

Denninger exposes the coronavirus hoax in great detail

They Always Find An Excuse

2020-06-12 07:33 by Karl Denninger
in [Editorial](#) , [87 references](#)

[Oh here we go again with this sign...](#)

“From the data we have, it still seems to be rare that an asymptomatic person actually transmits onward to a secondary individual,” Dr. Maria Van Kerkhove, head of WHO’s emerging diseases and zoonosis unit, said at a news briefing from the United Nations agency’s Geneva headquarters. “It’s very rare.”

In other words:

- *Masks* are worthless, since if you're asymptomatic you don't actually infect someone else.
- *Gloves* are worthless for the same reason.
- *Social distancing* is worthless for the same reason.

So all of you *screamers*, including Governors and Business owners **can go blow goats**.

Your alleged "safety measures" were just rated as *worthless* by the WHO.

Now if you're **ferbible**, that is, running a fever, *or coughing* then that's a different story. But again -- so what? Isn't that the same situation we face *every single year* with respiratory viruses?

If you're sick stay home until you're not!

Oh by the way, *if you throw shade on the WHO now* then how about their recommendations (along with the CDC) **originally**? Pick one; either they (and the CDC and NIH) are credible or they are not.

How long before the WHO and our government admit that one of the primary mechanisms of transmission is fecal-oral -- to be blunt, **-eating, which happens a lot in both nursing homes and hospitals (inadvertently, of course) especially in nursing homes due to the high prevalence of incontinent individuals.**

And by the way, it is *extremely difficult* to control fecal/oral transmission, *especially* in institutional settings. I've gone through the reasons for this before both on the blog and podcasts and don't really feel like doing it again. All of the so-called "public health" agencies (e.g. WHO, CDC, NIH, etc) know this as well **but to admit it means a clear statement that none of our existing infrastructure in hospitals and long-term care homes is suitable or safe for a fecal/oral transmitted disease, especially if you do not mandate manual hand-washing (NOT "gloves and masks") on an utterly-manic basis.**

What did I say back when this thing first started in February and March?

Specifically, [March 28th in this article](#)?

It's being spread in the medical environment -- specifically, in the hospitals -- not, in the main, on the beach or in the bar.

Will we **ever**, as a nation, hold the people accountable who *intentionally* destroyed the economy and jobs, say much less *killing tens of thousands* in nursing homes **all on false pretense** that was **known** in March?

THAT LIST INCLUDES EVERY GOVERNOR, EVERY MAYOR AND THE ***NED SATANIC PIECE OF **** OTHERWISE KNOWN AS DONALD J TRUMP WHO IS TAKING VICTORY LAPS FOR KILLING YOUR MOTHER.**

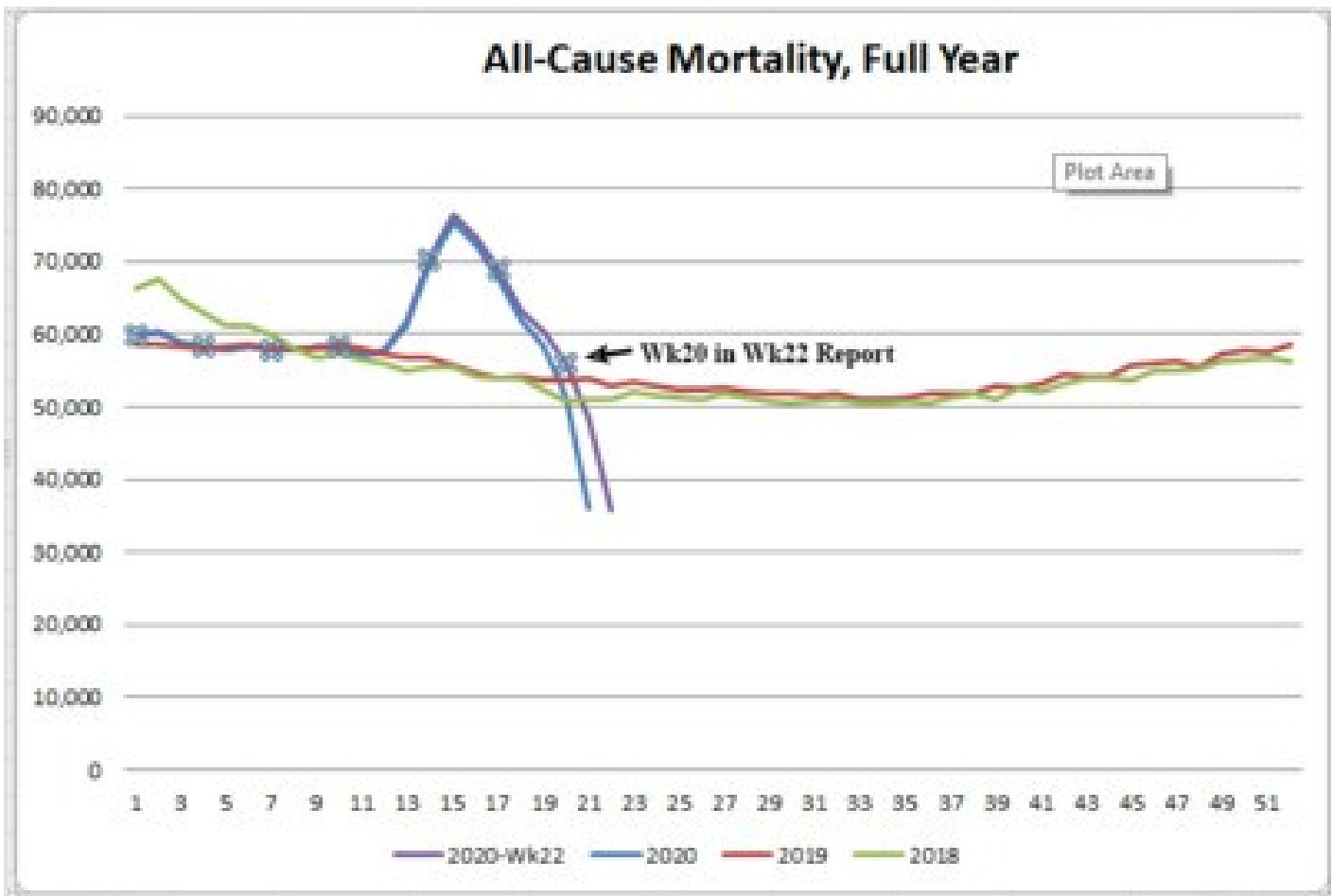
We knew damn well at the time this was what was going on but to admit it meant putting a stop to the hero-worship BULL** found all through the ~~health-care~~ murder-you system.**

