say that WHO guide for the management of pandemics never recommends it, even in the case of pandemics of high severity: “home quarantine of exposed individuals to reduce transmission is not recommended because **there is no obvious rationale** for this measure, and there would be considerable difficulties in implementing it”.⁶⁵ The authors of a letter to the Elsevier Public

⁵⁹ “On the misuse of the reproduction number in the Covid-19 surveillance system in Italy”, Journal of Medical Virology, 16 February 2021 <https://onlinelibrary.wiley.com/doi/10.1002/jmv.26881>

⁶⁰ <https://www.health.org.uk/publications/allostatic-load>

⁶¹ <http://blog.practicaethics.ox.ac.uk/2021/01/current-lockdown-is-ageist-against-the-young/>

⁶² <https://www.ifs.org.uk/publications/15291>

⁶³ Estimation of US Children’s Educational Attainment and Years of Life Lost Associated

With Primary School Closures During the Coronavirus Disease 2019 Pandemic

Dimitri A. Christakis, MD, MPH; Wil Van Cleve, MD, MPH; Frederick J. Zimmerman, PhD

⁶⁴ despite national directives, at regional and local levels schools can remain closed if there are many positives among students and school staff <https://tg24.sky.it/cronaca/2020/10/24/scuole-chiuse-covid#00>

⁶⁵ Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza, WHO, 2019

Health Emergency Coalition⁶⁶, summarizing some of the latest research on the pandemic's impact on mental health, point out that the pandemic has forced students from inside the classroom and outside with their friends to remote learning and isolation within their homes: children now attend classes online and spend the remainder of their time watching TV or on the internet; many have faced the cancellation of sports, prom and graduation and face undue stress and uncertainty about their futures; cyberbullying and anxiety while on social networking platforms have also a negative impact on children' and adolescents' mental health. As stressed by Unesco, "**school closures carry high social and economic costs** for people across communities. Their impact however is particularly severe for the most vulnerable and marginalized boys and girls and their families. The resulting disruptions exacerbate already existing disparities within the education system but also in other aspects of their lives. These include: interrupted learning: schooling provides essential learning and when schools close, children and youth are deprived opportunities for growth and development. The disadvantages are disproportionate for under-privileged learners who tend to have fewer educational opportunities beyond school; poor nutrition: many children and youth rely on free or discounted meals provided at schools for food and healthy nutrition. When schools close, nutrition is compromised; confusion and stress for teachers: When schools close, especially unexpectedly and for unknown durations, teachers are often unsure of their obligations and how to maintain connections with students to support learning. Transitions to distance learning platforms tend to be messy and frustrating, even in the best circumstances. In many contexts, school closures lead to furloughs or separations for teachers; parents unprepared for distance and home schooling: when schools close, parents are often asked to facilitate the learning of children at home and can struggle to perform this task. This is especially true for parents with limited education and resources; increased exposure to violence and exploitation: when schools shut down, early marriages increase, more children are recruited into militias, sexual exploitation of girls and young women rises, teenage pregnancies become more common, and child labour grows; social isolation: schools are hubs of social activity and human interaction. When schools close, many children and youth miss out of on social contact that is essential to learning and development".⁶⁷ In general, emerging evidence on the economic and social impact of the handling of the pandemic shows that young people aged 12–24 years are one of the worst-affected groups, particularly in terms of the labour market and mental health outcomes.⁶⁸ Loneliness, worries and concerns around their education, missing school, transitions and being away from school, academic pressures and uncertainties about the future more generally are factors influencing the mental health and wellbeing of children and young people.⁶⁹ According to Italian researchers, since the beginning of lockdown in March, the Endocrinology Unit of Bambino Gesù Children's Hospital, Rome, has recorded a rapid increase of the outpatient consultations for suspected precocious or early puberty, due probably to the consequences of forced social isolation.⁷⁰ Studies have established that early puberty may increase the risk for breast cancer.⁷¹ Stefano Vicari, Head of Child and Adolescent Neuropsychiatry at the above mentioned hospital, warned that "from October to today we have

⁶⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7500342/#bib0030>

⁶⁷ <https://en.unesco.org/covid19/educationresponse/consequences>

⁶⁸ <https://www.health.org.uk/publications/long-reads/generation-covid-19>

⁶⁹ Impacts of lockdown on the mental health and wellbeing of children and young people, Robyn Millar, Mental Health Foundation and Department of Management Science, University of Strathclyde, Neil Quinn, Centre for Health Policy, University of Strathclyde, Julie Cameron, Mental Health Foundation, and Abigail Colson, Department of Management Science, University of Strathclyde.

⁷⁰ Impact of COVID-19 pandemic lockdown on early onset of puberty: experience of an Italian tertiary center, Italian Journal of Pediatrics <https://ijponline.biomedcentral.com/articles/10.1186/s13052-021-01015-6>

⁷¹ [https://www.jahonline.org/article/S1054-139X\(20\)30414-6/fulltext](https://www.jahonline.org/article/S1054-139X(20)30414-6/fulltext)

noticed a significant increase in access to the emergency room with psychiatric disorder, 90% of them are young people between 12 and 18 who have tried to take their own lives [...] I had all the beds occupied by suicide attempts for weeks and it had never happened to me. In the emergency room there is one hospitalization per day for 'self-injurious activities [...] We are witnessing two phenomena: on the one hand, we have adolescents who, in order to assert themselves, become aggressive, hurt others, hurt their parents, cut themselves, become intractable . On the other hand, we have young people who close up like a hedgehog, take refuge in their world and in their room and we don't know if they will want to get out of this shell, once the storm has passed "⁷². In parallel, the national referral statistics for eating disorders in England show a doubling in the number of urgent referrals during 2020 ⁷³ and CDC Director Robert Redfield remarked that "there has been another cost that we've seen, particularly in high schools. We're seeing, sadly, far greater suicides now than we are deaths from COVID".⁷⁴ Experts in Great Britain have called for urgent action to protect children and teens from the harm of lockdown, saying youngsters are being used in "an unethical mass experiment". According to them, "**Generation Lockdown** is facing lower life expectancy, poverty, long-term mental health problems and higher suicide rates".⁷⁵ Finally, a year raising children in isolated and sanitised environments is putting them at great risk of allergies and autoimmune diseases, Professor Byram W. Bridle warns⁷⁶.

- 5) Lockdown and all-related measures - the latter if adopted for **prolonged and indefinite periods of time**, well beyond the health emergency phase, so as to risk distorting the very essence of societies, and this is the case⁷⁷ - are a crime against humanity as they constitute the crimes of **imprisonment, torture** and are acts causing **great suffering to mental and physical health** (section 7 of the Rome Statute).
- 6) Prevent healthy people from leaving their homes, either through direct orders or through fear-based persuasion (in this we must underline how fundamental has been the role played by the national media, responsible for having disseminated partial, inaccurate and alarmist data⁷⁸), is a **severe deprivation of physical liberty**, which the Statute of the International Criminal Court recognizes as a punishable crime. In Italy this deprivation of liberty, that was total with few exceptions during the national lockdown in March and April, is

⁷² https://www.huffingtonpost.it/entry/i-giovanissimi-si-tagliano-e-tentano-il-suicidio-mai-cosi-tanti-ricoveri-prima-della-pandemia_it_6006f714c5b697df1a09146e

⁷³ <https://www.bmj.com/content/372/bmj.n614.full>

⁷⁴ <https://www.buckinstitute.org/covid-webinar-series-transcript-robert-redfield-md/>

⁷⁵ <https://www.express.co.uk/news/uk/1397594/UK-children-Covid-lockdown-task-force-10-years-children-mental-health>

⁷⁶ <https://theconversation.com/a-year-of-covid-19-lockdown-is-putting-kids-at-risk-of-allergies-asthma-and-autoimmune-diseases-155102>

⁷⁷ The first state of emergency in Italy was declared on 1st February 2020. The total lockdown began in early March and lasted until mid-May. Further renewals of the state of emergency extended restrictions on social and family life, mask mandate, social distancing and ongoing closures indefinitely. Many economic sectors have not reopened since March, such as the disco and nightlife world. Cinemas, theaters and gyms were reopened briefly during the summer and then closed again in the fall and not yet reopened. School trips have been suspended indefinitely and most likely this school year will end like the previous one without educational outings for students.

