

## [Finito On The Covid Nonsense](#)

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in [Covid-19](#) , [413 references](#)

I'm tired of repeating myself.

*The answers to Covid exist.*

*We know this because it's been figured out.*

I pointed it out in March and I'm tired of tilting at windmills.

So here it is, one last time.

Wake the \*\*\*\*\* up, do whatever is necessary to stop it or stew in it *and watch your elderly and ill loved ones die along with the economic destruction you are causing through your own bootlicking* because I'm done with baying at the moon while every \*\*\*\*\*ned jackwad in the media and elsewhere is making bank off claims that the world is coming to an end.

**Singapore** had a horrid problem with PPE in their hospitals like everyone else when Covid hit and their health care workers were getting Covid just like everywhere else. Rather than screaming at people **they took what they learned from SARS and instituted militant hand-washing before and after every contact with a person or thing.**

They found when they did this that *other than being directly exposed to someone coughing or when performing a high-aerosol procedure like intubation their staff didn't need N95s and other high-grade PPE* **yet their transmission rate to and between their staff went to a statistical zero.**

**Again: Singapore achieved statistical ZERO health care transmission *almost-immediately.***

Note what they did though.

Touch something, wash your hands with soap and water.

Touch a person, same deal.

**Both before and after any such intentional contact, and immediately after any unintentional contact. If there's inadvertent contact you stop what you're doing and wash your \*\*\*\*\*ing hands.**

None of this bull\*\*\*\*\* "hand sanitizer" nonsense; ***soap and water.***

[I reported on this in March](#) as at the time it was *screamingly* obvious that health care was **the** vector for this bug *and it wasn't in the air; it was coming out your ass.* [I've written several articles on this exact point.](#) MIT has even tested *and proved* they can find the virus in municipal sewer flows! Indeed now we have *universities* stating they will use such surveillance to detect Covid on campus in the fall.

Yet *nobody* has gone anywhere near that **fact** in the press nor in the so-called "expert" community.

*Why not?*

*Because if you do then the entire house of cards they have built collapses and so do the lockdowns, mask orders and claim that "we're all in this together", "only a vaccine will save us" and "we all have to do our part." Every bit of that is a bald-faced intentional lie.*

In one of these early articles I pointed to [a small cluster of cases in hospital workers in Minnesota](#). At the time there were very few *civilian* (not health care) cases; fewer than 400 *in the entire state*. I said that they'd get hammered if this pattern held; at the time something like a *quarter* of all cases in Minnesota were among health care workers - 133 out of 503. Contemplate the insanity of that for a minute; the very people trained to use PPE and avoid infection, allegedly following said rules *and wearing masks*, **were getting infected like crazy**.

Not long after that the state case and fatality rate blew up in their face.

Minnesota now has over 47,000 cases **and a fatality rate of 3.59%**.

That's roughly where the nation is in terms of fatality rate overall, although if you look at the *most recent* data the CFR-10 (fatality rate of cases diagnosed 10 days earlier) is down to right around 1%.

Note that **every one of those health-care workers had masks on** when anywhere near someone who *might* be contagious. It did nothing and they got hammered anyway. *These are trained professionals*. If it didn't work for them *it's factually going to be useless for you*, [which incidentally is exactly what 14 Random Controlled Trials say about masks and viruses](#) -- they don't work. That's not surprising; *physics says they shouldn't work* as the median respiratory droplet size is sub-micron, a *single* such particle can contain enough virions to infect you, particles of that size are inhaled deep into the lungs and particles of that size *go right through anything less than an N95 in both directions with very few to nearly none of them being trapped*. You're trying to stop mosquitoes with a chain-link fence!

Now contrast this with Singapore.

Singapore has a population density *approximately equal to NYC* on a **national** basis. It's a tiny little country with a \*\*\*\*\*-ton of people in it on a per-square-mile basis. Yet by cutting off health care transmission [their case fatality rate went to under 0.06% and has stayed there](#).

That's right -- less than the seasonal flu.

Yes, they locked down **hard** for two months. That turned out to be stupid. They feared another SARS outbreak, and not without reason. SARS killed **15%** of those who got it in Singapore, and they slammed the door on Covid-19 just as hard because they feared a repeat.

Instead they got.... *the flu*. Literally the seasonal flu.

There are still people getting Covid19 in Singapore. A few hundred a day. Despite their outrageously-stringent measures, which we could never implement in the Untied States without an immediate societal and economic collapse, they failed to stop the virus but did slow it down. *However nobody, statistically-speaking, is dying of it*. Whoever gets it gets whatever they're doing today to treat it *and that's the end of it*. They get it, they get treated for it, they recover, their hospital system did not blow up and life goes on.