Of course now the WHO is trying to walk that back -- twice. It didn't take very long for people with IQs in the double-digits to figure out that the statement was an **on its face indictment** of all of the so-called "distancing" measures and effectively declared them worthless. First, with the linked article, and now the claim is that you're most-contagious when you "just begin" to feel ill. The latter makes sense. But for the former **show me index cases** from asymptomatic individuals. In other words, **prove it** or shut the **** up, seeing that this has become the alleged "reason" for the so-called "mask mandates." Proving it should be easy, given the number of positive tests and genetic sequencing will in every case, if it's run, **prove** beyond a reasonable doubt whether an alleged "index case" was the source of someone's infection provided you have both the person transmitted to and the alleged index case. With nearly 2 million positive tests you **can** show us that scientific proof -- right?

*Oh, and if you expect anyone to not immediately give you the finger you can document the **percentage** of such transmissions too, right? There's a huge difference between "mask-wearing" resulting in a 1% (or 0.1%!) drop in transmission and a 90% reduction. With this many cases "in the wild" in the US alone someone either has done that sequencing and is hiding the results or they're being deliberately blind and have **not** run the sequencing on purpose, likely because they know damn well what the irrefutable results of such scientific proof will be.*

But the numbers do not lie. The trend rate for all-cause mortality continues to head south. We are *just now*, in the last week, starting to see evidence that it may be bottoming as it usually does in the early summer *as flu-like illnesses* stop killing people. It's a pattern that happens every year and this one is likely to be no different.

Continued next page



Yes, the reports of all-cause death are late getting to the government. So what? The trend is clear; note how close the curves are once you get a couple of weeks out. The first one of those 2020 lines is Week 20, the second is Week 22. Virtually *all* of the "late" reports are received by 2 weeks later -- and we're seeing an effective **zero** in excess mortality by Week 20.

Again, note what happened in 2018: There was a quite-large (close to half of Covid-19) spike in all-cause death the first part of the year (and the last part of the previous year.) **This was all "flu-related"** but as the year went on we discovered it was not actually *flu-caused* for the most part (although through the first 20 weeks there were **over 100,000 "excess" deaths** because by the end of the year 2019 outdid 2018's total all-cause death by about 11,000 people.

Now should it have been more than 11,000? Probably, simply due to demographics; an older population has fewer person-years of life remaining *on average* for each of the persons in the population. That's basic statistics. Yet through the first 20 weeks of 2018 the same sort of "disaster" evidence that was claimed for Covid-19 **was in full evidence in the all-cause mortality statistics**, yet we locked down exactly..... *nothing*.

In addition literally **all** of the models assume 100% susceptibility to the virus. There's even a name for these models; "SEIR"; or, "*Susceptible, Exposed, Infected and Resolved.*" Some people claim the "R" is "recovered" but if your model is running on that basis it's an outright fraud *at inception* since "R" has to include those who die (you are removed from the pool if you die, obviously, *and in addition dying thins the density of people where recovery does not.*)

We **knew** that model was bogus -- in **February**. Why? Because *Diamond Princess*. Two people in the same 10x10 cabin *quarantined for weeks* where one gets the virus and the other does not *is impossible* for a respiratory virus *unless* one of the two is not susceptible. *It doesn't matter why you're not susceptible, just that you aren't*. Whether it's from prior exposure, genetics, vaccine or cross-immunity makes no difference **but failure to account for this accurately makes all the models and predictions worthless**.