⁷⁸ In "COVID-19 and the Political Economy of Mass Hysteria" <https://pubmed.ncbi.nlm.nih.gov/33546144/> the authors try to investigate the role played by the national media in spreading a disproportionate terror compared to the real health risk represented by Covid-19. *Negative information which is spread through mass media repetitively can affect public health negatively in the form of nocebo effects and mass hysteria. We argue that mass and digital media in connection with the state may have had adverse consequences during the COVID-19 crisis. The resulting collective hysteria may have contributed to policy errors by governments not in line with health recommendations.*

still in force with the national curfew and the restrictions on freedom of movement imposed in the so-called “red zones”, where it is not possible to leave one's own municipality but not even to move freely within it. Under the pretext of containing the spread of the new variants, the governors of various Italian regions are putting entire municipalities in lockdown, thus preventing people from leaving the house and children from going to school. A situation mirroring what is happening in authoritarian China. On the other hand, “there are no historical observations or scientific studies that support the confinement by quarantine of groups of possibly infected people for extended periods in order to slow the spread of pandemic influenza. A World Health Organization (WHO) Writing Group, after reviewing the literature and considering contemporary international experience, concluded that forced isolation and quarantine are ineffective and impractical. The negative consequences of large-scale quarantine are so extreme (forced confinement of sick people with the well; complete restriction of movement of large populations; difficulty in getting critical supplies, medicines, and food to people inside the quarantine zone) that this mitigation measure should be eliminated from serious consideration”⁷⁹. Lockdown and similar strict non-pharmaceutical interventions were not considered as possible mitigation efforts and therefore were not applied either during the 1957-58 pandemic or during that of 1968-1969.⁸⁰ ⁸¹ Newspapers barely covered the two pandemics and most people did not notice them. Both the Asian Flu and the Hong Kong Flu killed between 1 and 4 million people worldwide⁸² but the political response to them did not impact economies and did not disrupt societies.

- 7) Opening and closing schools, opening and closing bars and restaurants, opening and closing gyms, even giving a few days' notice (the decrees of the prime minister are issued at short intervals and the last one can radically change the provisions of the previous decree), is a form of psychological torture, an **inhuman and degrading treatment**, as the citizen (the student, the worker) is deprived of his dignity resulting from the capacity to determine, with his own will, his own future. Such a degree of uncertainty can be sustained without serious psychological consequences for a limited period of time: in Italy we have been dealing with this for a year now with no prospect to returning to normal.
- 8) An inhuman and degrading treatment, both for the sick person and for the relative, is to prevent the latter from visiting the loved one admitted to hospitals or nursing home, due to the protocols adopted to contain the spread of sars-cov-2. There are many testimonies in Italy of people who were unable to greet and comfort a

⁷⁹ Disease Mitigation Measures in the Control of Pandemic Influenza

THOMAS V. INGLESBY, JENNIFER B. NUZZO, TARA O'TOOLE, and D. A. HENDERSON, 2006

⁸⁰ Efforts to prevent morbidity and mortality associated with the pandemic focused on having supplies of vaccine. **Measures were generally not taken to close schools, restrict travel, close borders, or recommend wearing masks.** Quarantine was not considered to be an effective mitigation strategy and was “obviously useless because of the large number of travelers and the frequency of mild or inapparent cases”. Closing schools and limiting public gatherings were not recommended as strategies to mitigate the pandemic's impact, except for administrative reasons due to high levels of absenteeism. For example, ASTHO noted that “in some instances there may be administrative reasons for closing schools due to illness of teachers, bus drivers, large absentee rates, etc.” In early October, the Nassau County Health Commissioner in New York stated that “public schools should stay open even in an epidemic” and that “children would get sick just as easily out of school.” Many high school and college football games across the country were canceled or postponed because players were sick with influenza - Public Health and Medical Responses to the 1957-58 Influenza Pandemic, D. A. Henderson, Brooke Courtney, Thomas V. Inglesby, Eric Toner, and Jennifer B. Nuzzo, 2009.

⁸¹ <https://www.youtube.com/watch?v=hIip8p7FokA&feature=youtu.be>

⁸² https://en.wikipedia.org/wiki/Influenza_pandemic#:~:text=The%20Asian%20Flu%20was%20a,one%20and%20four%20million%20deaths.

parent at the moment of passing away.⁸³ ⁸⁴ Equally inhuman was the treatment reserved for corpses (which, we must remember, except for haemorrhagic fevers such as those due to Ebola virus or Marburg virus and cholera, are not contagious). The directives concerning the treatment and cremation of corpses, unlike what is often stated, have not followed WHO directions which, in the *Key Considerations of the provisional guidelines entitled Actions to be taken in terms of infection control for the safe management of the body of a person who died for COVID-19*, wrote: "It is often thought that people who have died from a communicable disease should be cremated, but this is not true. Cremation is a matter of cultural choice, which also depends on the resources available. The dignity of the deceased, their cultural and religious traditions, and their families must be respected and protected throughout the course of taking charge. The forced elimination of the body of a person who died from covid-19 must be avoided. It is convenient for the authorities to manage each situation on a case-by-case basis, finding a balance between the rights of the family, the need to find out the cause of death and the risks of exposure to infection".⁸⁵

- 9) Mask mandate is an inhuman and degrading treatment too (given the coercive nature of the measure), and also constitutes a risk for psychophysical health, as stated in some of the studies produced, moreover in the absence of strong scientific evidences on the effectiveness of personal protective equipment in containing the transmission of sars-cov-2. "Masks are dehumanising and a potent force for stoking mass fear. Facial expressions are crucial in social interactions, including for babies. Compulsory masking for everyone in all settings is a gross violation of fundamental human rights. It can be justified only if the evidence for their efficacy in community protection is compelling and the risk of harms is negligible. Instead, mask mandates have been heavy on fear-mongering and virtue-signalling but light on data and science, overturning, in a couple of months, cumulative scientific consensus built over decades".⁸⁶ A cohort study conducted between March and April in Spain and recently published in the Lancet found no evidence of decreased risk of sars-cov-2 transmission in individuals who reported mask use.⁸⁷ According to a recent study of the European Centre for Disease Prevention and Control (ECDC), the evidence regarding the effectiveness of medical face masks for the prevention of covid-19 in the community is compatible with a small to moderate protective effect, but there are still significant uncertainties about the size of this effect. On the other hand, evidence regarding the effectiveness of non-medical face masks is scarce.⁸⁸ "I have been a surgeon all my life, and until now, until 2020, I have never heard that masks made a difference in viral transmission. Masks don't control viruses. They control you", Dr. Lee Merritt stated.⁸⁹

⁸³ <https://www.bergamonews.it/2020/03/15/mio-padre-e-morto-in-ospedale-senza-nemmeno-un-nostro-saluto-un-incubo/360241/>

⁸⁴ <https://canaledieci.it/rubriche/attualita/coronavirus-testimonianze-parenti-vittime/>

⁸⁵ Conduite à tenir en matière de lutte anti-infectieuse pour la prise en charge sécurisée du corps d'une personne décédée dans le contexte de la COVID-19, oms, 24.03.2020 [https://apps.who.int/iris/bitstream/handle/10665/331538/WHOCOVID-19-IPC_DBMgmt-2020.1-eng.pdf].