Who gives a crap how many people get Covid-19 if it doesn't kill anyone?

I remind you that SARS was actually a *deadly* virus. When Singapore had that one go through their nation it infected just 238 people **but killed 33 of them**. Now *that's* a deadly virus; roughly 15% of the people who got

that bug **died**. Every other nation's experience with SARS was similar; it had a roughly 15% fatality rate generally and **50%** in those over 65.

Now they've had Covid19 go through their nation and when it started they thought it **might be** the same sort of virus (big shock, given their previous experience with a SARS!) and found that..... *if you don't transmit it through and in the health care system **nobody dies**.*

But further, *despite their draconian lockdown measures which are utterly impossible in any Western nation* Covid has infected **two hundred times** as many people as SARS did.

Out of over 46,000 confirmed cases they've had a grand total of **27** deaths.

**Approximately 0.06%.**

**Big \*\*\*\*ing deal; the ordinary seasonal flu is more-deadly.**

**Their lockdown was dumb; it utterly failed to stop the spread in that *two hundred times* as many people got infected (and are still being infected) but given that Singapore got hammered by SARS and feared a repeat I can understand why they did it; they didn't know.**

**Now they do.**

**Go document what Singapore does in their health care system to treat this disease *and stop cramming the virus into vulnerable people by health care workers*. People will stop dying immediately. Viruses are not racist and do not give a crap about your political bent.**

**Period.**

**This is a small island nation that immediately upon detection achieved zero health care vectoring of this bug. In contrast in the United States we vectored disease into nursing homes and other vulnerable people, including "home health care" and by doing so we killed over one hundred thousand people who should not have died. Nursing homes *alone* account for roughly half of our Covid-19 losses thus far. I'm willing to bet that a dispassionate analysis will find that **90% or more** of the deaths are ultimately traceable to a nosocomial (that is, *health care*) transmission. The *crazy* prevalence of nurses and others getting infected *in the hospitals* is even more outrageous because, as was documented in NYC, *most of the actual infections there occurred in households*.**

**How do you think it got in those households?**

***From the health care workers who failed to contain it inside the hospitals.***

***This is homicide and likely accounts for, on a statistical basis, all of the deaths.***

This very pattern is continuing **today** folks. There is no possible other explanation for the **sixty-five fold** difference in death rates.

It keeps happening because we refuse to cut off the vector into those people who the virus can actually kill and we continue to treat the people with the disease inappropriately -- killing them instead of helping them. The scream-fest about *ventilators* is just part of it; we *knew* in February that ventilators were an inappropriate treatment and killed people instead of helping them and yet we bought and provided them by the tens of thousands *anyway*. The federal government **knows** the health care system *has been and is killing people* and

has known it since **February 4th**, [which is why it extended liability protection to all health care providers and suppliers](#) and has not rescinded said protection. The Federal Government is not alone; most if not all State Governors have done so as well, *including so-called "Red State" governors such as Lee of Tennessee.*

The vector that kills is not the common person on the street, in the store or in a bar. It just isn't; that's what the data tells us.

It might have been reasonable on February 4th to extend said liability protection **for 30 days** to allow the health care system to adjust procedure and shut off this vector. To extend said protections beyond the beginning of March is proof positive that neither State or Federal officials give a damn about your grandmother; in fact, ***they are intentionally fomenting death to the tune of sixty-five times what a civilized nation can achieve -- if it displays one whit of concern for human life.***

As further proof of the malfeasance and where the predominant vector for spread lies in an ICU in Iran they tried to capture Covid-19 in the air 2m away from **severely ill** patients. [They failed to find virus.](#) **If it's not in the airborne environment in an ICU where severely sick people are with the virus then explain to me why I should believe that an asymptomatic person is going to kill me in the grocery store?**

**In short statistically-speaking if you can't manage to isolate the virus in air around severely-ill people who have it the worst of all then the only rational conclusion is *that's not the primary or even material route of transmission.* To continue to focus there is not only stupid **it's flat out criminal homicide.** [Never mind the other fairly-recent study](#) where they attempted to find virus in *non-coughing* patients for influenza, coronavirus and rhinovirus -- and for a huge percentage of *those* persons they failed. *That* study was performed under laboratory conditions where they captured *all* of one's expired breath *over a period of 30 minutes.* If you were going to spew out virus from your mouth or nose 30 minutes is certainly long enough for 100% of the people ***with laboratory confirmed infections and fevers*** to do so.**

Is a "mask order" of value *if they can't reliably find virus in the breath of confirmed, symptomatic febrile patients under laboratory conditions?* Obviously not; you can't filter **what isn't there.** Should compromised people wear one *if they're at particular risk?* That's up to you; the value is likely near-zero but someone *might* cough in your vicinity. If you wish to wear a mask (or better, a canister respirator) against that possibility, have at it.