Let me further point out that all of these predictions of doom, gloom and death were **intentional** frauds -- not errors. **Errors are always normally distributed; mistakes, by definition, do not have bias**. Therefore *an approximately equal number* of errors will understate a problem and some will overstate it; *the magnitude and direction of the mistakes will be approximately equal*. This is true in every single case **where there are actual errors**.

Any time you have a compendium of claims and projections **and all the "errors" are on one side** those are not mistakes. They're **intentional** bias, and when the *decisions* made as a result of said bias hurt people **that's a crime as the element of intentional conduct, or "mens rea", required for criminal conduct exists**. It's not mere negligence **it's direct, intentional, criminal culpability**.

Period.

Then there are the riots, er, *demonstrations*. We must force you to stay inside except for "essential" purpose; **if you dare not you're a murderer**. *Protesting our orders -- that we lied in the inception of them and we knowingly ordered you to stay indoors in your homes under false pretense is not an "essential purpose."* Indeed, so-said the Supreme Court! All this held up until the *instant* a black man died in Minneapolis. **Then, suddenly, you shouldn't be arrested for congregating with others and you're not a murderer for going outside and congregating together by the thousands, tens of thousands or even hundreds of thousands. Even if your intent is to smash windows, loot, burn and riot. All of that is not valid reason to force you to stay inside your own home. But may God Have Mercy On Your Soul should you congregate because you want to go to the beach, have a beer with friends, attend a concert or, God forbid, go to Church and pray together. How the US Supreme Court has thus far avoided being "Defunded" and sacked over this outrage evades anyone with an IQ larger than their shoe size. Remember, according to both the Supremes and the medical officials rioting and arson during a pandemic are just fine. Heh by the way, does someone have a video of Roberts doing a goat?**

The media *on all sides* continues to try to scare the living hell out of people in support of their "narrative." All of that merely adds **them** to the list of thus-far unindicted felons. The corruption in our government *at all levels* and by both political parties knows no boundary in this regard; [witness the very-quiet fact that Fauci's wife is apparently a gatekeeper in the NIH](#) on "unapproved" vaccines, drugs *and the handing out of money* related to Covid-19. **That sort of outrageous and undisclosed conflict of interest should get you decades in the slammer for everyone involved, including President Trump -- especially with his "Warp Speed" push.**

Then to top it off there's the nursing home mess. Reuters *inadvertently* clowned both itself **and the entire Covid-19 scam** [with this article in which they talk about the long-standing -- in fact, decades-long standing, issues with nursing homes](#). We have established and maintained an effective *prison farm* for older, infirm people and as with anything where the public checkbook can be looted of course so-called "private industry" has stepped up to stick a vacuum cleaner in the taxpayer's wallet and extract whatever it wants.

Note this paragraph, which the fools at Reuters included:

The rapid staff exodus left residents without the most basic care, the workers said. “**These are people who all need to be changed. They’re incontinent.** A lot of them need help eating,” said Lisa Harmon, a nurse who supervises weekend shifts. “There’s only so much one person can do.”

What did I say starting in *February* on this virus? ****-*eating* is the primary vector. Well, duh! Would you like it in bold face in front of your eyes, shoved under your nose or does someone need to print this column on *sandpaper*, roll it up and shove it up your *****?

These are people who all need to be changed. They're incontinent.

How much more-clear do you need it to be?

Is this just unhappy circumstance? Yep. But it's also a clear indictment of how we treat both death *and life*. It's been pushed *for decades* that *anything* you can do to extend someone's "use by" date *is an unmitigated good irrespective of the quality of said life*. That's flat-out bull**** but it's what we, and most other western societies, have ingrained in ourselves.

We've also ingrained in ourselves that it's perfectly ok to ***eat anything you want in any quantity you want*** and expect ***someone else*** to pick up the consequences -- and the bill. When that goes bad just scream *raccssisssssss!*

May I remind you that *roughly a decade ago* I decided, somewhat-prodded by Obamacare's passage, that ***I was not going to continue on the alleged "inevitable" path toward being fat, diabetic, and eventually dead?*** Oh, I can't fix the eventually dead part; *mortality is part of the human existence*. But I could, and did, choose to not be *fat* and to attempt to reverse what was otherwise likely inevitable for me as it is for most -- ***pharmacological dependence***.

So I did exactly that and over the years I've written ***a plethora of articles on that too***.

Today I'm nearly 10 years older, but I'm *much lighter* than I was in 2011. I'm also a hell of a lot faster (considering I couldn't run *a half mile* at that time) and have *much* more endurance physically. It's not a "chore" to exercise and enjoy the outdoors in strenuous activity -- it's *fun*.

Ten years ago it wasn't fun.

Oh, and the number of pharmacological "magic acts" I require and have prescribed to me? Zero. Will I use them if I need them? Of course; I'm not stupid. But there's a *huge* difference between needing them due to some acute issue (e.g. an infection) *and chasing fast carbohydrates with them in what will almost-inevitably prove to be a failed attempt to prevent the amputation of my foot* when the alternative, ***not eating the damned pizza in the first place***, will leave me both 100lb lighter ***and*** with a functional foot.