⁸⁶ <https://www.spectator.com.au/2021/02/maskerade/>.

⁸⁷ [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30985-3/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30985-3/fulltext)

⁸⁸ Using face masks in the community: first update. Effectiveness in reducing transmission of covid-19. ECDC.

⁸⁹ https://www.americasfrontlinedoctors.com/custom_videos/mask-myths/?utm_source=MadMimi&utm_medium=email&utm_content=Doctors+Uncensored%3A+Bringing+You+The+Truth&utm_campaign=20210323_m162547596_Week+of+3+19+22+Mask+Lawsuit&utm_term=Click+here+to+watch+the+full+video

- 10) Prevent people from seeing each other freely, being together, socializing, prevent children and teenagers from going to school, playing sports and spending time together cause great suffering to their mental health. Furthermore, social isolation is recognized as a source of physical illness and premature death: “social isolation significantly increases a person’s risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity. Social isolation is associated with about a 50% percent increased risk of dementia. Poor social relationships (characterized by social isolation or loneliness) is associated with a 29% increased risk of heart disease and a 32% increased risk of stroke. Loneliness is associated with higher rates of depression, anxiety, and suicide”^{90 91}.

- 11) Finally, the **economic crisis** induced by lockdown policies, together with those related to **lost learning** and to the delay or interruption of the treatments for all non-covid diseases, represent a **mass murder** perpetrated by the governments through the implementation of fearmongering policies disproportionate to the health risk represented by sars-cov-2 and never-ending closures, the effects of which will unfold in the coming years. Citing a study conducted in America but whose conclusions can be generalized to all countries that have implemented stringent closure policies, “the long-term economic implications from covid-related lockdowns are dire, resulting in COVID-19-related unemployment which is between 2 and 5 times larger than the typical unemployment shock and resulting in a 3.0% increase in mortality rate and a 0.5% drop in life expectancy over the next 15 years for the overall American population”.⁹² According to the World Bank, lockdown measures are estimated to push 88 to 115 million more people into extreme poverty in 2020, with a total rising to 150 million by 2021, depending on the severity of the economic downturn.⁹³ As of April 2020, it is estimated that almost 1.6 billion informal economy workers are significantly impacted by full or partial lockdown measures, leading to a 60% decline in their earnings.⁹⁴ It is scientifically proven that economic recessions have large and persistent negative effects on health and mortality at the population level, being associated with higher prevalence of mental health problems, including common mental disorders, substance disorders, and ultimately suicidal behaviour.⁹⁵

- 12) Proposals supported by prominent members of the international scientific community to adopt focused protection measures for the categories of the population⁹⁶ most at risk of developing severe forms of the

⁹⁰ <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

⁹¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4636039/>

⁹² “THE LONG-TERM IMPACT OF THE COVID-19 UNEMPLOYMENT SHOCK ON LIFE EXPECTANCY AND MORTALITY RATES”, Francesco Bianchi, Giada Bianchi, Dongho Song

⁹³ <https://www.worldbank.org/en/news/press-release/2020/10/07/covid-19-to-add-as-many-as-150-million-extreme-poor-by-2021#:~:text=The%20COVID%2D19%20pandemic%20is,severity%20of%20the%20economic%20contraction.>

⁹⁴ Impact of lockdown measures on the informal economy, International Labour Organization

⁹⁵ <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-016-2720-y>

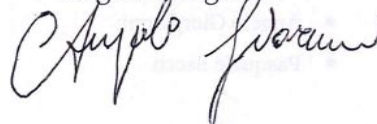
⁹⁶ In Italy average age of patients dying for/with SARS-CoV-2 infection is 81 years. 70% of the deceased had 3 comorbidities and over https://www.epicentro.iss.it/en/coronavirus/bollettino/Report-COVID-2019_27_january_2021.pdf

disease^{97 98 99 100}, thus allowing the reopening of societies and the recovery of economies, have been systematically rejected by our and other governments.

Declaring lockdowns and all-related measures a crime against humanity is, in our opinion, the only way to stop the crime itself before it is too late to limit the damage and prevent these policies from being implemented again in the future to deal with new pandemics. Although there are pandemic plans that our government and others around the world have culpably ignored in this circumstance, plans that do not involve such drastic measures as lockdowns and prolonged closures of societies, the possibility of this happening again must be absolutely averted. Declaring lockdowns and all-related measures a crime against humanity will also serve to prevent governments from introducing forced vaccination, both directly and indirectly, through the implementation of vaccination passports or similar certificates aimed at limiting the fundamental freedoms of those who decide to do not get vaccinated against covid-19, given the low lethality of the disease, the experimental nature of the vaccines themselves or for any other personal reason. The Council of Europe has already issued a resolution against any form of vaccination obligation¹⁰¹. However, several European governments, including the Italian one, are evaluating the idea of vaccine passports to travel freely in the continent. In addition, the political and public discourse on vaccines is marked by a violent stigmatization of those who refuse the injection. All this suggests a future scenario of possible persecution or exclusion from public life of the unvaccinated. History teaches that passports or identity cards discriminating the “good” from the “bad” plus public ostracism of the “bad” ones may be prelude to huge atrocities.

In his own right and as
President of the Association “L’Eretico”
General Secretary of the Association “OMV - Organizzazione Mondiale per la Vita”

Angelo Giorgianni



⁹⁷ The Great Barrington Declaration <https://gbdeclaration.org/>

⁹⁸ Why lockdown of the elderly is not ageist and why levelling down equality is wrong, Julian Savulescu, James Cameron

⁹⁹ Shielding from covid-19 should be stratified by risk, George Davey Smith, David Spiegelhalter

¹⁰⁰ Panda – Pandemics Data & Analytics – Protocol for the reopening of societies. “Lockdowns, PPE and social distancing have never been shown to benefit the course of an epidemic, yet they can have devastating effects on society. Focused protection should be offered on a voluntary basis to individuals for whom Covid-19 represents severe risks”.

¹⁰¹ Covid-19 vaccines: ethical, legal and practical considerations. Resolution 2361 (2021), Council of Europe Parliamentary Assembly. *Ensure that citizens are informed that the vaccination is NOT mandatory and that no one is politically, socially or otherwise pressured to get themselves vaccinated, if they do not wish to do so themselves. Ensure that no one is discriminated against for not having been vaccinated, due to possible health risks or not wanted to be vaccinated. Use vaccination certificates only for their designated purposes of monitoring vaccine efficacy, potential side-effects and adverse events.*

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On the costs of the lockdown measures: mental health, physical health and economic

DELAY/INTERRUPTION OF NON-COVID TREATMENTS AND REDUCED VISITS TO HOSPITALS

<https://www.medicdebate.org/node/1312>

The number of deaths due to the interruption of cancer services in the UK will exceed the number of deaths due to the coronavirus itself.

<https://www.bbc.co.uk/news/health-54935043>

Almost 5,000 more people have died from heart problems in England than would be expected since the start of the pandemic, the British Heart Foundation has warned. Analysis found excess deaths are 7% above predicted levels.

<https://ecancer.org/en/journal/article/1180-the-impact-of-national-non-pharmaceutical-interventions-lockdowns-on-the-presentation-of-cancer-patients/abstract>

From March 2020, hospitals in the UK saw a dramatic reduction in patients with cancer presenting due to multifactorial reasons. There was an 18.2% reduction in new cancer diagnoses (an estimate of 987 cancers), when compared with 2019. This fall in cancer diagnoses was most marked in patients with prostate (51.4%), gynaecological (29.7%), breast (29.5%) and lung (23.4%) cancers.