**Blanket orders are utterly worthless; that's the science.**

Does Covid-19 occasionally kill a random person? Sure. All diseases do, even the flu. But if you give it to *severely* compromised persons such as is trivially done in both hospitals and nursing homes *you're going to kill 50 times as many,* and we in the US, the UK, Italy and everyone else have done exactly that on a repeated basis.

We're still doing it today.

So why has the death rate fallen so drastically -- down by **ninety percent** since April?

**We murdered most of the people who are easy to kill and you can only kill a given person once. That's why the rate of death is falling in America -- and everywhere else. What we haven't done -- still, today, six months into this, is cut off the health care vector for this disease.**

***That failure, six months in, can only be characterized as intentional ladies and gentleman, especially when backed up with liability protection from the government which has been maintained and extended at both State and Federal levels.***

Never mind that I've said since *Diamond Princess* that **the base susceptibility is not 100%**. Not even close. It couldn't be; the rate of infection on that ship (~17%), given an R0 of about 3, *strongly suggested that roughly 50% of the population was already immune in whole or part* (in other words you can get it but not seriously enough to pass it on or get ill yourself) due to some sort of cross-reactive immunity. **Now it's reported that a peer-reviewed paper in Nature in fact found cross-immunity in 50% of those studied!** These were people who never had Covid19 yet their body's T-cells knew what it was.

This in turn means that when you get to about 15%, more or less, of those in the general population who get Covid-19 it's over from a statistical standpoint. ***This matches not only NYC's experience but that of every other region across the world.*** It should, and likely will *based on the science*, play out exactly the same way everywhere else.

NY has had 400,000 "cases." The CDC says there are 10 for every one you catch with a test, so 4 million. The state has a population of about 20 million people; one in five has had the bug. *With innate immunity of 50% this means they're beyond the herd suppression threshold* and indeed, guess what? 850 cases state-wide, which out of 400,000 is a growth rate of 0.21%. *Scared? If you are, you're nuts; in fact New York reached the suppression rate of prevalence in April.* So did New Jersey, Connecticut and Massachusetts (big shock given how close they are and travel between them.)

Ohio has a way to go; thus their "double spike". *Florida is on the verge of if not entering suppression right now, assuming their fraudulent test reporting is only on negatives that were discarded and doesn't extend to tens of thousands of alleged "infections" that never existed.* California has a way to go yet. *Arizona is right on that level right here, right now.* Notice that their case rate has flat lined; it should fall imminently. It will not fall because of "mitigations", it will fall *because the virus fails to find more than one new person to infect who will develop disease and thus be able to pass it on for each one that currently is infected.*

That's what herd suppression is.

There's nothing you can do about this and every one of the screamers claiming that susceptibility was ever 100% were and are wrong. This was **never** conjecture; it was hard, irrefutable scientific evidence in **March** when *Diamond Princess* happened. Now it's backed up with ***actual scientific proof in that the expected immunity was found in approximately the same percentage that Diamond Princess showed had to be there in order to explain the experimental results in that closed system; an essentially ideal transmission environment for a virus which nobody would ever let you construct on purpose for ethical reasons.*** In addition *Diamond Princess* was not a one-off; there were *multiple* cruise ships after that which got into similar trouble with the virus *and had similar results*. Note that all SEIR models (IHME, etc) presume *random distribution* of contacts that could spread disease where it is pure *random chance* on the presence of a causal chain between a person with it and who is susceptible to it. This is flat-out garbage in a confined, closed environment.

Any governor or mayor claiming otherwise is not mistaken, nor are "public health experts" who make said claims. **They're liars, frauds, and all of them deserve to be run out of town on a rail with nothing more than their underwear remaining to their name.** These \*\*\*\*\*s have been and are literally destroying the United States economy and lives, including those of children by keeping schools closed *when the facts are the claimed "doomsday" scenario was never on the table because innate immunity was both present and known to be present when this virus first showed up.* Moreover within a month we knew how to control infections so *people didn't die.* We knew how because one nation *did* exactly that and got immediate results.