I watched two of my grandparents do the "low and slow burn" in nursing homes. It sucked to the point I couldn't, as a teenager, go see them after a while -- I couldn't handle it. *Yeah, it was that bad*. Both my parents said "**** *that*" and died at home, with my mother passing roughly two years ago. When it's my turn some random bear will get whatever is left after I'm done with it. **** *all that funeral home bull**** and their faux "sympathy."*

It is both logistically *and financially* impossible for nearly *everyone* to have the sort of "Standard of Care" that the Reuters article discusses. **It is not my responsibility to fund your irrational fear of mortality along with your insane attempts to evade the inevitable. If you want to meet Jesus a bit early, try and force me to do so and you just might.**

Further, and really the point of linking that article in the first place, is to point out that we're MONSTERS. Literal monsters. We not only stood up *an entire industry* on the basis of a fraud we've exploited the irrational and irreconcilable fears of millions to loot not only the federal and state Treasuries but the family resources of millions of Americans through fear of that which is impossible to evade.

I'm not in my 20s and I write this as someone who is well beyond the "halfway" point -- commonly considered to be 40, which according to the actuarial tables is about right. Every single one of us will die some day. I could fall over dead tomorrow, be run over by a bus or hit by an asteroid; there is not a single one of us who is owed a single additional minute beyond the right here and now.

But exactly *when* we die is to a *large* degree under our personal control *and a direct and indirect consequence of our own actions.*

Our repeated and intentional failure to call out and recognize that this virus is spread by fecal:oral contact, ***which is endemic in nursing homes due to the extraordinary prevalence of incontinence in same*** is an outrage. That we did not address this vector *decisively* is why roughly **half** of those deaths occurred. The **only** consolation is that *most* of those people were likely to die within the next month or three anyway -- but even if you're at death's door ***if I kill you through intentional or negligent action in a civilized society I'm still charged with manslaughter or worse.***

And oh, the *pearl-clutching* continues. ***We hear of "increases in infection rates" in various states***, including Florida, Texas and South Carolina. To which I say: *So what?* This bug isn't going away, *vaccination is likely to fail*, and all the *pearl-clutching* is bull****. Get over it. Viruses have existed on this planet for longer than we have. *If you're scared out of your mind, stay home. Just be aware that unless you live alone -- entirely alone -- it probably won't help much.*

Arizona is a curious case among these states. There is a *huge*, by census numbers, number of positive tests both compared against total tests and population, on and around the reservation lands. ***We've known for decades that there is a severe obesity problem among the Native American population:***

Over 80 percent of American Indian and Alaska Native adults are overweight or obese; about half of American Indian children are at an unhealthy weight; and it's estimated 30 percent of American Indians and Alaska Natives have pre-diabetes.

Covid-19 outcomes, *as with many diseases*, are **much** worse if you're obese and *especially bad* if you're insulin-compromised on top of it. It is not surprising *at all* that a materially-larger percentage of the population of those areas do not get Covid and shrug it off with mild or no symptoms at all.

And let's cut the crap when it comes to these areas; **they are sovereign national governments** within our country's boundaries *by treaty*. Yet where does their tribal leadership put their attention? *Into gambling to make money*, which then gets spent on garbage food *and booze*, an insanely-unhealthy combination. Is there any *requirement* out of these **governments**, which can set policy *and enforce it*, to have healthy food *at least reasonably available*? Nope.

And then there's another issue, which **nobody** will go anywhere near because the "racisssssss!" screams will start **again** -- but it's also known, and again, it's in the same referenced article:

*CE: Poverty is a root cause. It's a lot cheaper to go to McDonald's and order stuff off the Dollar Menu than it is to go in and buy fruits and vegetables in a store **when you're looking at many families that are surviving on one paycheck and feeding a dozen people.***

Bingo.

What else have we learned over the last few months about Covid-19? **Lockdowns don't work, so-called "community transmission" is largely a load of bull**** because it requires close and continuing contact, someone who is symptomatic and partially debilitated by it or ****-eating to transmit the virus successfully, but if you have said close and continuing contact then you're ****ed. You don't have that close and continuing contact when a bunch of people are at a concert, in a bar or nightclub, or eating in a restaurant.**

You do when there are a dozen people living in a single housing unit sharing one toilet with a virus that is transmitted through feces and this becomes exponentially more-likely when coupled with poorer personal hygiene -- specifically, a lack of washing of one's hands.

Thus the virus ripping through meat-packing facilities where you have a bunch of immigrants **whether legal or not** living in "group" settings **and on reservation land where a dozen people living in a trailer is not uncommon.** Oh, and of course **in nursing homes** which are **by definition** high-density housing **and in addition** are full of people who are incontinent. **How many people who are incontinent can get up, go to the sink and wash their hands frequently -- and will? Damn near none.**

We have done nobody *any* favors through these lies, conflicts of interest and scams -- other than those who **intentionally designed and executed them for their benefit -- whether for reasons of ego, political or financial gain.** We have cost millions of Americans their jobs. We have destroyed the economy and *no, it is not coming back until the stupid is stopped* and the facts are both faced and put forward for the American people. If we had a *single* politician who possessed *one iota* of ethics and *humanity* within his or her vacuum-filled cranium **he or she would present those facts, admit they screwed the pooch along with screwing you and then present themselves in public, with no cops or guards, so the people could decide what a just punishment is for those crimes and accept that judgement of the people willingly.**

There is not **one** such politician in this nation today.