<http://city-journal.org/deadly-cost-of-lockdown-policies>

During the March/April lockdown in the US many people died due to the social and economic response to the pandemic. Hospitalizations for six major non-Covid diseases (stroke, myocardial infarction, heart failure, chronic obstructive pulmonary disease, appendicitis and pneumonia) fell 42% between March and April compared to the previous six weeks. New York recorded the largest increase in deaths not due to respiratory diseases, especially heart disease (+ 398%) and diabetes (+ 356%).

https://www.wsj.com/articles/death-toll-from-covid-19-pandemic-extends-far-beyond-virus-victims-11600507800?fbclid=IwAR2U8pJwE6Pwve1-pLcWnRQ_J7kBqbOKNDz3SBnhVGg4EoBMnM7Ya2bMj1k

From Alzheimer's disease deaths to fatal heart attacks, federal data show deaths in 2020 in US have exceeded those of previous years in numerous categories. Doctors and health researchers say the fatalities reflect the ways the pandemic has amplified stress and financial strain while causing many people to avoid hospitals for fear of infections.

<http://www.vita.it/it/article/2020/10/06/liste-dattesa-e-allarme-18-milioni-di-prestazioni-sanitarie-rinviate/156875/>

According to the Italian Court of the Rights of the Sick, in Italy the health services delayed from the end of February to today are about twenty million.

<https://www.ilsole24ore.com/art/coronavirus-e-triplicata-mortalita-infarto-ADfKTYP>

In Italy in March 2020 mortality from heart attack tripled.

<https://tbfacts.org/deaths-from-tb/>

Policies widely adopted in response to the ongoing pandemic of Covid-19, particularly lockdowns and reassignments of health personnel and equipment, are having an impact on the performance of global TB (tuberculosis) detection and care programs. A global TB case detection decrease by an average 25% over a period of 3 months (as compared to the level of detection before the pandemic) will lead to a predicted additional 190,000 TB deaths. This will bring the total predicted deaths from TB in 2020 to 1.66.million deaths. This is near the global level of TB mortality of 2015.

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/may/20200511_PR_HIV_modelling

COVID-19-related service disruptions could cause hundreds of thousands of extra deaths from HIV.

<https://timeforrecovery.org/excessdeathsscandal/>

In UK excess deaths in the home have been consistently above average every week from March onward. Around half of the total excess deaths for 2020 occurred in the home and showed little variation from summer to winter, according to Recovery.

<https://fn.bmj.com/content/early/2020/10/30/archdischild-2020-320682>

In Italy during the lockdown period (March, April, May) the total number of stillbirths increased of about three times compared to the same period in 2019 (the data refer only to the Lazio region). This could be a consequence of reduced visits to hospitals.

<https://data.unicef.org/resources/a-neglected-tragedy-stillbirth-estimates-report/>

According to Unicef, more than 200,000 additional stillbirths could occur over the next 12 months in 117 low- and middle-income countries due to severe COVID-related disruptions in health care services.

<https://s3.amazonaws.com/wp-agility2/measles/wp-content/uploads/2020/11/Call-To-Action-20201105.pdf>

According to Unicef and WHO progress vaccinating children from polio and measles is being threatened by the disruption of essential immunization services worldwide: even when available, people are unable to access services

because of lockdown and transport disruptions, or unwilling due to fear of contracting SARS-CoV-2. This has resulted in plummeting uptake of vaccination in many countries, falling to as low as 50% in some countries during the crisis.

<https://www.iomcworld.org/articles/lifeyears-and-lockdowns-estimating-the-effects-on-covid19-and-cancer-outcomes-from-the-uks-response-to-the-pandemic.pdf>

Every policy has direct and indirect effects of intended and unintended consequences. Policies that require people to stay at home to reduce the morbidity and mortality from COVID-19 will have effects beyond the virus. For example, they will adversely affect mental health and economic prospects for many. They will also affect people's willingness and ability to access health and social services. This is likely to result in increases in morbidity and mortality from otherwise curable diseases, such as cancer, acute myocardial infarction and stroke. A comparison between COVID-19 deaths prevented and excess cancer deaths caused shows it is possible that preventing COVID-19 deaths through lockdowns might result in more life-years being lost than saved.

LOST LEARNING

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2772834>

Missed education in 2020 in the US could be associated with an estimated loss of 5.53 million years. The decision to close public primary schools in the United States in early 2020 is associated with a decrease in life expectancy for U.S. children.

<https://www.gov.uk/government/news/ofsted-children-hardest-hit-by-covid-19-pandemic-are-regressing-in-basic-skills-and-learning>

The children most affected by school closures show symptoms of regression in some fundamental skills and learning. Older children show impaired writing and reading skills.

<https://www.ifs.org.uk/publications/15291>

By the time the pandemic is over, most children across the UK will have missed over half a year of normal, in person schooling. That's likely to be more than 5% of their entire time in school. Absent a substantial policy response, the long-run effects of this learning loss are likely to be slow-moving and substantial. The unprecedented nature of the current crisis makes it hard to predict the actual effects. Some high-quality evidence is already beginning to emerge. The best study comes from the Netherlands, where schools closed for 8 weeks last Spring. Despite some of the best digital infrastructure in the world for home learning, the empirical evidence shows that the test scores of Dutch primary school children were significantly lower than previous cohorts. The magnitude is almost exactly equivalent to 8 weeks of normal educational progress, suggesting little educational progress was made during the period of school closures. The negative effects are over 50% larger for disadvantaged children. Reviews of the relevant literature and early evidence on test scores in England also point to big losses from missed schooling (lower educational progress and skills) and widening inequalities.

CHILDREN'S AND ADOLESCENT'S MENTAL AND PHYSICAL HEALTH

<https://www.medicdebate.org/node/1294>

Around 80% of 2,000 young people with a history of mental distress interviewed by the charity Young Minds, UK, admitted that the COVID-19 crisis has worsened their mental health.

<https://www.sciencedirect.com/science/article/pii/S0890856720303373>

Children and adolescents are at greater risk of developing depression and anxiety during and after forced isolation. The duration of isolation is related to the onset of mental disorders in adulthood.

<https://reachwell.org/2020/07/09/covid-19-lockdown-a-child-and-adolescent-mental-health-crisis/>

Isolation and loneliness increase the risk of depression and anxiety in children and young people. The alteration of the routine leads to sleep disturbances and a decrease in sports activity with consequences on mental health.

<https://www.washingtonexaminer.com/news/evidence-toll-lockdowns-teenage-athletes>

Social isolation and lack of competition are putting a strain on American student-athletes, with one in four teens reporting having thought about suicide in the past 30 days.

<https://www.uwhealth.org/news/more-than-two-thirds-of-high-school-athletes-report-anxiety-and-depression-since-pandemic/53429>

More than 2/3 of American student athletes report experiencing anxiety and depression since the start of the pandemic.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2768363?resultClick=1>

A study among students in the Netherlands reveals that mood homeostasis decreases during lockdown.

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

Rates of probable mental disorders have increased since 2017. In 2020, one in six (16.0%) English children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls. Children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse (54.1% of 11 to 16 year olds, and 59.0% of 17 to 22 year olds), than those unlikely to have a mental disorder (39.2% and 37.3% respectively).

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2770489>

School closures may be associated with mental health problems among students owing to a prolonged state of physical isolation from peers, teachers, extended family, and community networks.