Most of the people who have died in the United States did not die of a virus acquired by random chance; **they were killed** by inappropriate, and outrageously-so, actions taken by the health care system and public officials ***who in fact gave legal immunity for these homicides to the perpetrators who crammed the virus into vulnerable segments of the population and then shoved a breathing tube down their throat despite knowing that this "treatment" was factually lethal.***

There is no emergency and in fact there never was. Not here, not anywhere, other than that which we **intentionally** are causing. We know how to beat this because Singapore already has and so-proved in March; cut off the route of infection from and in the health care system to the most-vulnerable people *and while many people will get the bug nobody, statistically speaking, will die from it.*

The entire premise of "airborne spread" has even garnered *explicit scientific fraud* [in so-called "peer reviewed" articles](#). This "study" is one of the "favorites" being cited by #MaskHoles in support of mask mandates. It was peer-reviewed *in mid-June* and contains this factual *whopper* that is a documented, known *lie*:

... the conditions during the outbreaks in Wuhan, Rome, and NYC correspond to high RH yet **low absolute humidity** because of low temperature (SI Appendix, Fig. S3). Early experimental work (9) showed remarkable survival for the analogous coronavirus MERS-CoV at the RH level characteristic of the COVID-19 outbreaks in Wuhan, Rome, and NYC.

It is **true** that in NYC and Wuhan during the original outbreak there was low absolute humidity. The authors cite this *because it is crucial to their argument that the virus is primarily transmitted via the air*. We've known that *every* airborne transmitted virus *follows that physical law* since a seminal study about 10 years ago which gave us the *exact reason* there is a "flu season" every single year, without fail, in the winter.

But by June we had *hard scientific proof* that this virus was *ignoring this physical fact* because there were large-scale outbreaks in the middle of **summer** in Miami, Phoenix, Dallas and elsewhere. What's worse is that *Ecuador*, which of course *never has a winter* as the Equator literally runs through the nation [had an outbreak in March as well that hammered them to an unbelievable degree](#). Yet they, like *everyone else*, responded with "mask-mask-mask" which is *flat-out stupid* for a fecal-transmitted bug. As a result just as in other nations the virus ran through their country and killed all the easy-to-kill victims. Their death rate approached **nine percent!**

*Then again so did ours in the first months when we were cramming sick people into nursing homes where there was a concentration of easy-to-kill individuals.*

The entire argument for airborne transmission rests on a *blown thesis* that was factually known to be false **at the time of peer review of a published alleged "scientific paper"** and yet that paper was not rejected. Worse, as of today it remains on the PNAS web page and has not been retracted either despite being falsified on its own *foundational* premise prior to publication! It is in fact *one of the claimed "scientific predicates"* behind mask mandates.

**People like to talk about "masks", "social distancing" and "shutdowns" but that's a bull\*\*\*\* conversation in the first instance on two known facts.** First, who gives a crap about whether you get a bug if the bug doesn't get you? If you get a cold or a flu, or nothing at all who cares? That's a social good, not a social bad; you contribute to those who, at least for a while, can't get it again. Further the *entire premise* for primary airborne transmission and thus any claim of "science" behind mask orders, business closures and so-called "social distancing" *rests on a blown thesis that was factually disproved in the first week of April.*

This isn't "error" or "mistake" -- it's flat-out willful and intentional blindness *that is killing people by the score.*

We, and the rest of the world, have the answer literally under our nose. Singapore is a first-world nation with a health care system that spends **one fifth** of what we do on a percent of GDP basis with a population density similar to New York City *and it is wiping the floor* with the entire Western World.

Further **every** single "model" and so-called "expert" has claimed like a damned broken record that **everyone is susceptible** and thus we're a "long way" away from herd suppression -- a goal that will never be achieved as,

they now claim, *antibodies wane*. We knew that claim was bull\*\*\*\* when *Diamond Princess* happened, a virtually perfect *and sealed* environment that produced **only a 17% infection rate**; a fact that is flatly impossible given a virus with an R0 of 3.0 *and a 100% susceptible population*. The **only** reasonable explanation was that a huge percentage of the population on that boat, roughly 50%, were already immune either in whole or part. Now we know **scientifically** that this is the case.

And oh, by the way, if antibodies wane (and it appears they do) *then a vaccine will be worthless too, yet there are myriad so-called "experts" who continue to be "hopeful" about one working*. How'd that work out for HIV/AIDS and **those very same experts** who have told us there would be a safe and effective vaccine against HIV *for the last 20 years?*

And finally, while I'm sure you *can* spread this virus through the air *the science is that the primary route of transmission is not taking place via that vector*. It was factually established **in March** that Covid19 was not obeying the laws of physics *common to all airborne viral transmission* and yet papers were written, circulated **and have been relied on as evidence for mask orders and "social distancing" which make the predicate claim for airborne transmission that the virus does indeed follow that physics-dictated pattern when we knew, factually** that was false in March and that falsity has been repeatedly proved on **an unbroken basis worldwide, including in America**.

We've known all of this since March and I've been reporting on all of it since March; **five+ months running** on a literal daily basis.

It's no longer an accident or an undiscovered thing and hasn't been for *months*.

It's **intentional** both by the health care system **and our government at all levels -- federal, state and local**.

I'm don