Those facts include an honest look at true excess mortality, which may or may not even **exist** for this virus, **but certainly is not and never was going to be the sort of catastrophe trotted out as an intentional, knowing lie to back policies that ruined the lives of millions and deprived hundreds of thousands of people the care, comfort and companionship of their loved ones in the last days of their lives.** Those facts also include a necessary admission of the falsity of the claims made or exactly how do you expect to dispel the irrational fear that has been instilled in people world-wide?

These are crimes against humanity and the *knowing* falsity of the claims made is proved beyond a shadow of a doubt by **every single Mayor, Governor and our President** who enforced exactly **zero** of said constraints on those "protesting" the death of a man in Minneapolis **while trying to financially and personally destroy a barber in Michigan.**

As I said months ago: *We're monsters, and those who sit back while a monster acts to harm others is a monster themselves.*

Welcome to your reflection in the mirror, America

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

Asymptomatic spread of coronavirus is 'very rare,' WHO says

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Key Points

- Government responses should focus on detecting and isolating infected people with symptoms, the World Health Organization said.
- Preliminary evidence from the earliest outbreaks indicated the virus could spread even if people didn't have symptoms.
- But the WHO says that while asymptomatic spread can occur, it is "very rare."
- *World Health Organization officials on Tuesday walked back the comments below that were made on Monday after drawing criticism from epidemiologists across the world. Dr. Maria Van Kerkhove, head of the WHO's emerging diseases and zoonosis unit, said Tuesday that asymptomatic spread is a "really complex question" and much is still unknown. "We don't actually have that answer yet," she said.*
- *"I was responding to a question at the press conference. I wasn't stating a policy of WHO or anything like that. I was just trying to articulate what we know," she said on a live Q&A streamed across multiple social media platforms. "And in that, I used the phrase 'very rare,' and I think that that's misunderstanding to state that asymptomatic transmission globally is very rare. I was referring to a small subset of studies."*
- *Here is our followup article Tuesday and below is the original story published Monday.*
- **[Read more: WHO walks back comments on asymptomatic coronavirus spread, says much is still unknown](#)**

Coronavirus patients without symptoms aren't driving the spread of the virus, World Health Organization officials said Monday, casting doubt on concerns by some researchers that the disease could be difficult to contain due to asymptomatic infections.

Preliminary evidence from the earliest outbreaks indicated that the virus could spread from person-to-person contact, even if the carrier never develops symptoms. But WHO officials now say that while asymptomatic spread can occur, it is not the main way it's being transmitted.

"From the data we have, it still seems to be rare that an asymptomatic person actually transmits onward to a secondary individual," Dr. Maria Van Kerkhove, head of WHO's emerging diseases and zoonosis unit, said at a news briefing from the United Nations agency's Geneva headquarters. "It's very rare."

The virus is primarily spread via respiratory droplets when someone coughs or sneezes or if they touch a contaminated surface, scientists say.

Asymptomatic transmission is particularly worrisome for public health officials, leading many to institute severe lockdowns and policies requiring masks in public. That's because those patients never develop symptoms and, in many cases, don't even know they are infected. WHO officials say Covid-19 can also spread in the so-called pre-symptomatic stage — a few days before a patient shows symptoms.

Van Kerkhove said government officials should still focus on detecting and isolating infected people with symptoms, and tracking anyone who might have come into contact with them. The WHO also revised its guidance on masks last week, saying they should be worn in public places, especially on public transportation and in densely populated areas. She acknowledged that some studies have indicated that there's been asymptomatic or pre-symptomatic spread in nursing homes and in household settings.

More research and data are needed to “truly answer” the question of whether the coronavirus can spread widely through asymptomatic carriers, Van Kerkhove added.

“We have a number of reports from countries who are doing very detailed contact tracing,” she said. “They're following asymptomatic cases. They're following contacts. And they're not finding secondary transmission onward. It's very rare.”

Research from the U.S. Centers for Disease Control and Prevention contradicts Kerkhove's statement. An [April 1](#) report from the CDC cited the “potential for presymptomatic transmission” as a reason for the importance of social distancing. The CDC cited research showing asymptomatic transmission among family members and in nursing homes and other facilities as a key factor in recommending face coverings, widespread testing and other safety measures, [according to an article published May 4](#).

“If the COVID-19 pandemic is found to be driven by undetected asymptomatic or mildly symptomatic SARS-CoV-2 infections, new innovations in disease detection and prevention (beyond exhaustive contact tracing, mass testing, and isolation of asymptomatic contacts) may be needed,” the CDC said in its May 4 article.

If asymptomatic spread, however, proves not to be a big driver of coronavirus transmission, the policy implications could be tremendous.

To be sure, asymptomatic and pre-symptomatic spread of the virus appears to still be happening, Van Kerkhove said but remains rare. That finding has important implications for how to screen for the virus and limit its spread.