<https://www.savethechildren.net/news/%E2%80%98children-risk-lasting-psychological-distress-coronavirus-lockdown%E2%80%99-save-children>

Almost 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, including depression. In recent surveys by Save the Children of over 6000 children and parents in the US, Germany, Finland, Spain and the UK, up to 65 per cent of the children struggled with boredom and feelings of isolation.

<https://www.nytimes.com/2021/01/16/health/covid-kids-tech-use.html>

Children's screen time has soared in the pandemic. Increased online use is associated with anxiety, depression, obesity and aggression, according to Dr. Dimitri Christakis, director of the Center for Child Health, Behavior and Development at Seattle Children's Research Institute.

<https://www.sciencedirect.com/science/article/pii/S2352853220301280#!>

During the 2020 COVID-19 pandemic and associated lockdown/social distancing, many scientists pointed towards the problem of increased digital technology overuse in both children and adolescents. Digital media in itself can have direct adverse consequences (e.g. by consumption of violent media content, experiencing of cyberbullying or negative affect often accompanying excessive usage). The consequence of PLAY deprivation (an indirect media effect), which could itself cause manifold detrimental consequences – ranging from ADHD to lower empathic skills, must be taken into account too.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7390728/>

Increased digital screen time and limited outdoor activities are found to be associated with the onset and progression of myopia, and could potentially be aggravated during and beyond the COVID-19 pandemic outbreak period. While school closures may be short-lived, increased access to, adoption of, and dependence on digital devices could have a long-term negative impact on childhood development.

<https://jamanetwork.com/journals/jamaophthalmology/fullarticle/2774808>

Time spent in outdoor activities has decreased owing to home confinement for the coronavirus disease 2019 (COVID-19) pandemic. Concerns have been raised about whether home confinement may have worsened the burden of myopia owing to substantially decreased time spent outdoors and increased screen time at home. Home confinement during the COVID-19 pandemic appeared to be associated with a significant myopic shift for children aged 6 to 8 years according to 2020 school-based photoscreenings.

https://www.huffingtonpost.it/entry/i-giovanissimi-si-tagliano-e-tentano-il-suicidio-mai-così-tanti-ricoveri-prima-della-pandemia_it_6006f714c5b697df1a09146e

Suicide attempts and self-harm among Italian teens increased by 30%. From October to today pediatric hospital “Bambino Gesù” has noticed a significant increase in access to the emergency room with psychiatric disorder - 90% are young people between 12 and 18 who have tried to take their own lives. “If in 2019 there were 274 accesses to the emergency room, in 2020 we exceeded 300”, the Head of Child and Adolescent Neuropsychiatry said.

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30049-3/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30049-3/fulltext)

The risk of child-reported suicidality increases with higher weekend screen use time and reduces with positive school involvement.

<https://www.ncmd.info/wp-content/uploads/2020/07/REF253-2020-NCMD-Summary-Report-on-Child-Suicide-July-2020.pdf>

It is possible that child suicide deaths may have increased during the first phase of the English COVID-19 lockdown period, but the result is too imprecise to be sure. The causes are unclear but restrictions to education and other activities, disruption to care and support services, tensions at home and isolation appeared to be important factors.

<https://osf.io/v7f3q/>

During the UK lockdown children’s depression symptoms have increased substantially, relative to before lockdown.

<https://www.thelancet.com/action/showPdf?pii=S2352-4642%2820%2930186-3>

Physical distancing measures to contain the spread of COVID-19 have removed many sources of face-to-face social connection from people's lives, which might affect people's mental health, particularly in adolescence, a period of life characterized by a heightened need for peer interaction. Animal research suggests there are unique effects of social isolation and social deprivation on brain and behaviour in adolescence; although the isolation in these studies is more extreme than the reduced social interaction associated with physical distancing, this literature suggests that adolescents might be particularly affected by deprivation of their social needs.

<https://link.springer.com/article/10.1007/s00787-020-01541-4>

In this large-scale, cross-sectional epidemiological study conducted during Covid-19 epidemic, the prevalence of depressive and anxiety symptoms in middle and high school students of China was 43.7% and 37.4%, respectively. According to a pre-COVID-19 meta-analysis, the general prevalence of depressive symptoms among Chinese children and adolescents was 15.4%.

<https://www.health.org.uk/publications/long-reads/generation-covid-19>

Emerging evidence on the economic and social impact of the coronavirus (COVID-19) pandemic shows that young people aged 12–24 years are one of the worst-affected groups, particularly in terms of the labour market and mental health outcomes. This analysis has found an increased reason for concern across a range of measures. These include young people's self-reported emotional state where following the lockdown there is a doubling of the proportion of young people not able to concentrate and a tripling of those not able to enjoy day-to-day activities.

<https://onlinelibrary.wiley.com/doi/10.1002/oby.22813>

The COVID-19 pandemic exacerbates all the risk factors for weight gain associated with summer recess. The closing of schools and the shelter-in-place orders create food environment and physical activity challenges for children.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7500342/#bib0030>

While children attend online classes, they spend the rest of their time in front of the TV and the Internet, and this in turn has led to psycho-social problems like Internet addiction, lower self-esteem and low interest in physical activities. Cyberbullying and anxiety while on social networking platforms have also taken their toll on their mental health. The isolation caused by the lockdown has also resulted in children being overly sensitive to minor domestic issues.

<https://www.aappublications.org/news/2020/12/16/pediatricssuicidestudy121620>

Rates of suicidal ideation and suicide attempts were higher in some months in 2020 compared to 2019, according to a study of 11- to 21-year-olds in a major metropolitan area of Texas. Significantly higher rates of suicide-related behaviors appear to have corresponded with times when COVID-19 stressors and community responses (e.g., stay-at-home orders and school closures) were heightened, indicating that youth experienced elevated distress during these periods.

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>

Published reports suggest that the coronavirus disease 2019 pandemic has had a negative effect on children's mental health. Emergency departments (EDs) are often the first point of care for children experiencing mental health emergencies, particularly when other services are inaccessible or unavailable. During March 29–April 25, 2020, when widespread shelter-in-place orders were in effect, ED visits for persons of all ages declined 42% compared with the same period in 2019; during this time, ED visits for injury and non-COVID-19-related diagnoses decreased, while ED visits for psychosocial factors increased.

<https://www.bbc.com/news/health-55864573>

Children in mental health crisis used to be brought to A&E about twice a week. Since the summer it's been more like once or twice a day. Some as young as 10 have cut themselves, taken overdoses, or tried to asphyxiate themselves.

<https://adc.bmj.com/content/early/2020/06/30/archdischild-2020-319872>

Recent literature highlights a possible increase in child abuse during the coronavirus (SARS-CoV-2) pandemic. The authors report a marked increase in the incidence of abusive head trauma (AHT).

GENERAL MENTAL AND PHYSICAL HEALTH

<https://www.kff.org/health-reform/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

A large body of research links social isolation and loneliness to poor mental health. In particular, isolation and loneliness during the pandemic may present specific mental health risks for families with adolescents and the elderly.

<https://www.washingtonexaminer.com/news/overdose-deaths-far-outpace-coronavirus-fatalities-in-san-francisco-as-lockdowns-continue>

The number of overdose deaths in San Francisco has surpassed that from covid-19. Compared to 2019, this year there was a 40% increase in deaths from overdose.

<https://abc7news.com/suicide-covid-19-coronavirus-rates-during-pandemic-death-by/6201962/>

Doctors at John Muir Medical Center in Walnut Creek, California, say they have seen more deaths by suicide during the quarantine period than deaths from the COVID-19 virus.

<https://pubmed.ncbi.nlm.nih.gov/32539153/>

Social isolation contributes to the development of psychiatric disorders and suicidal behaviors. The psychological consequences of the pandemic are likely to persist for months and years to come.

<https://www.drinkaware.co.uk/professionals/press/drinkaware-warns-lockdown-level-drinking-could-have-lasting-impact-as-research-reveals-worrying-drinking-trends>

New research from independent alcohol education charity, Drinkaware, UK, reveals that around two in five (38%) of people on furlough and a third (33%) of parents with at least one child under 18 are drinking more alcohol since the start of lockdown.

<https://www.sciencedirect.com/science/article/pii/S0165178120323477>

Lockdown and social isolation cause suicidal thoughts.

<https://www.kcl.ac.uk/policy-institute/assets/How-the-UK-is-sleeping-under-lockdown.pdf>

A significant proportions of UK residents say they have experienced changes to their sleep patterns since the UK government announced the lockdown measures to stop the spread of coronavirus on 23 March.

<https://www.insalutenews.it/in-salute/impatto-lockdown-sulla-salute-mentale-depressione-e-ansia-per-1-italiano-su-4-disturbi-del-sonno-per-il-40/>

According to a study conducted by an Italian research group, 23.2% of the interviewees experienced anxiety disorders, 24.7% depressive symptoms and 42.4% sleep disturbances as a consequence of the lockdown.

<https://www.thenorthernecho.co.uk/news/18915825.pandemic-causing-new-crisis-mental-health/>

Mental health campaigners in UK have expressed concern about the "mental health time bomb" due to lockdown measures. Research done by the Campaign to End Loneliness found that loneliness is associated with early mortality and loneliness is a risk factor for depression in later life. Loneliness and social isolation put individuals at greater risk of cognitive decline and dementia.

<https://www.tandfonline.com/doi/full/10.1080/17461391.2020.1761076>

This paper describes the impact of sedentarism, caused by the COVID-19 home confinement on the neuromuscular, cardiovascular, metabolic and endocrine systems: just few days of sedentary lifestyle are sufficient to induce muscle loss, neuromuscular junction damage and fibre denervation, insulin resistance, decreased aerobic capacity, fat deposition and low-grade systemic inflammation.

<https://pesquisa.bvsalud.org/global-literature-on-novel-coronavirus-2019-ncov/resource/en/covidwho-734194>

A different trend between patients and healthy controls was observed only for pathological eating behaviors. Patients experienced increased compensatory exercise during lockdown; BN (Bulimia Nervosa) patients also exacerbated binge eating. Lockdown interfered with treatment.

<https://pubmed.ncbi.nlm.nih.gov/33033486/>

Increased BPSD was reported in 59.6% of patients as worsening of preexisting symptoms (51.9%) or as new onset (26%), and requested drug modifications in 27.6% of these cases. Irritability, apathy, agitation, and anxiety were the most frequently reported worsening symptoms and sleep disorder and irritability the most frequent new symptoms.

https://thepostmillennial.com/poll-finds-40-of-canadians-suffering-from-mental-health-and-addiction-problems-during-pandemic?fbclid=IwAR3kNuATpdm65ivJlR1_KdesA9pT-OjKeMlk-adkk6GyoZGDhUSMMVIXdII

A poll conducted by Ipsos has found that nearly 40 percent of Canadians have struggled with mental health problems or addiction during the coronavirus pandemic.

<https://globalnews.ca/news/7456480/coronavirus-montreal-alcohol-consumption/>

One third of Montrealers reported increasing their alcohol consumption. The issue is more pronounced among 18 to 34 year olds with 41 per cent reporting an increase.

<https://onlinelibrary.wiley.com/doi/10.1111/eci.13484>

Given the potential harmful health effects of lockdown measures – hunger, opioid-related overdoses, missed vaccinations, increase in non-COVID diseases from missed health services, domestic abuse, mental health and suicidality, as well as a host of economic consequences with health implications -, no significant benefits on case growth of more restrictive NPIs (non-pharmaceutical interventions) are found. The data cannot fully exclude the possibility of some benefits. However, even if they exist, these benefits may not match the numerous harms of these aggressive measures. More targeted public health interventions that more effectively reduce transmissions may be important for future epidemic control without the harms of highly restrictive measures.

<https://www.exerciseprofessionals.net/index.cfm?pagetype=news&codeID=346934>

The closing of gyms, leisure centers and swimming pools under COVID-19 restrictions is costing English NHS £7.25m a week in lost social value. The figure has been calculated based on the loss of health interventions – physical and mental – normally offered by the sector.

<https://lockdownsceptics.org/how-lockdowns-damage-our-immunity/>

“Social integration refers to the degree to which an individual participates in a broad range of social relationships and is generally defined in terms of the number of social roles one plays (e.g. spouse, parent, friend, fellow employee, volunteer, church member). Social integration has been found to predict lesser mortality as well as lower risk for cardiovascular disease onset and disease progression. These associations are thought to occur because social integration tends to boost positive psychological states that have beneficial effects on a range of disease-relevant physiological pathways. In contrast, a particularly low level of integration is viewed as social isolation, which is experienced as a stressful event”, according to Dr Sheldon Cohen, Professor of Psychology at the Carnegie Mellon University in Pittsburgh.

https://wellbeingtrust.org/wp-content/uploads/2020/05/WBT_Deaths-of-Despair-COVID-19-FINAL.pdf?utm_source=STAT+Newsletters&utm_campaign=b2a419aaec-MR_COPY_01&utm_medium=email&utm_term=0_8cab1d7961-b2a419aaec-151875161

Deaths of despair in US have been on the rise for the last decade, and in the context of COVID-19 deaths of despair should be seen as the epidemic within the pandemic.

https://macdonaldlaurier.ca/files/pdf/20201209_Rethinking_lockdowns_Joffe_COMMENTARY_FWeb.pdf

The harms caused by lockdown measures are at least five to 10 times greater than the benefits, as a population plagued by economic downturn, unemployment and loneliness is at risk of early mortality, reduced lifespan and chronic disease, according to Canadian medical expert Dr. Ari Joffe. Of excess mortality during the pandemic, 20-50 percent has not been due to COVID-19; much of that excess is likely attributable to lockdown collateral effects. An unexplained increase in deaths of people with dementia in the US and UK also likely arose from deterioration due to loneliness. Over time, suicide, depression, alcohol use disorder, childhood trauma due to domestic violence, changes in marital status, and social isolation are projected to cause millions of years of life lost.

<https://www.psych.ox.ac.uk/news/parental-mental-health-worse-since-new-national-restrictions>

Parental stress, depression, and anxiety have again increased since new national restrictions have been introduced according to the latest report from the Oxford University led COVID-19 Supporting Parents, Adolescents, and Children in Epidemics (Co-SPACE) study based on data from over 6000 UK parents.

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30308-4/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30308-4/fulltext)

By late April, 2020, mental health in the UK had deteriorated compared with pre-COVID-19 trends.

<https://www.itv.com/news/2021-01-28/increase-in-suicide-related-calls-at-half-of-englands-ambulance-services-over-lockdown>

London Ambulance Service alone saw calls relating to suicide or attempted suicide jump 33% from 11,703 in March-November 2019 to 15,541 in the same period in 2020.

https://www.justfacts.com/news_covid-19_anxiety_lockdowns_life_destroyed_saved

Anxiety from reactions to Covid-19 will destroy at least seven times more years of life than can be saved by lockdowns.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30460-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext)

Most reviewed studies reported quarantine's negative psychological effects including post-traumatic stress symptoms, confusion, and anger. Stressors included longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma. Some researchers have suggested long-lasting effects. In

situations where quarantine is deemed necessary, officials should quarantine individuals for no longer than required, provide clear rationale for quarantine and information about protocols, and ensure sufficient supplies are provided.