“What we really want to be focused on is following the symptomatic cases,” Van Kerkhove said. “If we actually followed all of the symptomatic cases, isolated those cases, followed the contacts and quarantined those contacts, we would drastically reduce” the outbreak.

Correction: This article was updated to include a more complete explanation of asymptomatic and pre-symptomatic transmission as well as to change the headline. An earlier version of the headline should have said most asymptomatic coronavirus patients aren't spreading new infections. The word “most” was inadvertently omitted.

Hypothesis: Hospitals ARE The Vector @RealDonaldTrump*

020-03-28 10:58 by [Karl Denninger](#)

in [Editorial](#) , [1404 references](#)

This virus is not being spread the way we're told.

Social distancing is close to worthless.

NY's data makes this quite clear. So does Florida's.

Both slammed the door; SE Florida and NYC.

*The bend should be evident in **one** viral generation time. The new case rate should **collapse** in two viral generation times. If Community Transmission via bars, restaurants and "social interaction" was more than 2/3rds of the total the effective R0 would go under 1.0 **and community transmission would collapse**. If it was half then R0 would be 1.5 **and we'd have transmission approximately equal to a bad seasonal flu**.*

IF you actually bent the curve.

These measures did not bend it **to any material degree**. Enough time has passed to *know* this is true; at most they have lengthened a "turn time" by *one day* (in other words, R3.0 to R2.5.) **That's effectively nothing!**

Why not?

It's being spread in the medical environment -- specifically, in the hospitals -- not, in the main, on the beach or in the bar.

When Singapore and South Korea figured out that if as a medical provider **you wash your damn hands** before **and after**, without exception, **every** potential contact with an infected person or surface **even if you didn't have a mask on for 30 minutes during casual conversations with others** (e.g. neither of you is hacking) **transmission to and between their medical providers stopped**.

Note -- *even if you didn't have a mask on and were not social distancing in the work environment, which of course is impossible if you're working with others in a hospital, you didn't get infected.*

And guess what immediately happened after that? ***Their national case rate stabilized and fell.***

The hypothesis that fits the facts is that **a material part of transmission is actually happening in the hospital** with the *medical providers* spreading it through the community both directly and indirectly.

Remember that all disease R0 is a *composite* of all the elements of transmission. If *any* material part of transmission is happening in hospitals and other medical settings ***stopping that will stop or greatly attenuate community transmission***. **Every** medical provider ***goes home and interacts with the public***.

Then the hospital fills up and guess what -- **they call in more doctors, nurses, orderlies and other people**. In fact they've done exactly that; in hard-hit places they're getting volunteers. Excellent, they need the workers, ***except every one of those new workers in the place is also a brand new vector to the rest of the community too unless they wash their damn hands before and after every contact with any item or person as well***.

What's worse is that the data is that **if** you wind up on a vent you die nearly all the time. They had a doc on Tucker Carlson last night confirming that **we are not doing materially better than Wuhan** in this regard.

	Total (n=191)	Non-survivor (n=54)	Survivor (n=137)	p value
Treatments^a				
Antibiotics	181 (95%)	53 (98%)	128 (93%)	0.15
Antiviral treatment	41 (21%)	12 (22%)	29 (21%)	0.87
Corticosteroids	57 (30%)	26 (48%)	31 (23%)	0.0005
Intravenous immunoglobulin	46 (24%)	36 (67%)	10 (7%)	<0.0001
High-flow nasal cannula oxygen therapy	41 (21%)	33 (61%)	8 (6%)	<0.0001
Non-invasive mechanical ventilation	26 (14%)	24 (44%)	2 (1%)	<0.0001
Invasive mechanical ventilation	32 (17%)	31 (57%)	1 (1%)	<0.0001
ECMO	3 (2%)	3 (6%)	0	0.0054
Renal replacement therapy	10 (5%)	10 (19%)	0	<0.0001

We're wrong about how this thing is spreading and we're wrong about the silent attack rate. The step functions in the data here in the United States **cannot be explained by ordinary community transmission** but they are completely explained if the transmission is happening **not among ordinary casual contact -- that is, not "social distancing", but rather through the medical system itself**. That explains the step functions that are seen in places like Florida since it takes several days before you seek medical attention after infection and it also explains why NY, despite locking down the city *and more than one viral generation time passing -- in fact two --* has seen **no** material decrease at all in their transmission rate.

In addition it further is supported by the fact that what we've seen here, in Italy, in Wuhan -- indeed **everywhere** is not an exponential curve. It's a step-function flat acceleration graph. **Broad community transmission doesn't happen this way (you instead get a straight and continual exponential expansion until you start to obtain suppression via herd immunity)** but if the spread happens as each "generation" gets driven to hospitals for testing and medical attention and the spread is largely happening there **what we see here and in other nations in the case rate data is exactly the function you produce in terms of exposure rates.**

In other words there should be *no* straight-line sections in the case rate graphs -- but there are.