<https://www.alzheimers.org.uk/news/2020-07-14/lockdowns-side-effect-mental-health-deterioration-people-affected-dementia-third>

A survey from Alzheimer's Society of around 2,000 people affected by dementia, the largest of its kind, reveals the devastating impact coronavirus has had on their mental health, with a third living with dementia (32%) reporting apathy or a sense of 'giving up'. People with dementia have been worst hit in terms of deaths and the abrupt suspension of normality bringing social isolation and a loss of routine, with the knock-down effect on mental health, has likely resulted in the massive increase of 'unexplained' non-virus-related deaths. Evidence is clear between loneliness or depression and premature death.

<https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

Social isolation significantly increased a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity. Social isolation was associated with about a 50% percent increased risk of dementia. Poor social relationships (characterized by social isolation or loneliness) was associated with a 29% increased risk of heart disease and a 32% increased risk of stroke. Loneliness was associated with higher rates of depression, anxiety, and suicide.

DOMESTIC VIOLENCE

<https://collateralglobal.org/family-violence>

The lockdown is associated with a significant increase in domestic violence.

<https://www.lse.ac.uk/News/Latest-news-from-LSE/2020/g-July-20/Big-rise-in-domestic-abuse-calls-during-lockdown>

Reports of domestic abuse to the London Metropolitan police increased by 11% during lockdown compared with the same period last year.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7264607/>

Due to the social isolation measures implemented across the globe to help reduce the spread of COVID-19, people living in volatile situations of family violence are restricted to their homes. Social isolation exacerbates personal and collective vulnerabilities while limiting accessible and familiar support options. In many countries, including Australia, we have already seen an increase in demand for domestic violence services and reports of increased risk for children not attending schools.

ECONOMIC CONSEQUENCES

<https://swprs.org/wp-content/uploads/2020/11/imf-lockdown-gdp.jpg>

The economic impact is greater in countries that have implemented a stricter lockdown.

<https://www.worldbank.org/en/news/press-release/2020/10/07/covid-19-to-add-as-many-as-150-million-extreme-poor-by-2021#:~:text=The%20COVID%2D19%20pandemic%20is,severity%20of%20the%20economic%20contraction.>

The COVID-19 pandemic is estimated to push 88 to 115 million more people into extreme poverty this year, with a total rising to 150 million by 2021, depending on the severity of the economic downturn.

<https://news.un.org/en/story/2020/09/1072602>

The coronavirus pandemic and the lockdown measures have pushed an additional 150 million children into multidimensional poverty – deprived of education, health, housing, nutrition, sanitation or water.

<https://www.oxfam.org/en/press-releases/12000-people-day-could-die-covid-19-linked-hunger-end-year-potentially-more-disease>

As many as 12,000 people could die per day by the end of the year as a result of hunger linked to COVID-19, potentially more than could die from the disease.

<https://www.agi.it/economia/news/2020-12-28/confcommercio-imprese-covid-imprese-chiuse-10834625>

In 2020 in Italy over 300,000 businesses closed due to lockdown measures and the collapse in demand.

https://www.nber.org/system/files/working_papers/w28304/w28304.pdf

While in US there have been roughly 400,000 covid-linked deaths so far, the long-term economic implications from covid-related lockdowns are dire, resulting in COVID-19-related unemployment which is between 2 and 5 times larger than the typical unemployment shock and resulting in a 3.0% increase in mortality rate and a 0.5% drop in life expectancy over the next 15 years for the overall American population.

<https://www.cnn.com/2020/09/16/yelp-data-shows-60percent-of-business-closures-due-to-the-coronavirus-pandemic-are-now-permanent.html>

Data show that 60% of closed businesses during the lockdown period in US won't be reopening.

<https://summit.news/2020/09/25/german-minister-lockdown-will-kill-more-than-covid-19-does/>

Germany's Minister of Economic Cooperation and Development, Gerd Muller, has warned that lockdown measures throughout the globe will end up killing more people than the Coronavirus itself.

<https://summit.news/2020/05/07/professor-economic-impact-of-lockdown-will-cause-more-deaths-than-coronavirus/>

Peter Nilsson, a professor of internal medicine and epidemiology at Lund University, warns that the economic devastation caused by lockdowns will cause more deaths than the coronavirus itself.

<https://www.ifs.org.uk/publications/14799>

Recessions have been shown to have large and persistent negative effects on health and mortality at the population level. Quantitatively, Janke et al. estimate that a 1% fall in employment leads to a 2% increase in the prevalence of chronic illness. To put this in context, if employment were to fall by the same amount as it fell in the 12 months after the 2008 crisis, around 900,000 more people of working age would be predicted to suffer from a chronic health condition. Only about half this effect will be immediate: the full effect will not be felt for two years. The shock to employment from the coronavirus pandemic is likely to be much larger than this and so we may expect a larger rise in poor health.

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-2720-y>

On the basis of a thorough analysis of the selected investigations, the authors conclude that periods of economic recession are possibly associated with a higher prevalence of mental health problems, including common mental disorders, substance disorders, and ultimately suicidal behaviour.

<https://www.resolutionfoundation.org/publications/pandemic-pressures/>

During the Summer and Autumn 2020, families with children estimated to be in the lowest pre-pandemic income quintile were twice as likely to report an increase in spending (36 per cent) than a decrease (18 per cent). Accounts from parents on a low income identify a number of reasons why this has been the case. Having children at home more has meant higher spending on food, energy and ways to entertain or distract children when so many outdoor leisure activities have been curtailed. Remote schooling in particular has proven very expensive, especially for those families that have had to buy a laptop or arrange for broadband access, for example.

<https://www.christianpost.com/news/world-food-program-warns-of-famines-of-biblical-proportions.html>

The head of the World Food Program believes that 2021 could see "famines of biblical proportions" as the economic struggles of COVID-19 may hamper global responses to food shortages caused by military conflicts, the rise of Islamic

extremism and locust infestations. Beasley said he was concerned by some of the decisions some governments were making in response to COVID. “[L]eaders at that time were making decisions about COVID in a vacuum, not understanding the economic ripple effect when you just lock things down, without understanding the supply logistics and all these different dynamics”.

<https://theconversation.com/south-africa-faces-mass-hunger-if-efforts-to-offset-impact-of-covid-19-are-eased-143143>

South Africa is facing mass hunger. Two out of every five adults interviewed between May and June reported that their household had lost its main source of income since the lockdown started. The suspension of the national school nutrition programme, which usually reached 9.6 million children, has worsened the situation.

<https://www.britishherald.com/second-lockdown-forces-myanmars-slum-dwellers-to-hunt-for-rats-and-reptiles-to-stave-off-hunger/>

Second lockdown forces Myanmar’s slum dwellers to hunt for rats and reptiles to stave off hunger.

On asymptomatic transmission

<https://www.nature.com/articles/s41467-020-19802-w>

Out of the nearly 10 million people in this study 300 asymptomatic cases are found. A total of 1,174 close contacts of the asymptomatic cases are traced and they all test negative for the covid-19.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774102>

Household secondary attack rates are increased from symptomatic index cases (18%) than from asymptomatic index cases (0,7%).

<https://lockdownsceptics.org/has-the-evidence-of-asymptomatic-spread-of-covid-19-been-significantly-overstated-2/>

This paper reviews the evidence that people who are asymptomatic are capable of carrying SARS-CoV-2 and infecting others.

<https://www.cnn.com/2020/06/08/asymptomatic-coronavirus-patients-arent-spreading-new-infections-who-says.html>

In June 2020 the head of WHO emerging diseases and zoonosis unit stated at a press conference that “from the date we have, it still seems to be rare that an asymptomatic person actually transmits onward to a secondary individual”.