Fix the protocols in the hospitals right damn now. PPE is not the answer if your hands, gloved or not, become contaminated and not immediately washed off. Hand-washing at an obsessive level -- before and after each patient interaction and before and after each contact with a piece of equipment that might be contaminated is. In other words the monster vector (remember, R0 is a composite, not a single number) which I've hypothesized since this started *is not oral droplets -- it's fecal.*

This also correlates *exactly* with the explosive spread in nursing homes where many residents are incontinent.

Folks, by definition medical facilities concentrate sick people into small spaces. If what's wrong with them is not infectious this doesn't matter. But if it is **you had better not transmit anything between them or between you and them** or you **instantly** become one of the, if not **the only** vector that matters.

Then as the place fills up you have more people working and thus *more vectors into the rest of the community*. Even if you have gotten the virus as a nurse or doctor and recovered and thus are immune **if you have it on your hands and go down the escalator to the subway you can still contaminate the railing and the grab-rail in the car unless you wash your damn hands before and after any contact with any thing or person!**

The presence of step functions and apparent linear-fit line segments in what should be a clean parabolic curve says this is exactly what has happened.

That in turn explains why the lockdowns are not doing a damn thing -- except destroying the economy, that we **must** do everything in our power to keep people out of the hospital in the first place **and that, in turn, means using even potentially-valid prophylaxis and promising (but not yet proved) treatments early in the course of the disease so as to keep people out of the damned hospital in the first place while fixing the protocols in the hospitals so they stop transmitting the bug.**

Don't tell me about all the doctors and nurses doing this already. That's a lie. I've been in plenty of hospitals (and worse, in nursing homes) in my years and in exactly **zero** instances have I seen any evidence that *before and after* each contact, with **zero** exceptions, those hands go under a stream of water **with soap**.

And reopen the damned economy.

Now.

<https://www.foxnews.com/health/who-officials-walk-back-statement-coronavirus-asymptomatic-transmission-very-rare>

WHO official walks back statement that asymptomatic transmission is 'very rare'

A World Health Organization [WHO] official on Tuesday attempted to clarify a previous [statement](#) about [coronavirus](#) transmission by asymptomatic individuals being "very rare."

Dr. Maria Van Kerkhove, WHO infectious disease epidemiologist, said there had been "misunderstandings" about her comments made on Monday.

In a Facebook Live video, Van Kerkhove said asymptomatic people can in fact spread the virus, though the degree to which they can is unknown.

"We do know that some people who are asymptomatic or some people who don't have symptoms can transmit the virus on," she said. "What we need to better understand is how many people in the population don't have symptoms and, separately, how many of those individuals go on to transmit to others."

She said she was referring to two or three studies when she made her statement on Monday.

"In that I used the phrase 'very rare,' and I think that's a misunderstanding to state that asymptomatic transmission globally is very rare," she said. "What I was referring to is a subset of studies."

Some modeling groups estimate about 40 percent of virus transmission may be due to asymptomatic people, she said. Van Kerkhove did not include that figure on Monday but wanted to make sure she included it in her clarification.

Experts and members of the public, like Andy Slavitt, former health official under the Obama administration, voiced frustrations at the miscommunication over social media.

Corruption Much? (NIH)

2020-06-10 07:29 by [Karl Denninger](#)
in [Corruption](#) , 420 [references](#)

Are you done yet?

Probably not.

Who is Christine Grady?

[Why.... she works at the NIH.](#) She's a medical type - well, sort of. She's got a BS in nursing, and went on *to get a PhD in philosophy* from Georgetown.

Notice that she's claimed, on the NIH site, to be a "Doctor." That's an *intentionally misleading* claim. She does not have a doctorate in *medicine*. She's a nurse, from a medical perspective. There's an argument that anyone with a PhD is a "Doctor" **but when you say "doctor" in the context of medicine you're not talking about holding a PhD in philosophy.** Don't get me wrong -- nursing is a great profession and nurses have a decent amount of medical knowledge, obviously -- *but they're not doctors.*

She serves as *the chief* in charge of "bioethics." In other words, **the person who gets to make decisions on exceptions to the FDA rules when it comes to things like drugs and vaccines,** along with other **exceptions** to the normal, allegedly-transparent process that is supposed to take place before drugs and other things get into the American marketplace.

If you read her NIH page you will also find something quite-curious. There's no mention of her *personal life*. That, standing alone, is not uncommon among professional listings. *After all, one's personal life isn't really connected to professional credentials and achievements -- most of the time.*

But in this case, the omission appears to be rather intentional.

You see, according to reports, which are now circulating around social media, [she's Anthony Fauci's wife.](#)

Who is the director of NIAID, a division of the NIH.

Who was appointed to said position in 1984.

Approximately one year *before* he married the person who now gets to make exceptions to the rules and transparency, who works for the same government agency that he works for, and from which position in said government he "advises" people, including now President Trump, *on the path "forward"* where and when such transparency and required scientific proof can be exempted.

Gee, why do I hear echoes of Vader with his hand out talking about "father and son", except this time it's "husband and wife"?

Exactly how much attention has this received in the media and Congress again and exactly how did all that happen?