<https://pubmed.ncbi.nlm.nih.gov/32960881/>

Asymptomatic transmission is 1.4%.

On the unreliability of the swabs, PCR and antigenic, for a diagnosis of covid-19

<https://www.who.int/news/item/14-12-2020-who-information-notice-for-ivd-users>

In a statement released on December 14, 2020 WHO admitted covid-19 PCR test has a “problem”.

<https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1491/5912603>

On November 22, 2020 a court case in Portugal had ruled that PCR test used worldwide to diagnose covid-19 was not fit for purpose. In their ruling the judges referred to this study which found that – when running PCR test with 35 cycles or more – the accuracy dropped to 3% meaning up to 97% of positive results could be false positive.

<https://cormandrostenreview.com>

This review reveals 10 major scientific flaws of the PCR test at the molecular and methodological level.

<https://salutogenesi.org/media/attachments/2020/10/24/i-tamponi-covid-19-producono-fino-al-95-di-falsi-positivi--certificato-dallistituto-superiore-di-sanita-di-stefano-scoglio.pdf>

According to the Italian researcher Dr Stefano Scoglio covid-19 swabs produce up to 95% of false positive.

<https://academic.oup.com/clinchem/article/66/11/1369/5902447>

Laboratory contamination can be a source of false positives when conducting any PCR test.

https://youtu.be/Gmmz_YfxXTE

This experiment demonstrates that rapid antigenic tests are also unreliable.

<https://www.pandata.org/wp-content/uploads/PANDAArticles-A-miscarriage-of-diagnosis.pdf>

PCR testing for COVID-19 aims to detect individuals with a high likelihood of being infectious. However, false positive test results lead to false diagnoses, unnecessary measures and distort the overall picture of the pandemic.

<https://www.youtube.com/watch?v=EWNkJUDctdk&feature=youtu.be>

https://drive.google.com/file/d/17X4GmMXn_m-vDwqEy9vMhbNqzodAEW3b/view

In this cease and desist paper German attorney Dr Reiner Fullmich accuses Prof. Dr Christian Drosten of being responsible of the false claim that PCR test can be used as a diagnostic tool especially for symptomless people.

<https://www.who.int/news/item/14-12-2020-who-information-notice-for-ivd-users>

Most PCR assays are indicated as an aid for diagnosis, therefore, health care providers must consider any result in combination with timing of sampling, specimen type, assay specifics, clinical observations, patient history, confirmed status of any contacts, and epidemiological information, WHO recently said.

On the potential harm caused by prolonged use of face masks

https://www.bmj.com/content/370/bmj.m3021/rr-6?fbclid=IwAR02VmFFjaBCEx_gwxrMqgYuUvQuTimEKaNZU9usci3FtEgFqSQy0uTtxtmE

Psychosocial, biological and immunological risks for children and pupils make long-term wearing of mouth masks difficult to maintain.

<https://pubmed.ncbi.nlm.nih.gov/29395560/>

Wearing a surgical mask during walking modifies significantly and clinically dyspnea without influencing walked distance.

<https://pubmed.ncbi.nlm.nih.gov/32590322/>

Exercising with facemasks may reduce available oxygen and increase air trapping preventing substantial carbon dioxide exchange.

<https://link.springer.com/article/10.1007/s00392-020-01704-y>

Ventilation, cardiopulmonary exercise and comfort are reduced by surgical masks and highly impaired by FFP2/N95 face masks in healthy individuals.

<https://pubmed.ncbi.nlm.nih.gov/26579222/>

Breathing through N95 mask materials have been shown to impede gaseous exchange and impose an additional workload on the metabolic system of pregnant healthcare workers.

<https://pubmed.ncbi.nlm.nih.gov/31159777/>

Respiratory pathogens on the outer surface of the used medical masks may result in self-contamination.

Mask use in the context of Covid-19 – WHO Interim Guidance – December 2020

At present there is only limited and inconsistent scientific evidence to support the effectiveness of masking of healthy people in the community to prevent infection with respiratory viruses, including SARS-CoV-2. A large randomized community-based trial in which 4862 healthy participants were divided into a group wearing medical/surgical masks and a control group found no difference in infection with SARS-CoV-2. A recent systematic review found nine trials (of which eight were cluster-randomized controlled trials in which clusters of people, versus individuals, were randomized) comparing medical/surgical masks versus no masks to prevent the spread of viral respiratory illness. Two trials were with healthcare workers and seven in the community. The review concluded that wearing a mask may make little or no difference to the prevention of influenza-like illness or confirmed laboratory influenza. The potential disadvantages of mask use by healthy people in the general public include: • headache and/or breathing difficulties, depending on type of mask used; • development of facial skin lesions, irritant dermatitis or worsening acne, when used frequently for long hours; • difficulty with communicating clearly, especially for persons who are deaf or have poor hearing or use lip reading; • discomfort; • a false sense of security leading to potentially lower adherence to other critical preventive measures such as physical distancing and hand hygiene; • poor compliance with mask wearing, in particular by young children; • waste management issues; improper mask disposal leading to increased litter in public places and environmental hazards; • disadvantages for or difficulty wearing masks, especially for children, developmentally challenged persons, those with mental illness, persons with cognitive impairment, those with asthma or chronic respiratory or breathing problems, those who have had facial trauma or recent oral maxillofacial surgery and those living in hot and humid environments.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/>

Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection.

<https://www.researchsquare.com/article/rs-124394/v2>

Pre-print study on masks for children finds (in a non-representative sample) reports of irritability (60%), headache (53%), difficulty concentrating (50%), less happiness (49%), reluctance to go to school/nursery (44%), malaise (42%) impaired learning (38%) and drowsiness or fatigue (37%).

<https://www.bitchute.com/video/cG2S8pl378Yk/>

Masks rapidly reduce the body's oxygen levels (hypoxemia) compromising the immune system; this has multiple, adverse effects and is especially detrimental to those with pre-existing conditions including asthma and other respiratory illnesses.

https://pdmj.org/papers/masks_false_safety_and_real_dangers_part3/

Hypoxia, Hypercapnia and physiological effects caused by masks.

<https://aip.scitation.org/doi/10.1063/5.0034580>

Wearing masks with very low filtration efficiencies may lead to a higher chance of deposition of ambient aerosols and thus can do more harm than protection.

<https://www.acpjournals.org/doi/10.7326/M20-6817>

To date the only randomized controlled trial on face masks against Sars-Cov-2 infection in a community setting found no statistically benefit.

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30985-3/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30985-3/fulltext)

In this cohort study researchers reported no association of risk of transmission with mask usage by contacts.

https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

“Although mechanistic studies support the potential effect of hand hygiene or face masks, evidence from 14 randomized controlled trials of these measures did not support a substantial effect on transmission of laboratory-confirmed influenza”.

<https://jamanetwork.com/journals/jama/fullarticle/2762694>.

“Face masks should be used only by individuals who have symptoms of respiratory infection, by health care workers and individuals who are taking care of or are in close contact with people who have respiratory infections. Face masks should not be worn by healthy individuals because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill”.

<https://www.nejm.org/doi/full/10.1056/NEJMp2006372?query=TOC>

“Wearing a mask outside health care facilities offers little, if any, protection from infection. In many cases the desire for widespread masking is a reflexive reaction to anxiety over the pandemic”.

<https://edition.cnn.com/2020/02/29/health/face-masks-coronavirus-surgeon-general-trnd/index.html>

“Masks are not effective in preventing general public from catching coronavirus. Washing your hands, staying home when sick and other everyday preventive actions are the best protections” said US Surgeon General on March 2, 2020.