<https://www.reuters.com/article/us-health-coronavirus-nursinghomes-speci/special-report-pandemic-exposes-systemic-staffing-problems-at-u-s-nursing-homes-idUSKBN23H1L9>

June 10, 2020 / 7:12 AM

Special Report: Pandemic exposes systemic staffing problems at U.S. nursing homes

(Reuters) - One night in April, as coronavirus swept through the Hammonton Center for Rehabilitation and Healthcare, Robyn Esaw, a double amputee, signaled for help with her bedpan. She said she hit the bedside button that turns on a red hallway light. None of the few remaining staff showed up - and one of them turned the light off. Esaw only got help, eventually, by wheeling herself to the nursing station and yelling.

National Guard soldiers walk in a group outside of the Hammonton Center for Rehabilitation and Healthcare one of numerous nursing homes to have staffing shortages during the national outbreak of the coronavirus disease (COVID-19) in Hammonton, New Jersey, U.S., May 19, 2020. REUTERS/Lucas Jackson

On another night in another room of the New Jersey home, Barbara Grimes noticed her roommate sitting in a puddle of urine, which seeped into a wound on her tailbone. No one checked on the roommate for three hours. The woman, Grimes said, had given up on calling for help.

That same month, Hammonton staffers moved David Paul and another man into a room last occupied by two residents infected with the coronavirus, one of whom later died of COVID-19. The floors were still dirty, the bathroom littered with trash, Paul said. Paul and the other man, he said, soon tested positive themselves, and his roommate died. In all, the Hammonton outbreak resulted in 238 infections and 39 deaths, state data shows.

"You cannot live here and really believe that these people care about you," said Esaw, 70, who has lived in the home for nine years and knows Grimes and Paul well.

Nursing homes worldwide, filled with elderly residents who are particularly vulnerable to COVID-19, have suffered a harrowing toll in the pandemic.

In the United States, longstanding problems with staffing shortages and chronic turnover have left nursing homes especially exposed. An estimated 40% of the country's more than 100,000 COVID-19 deaths are

connected to long-term care facilities such as nursing homes or assisted-living centers, according to a Kaiser Family Foundation tally.

About a quarter of nursing homes responding to a recent federal survey reported shortages of direct-care staff during at least one of the last two weeks in May, according to a Reuters analysis of survey data from the Centers for Medicare and Medicaid Services.

A separate Reuters analysis of federal nursing home data shows that, before the virus hit, about four in 10 homes nationwide would not have met the minimum staffing regulations in California, which has among the highest standards in a nation where some states have few or no requirements for nursing staff levels. About 70% of U.S. nursing homes would fail to meet a stricter staffing standard advocated by some experts, the analysis showed.

The coronavirus pandemic has laid bare and deepened these historical staffing problems, according to interviews with nearly two dozen nursing home workers and residents nationwide. Nursing home staffers are quitting in large numbers, these workers said, because of illness fears and what they described as a slipshod emergency response by management.

As outbreaks hit homes nationwide, administrators often sought to downplay the danger, 17 workers at eight homes run by eight different companies told Reuters. Managers hid the severity of outbreaks, the workers said, in part because they were desperate to retain staff who were scared and disillusioned with poor working conditions and pay as low as \$11 per hour. Some managers pressured sick or infected workers to show up, said five workers at four facilities.

At Hammonton Center, overworked nursing assistants have regularly had to bathe, clean and feed as many as 30 residents by themselves, far more than usual. Staffing on two occasions was so thin that nursing assistants found residents who had been dead for several hours in rooms no one had time to check, two Hammonton employees said.

Centers Health Care, which runs the facility, declined to comment on most accounts of residents and workers cited in this report. It denied any lapse of care at the home. The company disputed the contention that residents were not discovered for hours after they died.

Reports of overwhelmed staff extend far beyond Hammonton. At Life Care Center of Nashoba Valley in Littleton, Massachusetts, so many staff had quit or called in sick that managers left a teenage nursing-assistant trainee on a shift caring for nearly 30 dementia patients, said a current worker and a former worker. Part way through the shift, one more nursing assistant was assigned to help her in response to staff complaints, the workers said.

The vast majority of more than 40 nurses and nursing assistants at the Life Care home have quit since April, six current and former workers told Reuters. Twenty-six people died, according to federal data, including a nursing assistant. The outbreak caused 87 confirmed infections, the data show.

The rapid staff exodus left residents without the most basic care, the workers said. “These are people who all need to be changed. They’re incontinent. A lot of them need help eating,” said Lisa Harmon, a nurse who supervises weekend shifts. “There’s only so much one person can do.”

Tim Killian, a spokesman for the home’s owner, Life Care Centers of America Inc - one of the nation’s largest operators - acknowledged that a large portion of the Massachusetts home’s staff quit under “extremely

challenging” conditions. He said facility leaders could not recall a teenager being assigned to care for dementia patients alone.

Echoing other industry advocates, Killian said nursing homes have generally reacted well to an unprecedented challenge, despite little government help. The U.S. government has taken heavy criticism for being slow to react to nationwide shortages of protective gear and testing kits.

NOTE: Article truncated at this point
