

# Exhibit 121

More than 400 studies on the failure of  
compulsory Covid interventions

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# More Than 400 Studies on the Failure of Compulsory Covid Interventions

 Dr Paul Alexander  December 8, 2021

The great body of evidence (comparative research studies and high-quality pieces of evidence and reporting judged to be relevant to this analysis) shows that COVID-19 lockdowns, shelter-in-place policies, masks, school closures, and mask mandates have failed in their purpose of curbing transmission or reducing deaths. These restrictive policies were ineffective and devastating failures, causing immense harm especially to the poorer and vulnerable within societies.

Nearly all governments have attempted compulsory measures to control the virus, but no government can claim success. The research indicates that mask mandates, lockdowns, and school closures have had no discernible impact of virus trajectories.

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**Bendavid reported** < <https://onlinelibrary.wiley.com/doi/10.1111/eci.13484>> “in the framework of this analysis, there is no evidence that more restrictive nonpharmaceutical interventions (‘lockdowns’) contributed substantially to bending the curve of new cases in England, France, Germany, Iran, Italy, the Netherlands, Spain, or the United States in early 2020.” We’ve known this for a very long time now but governments continue to double down, causing misery upon people with ramifications that will likely take decades or more to repair.

The benefits of the societal lockdowns and restrictions have been **totally exaggerated** < <https://www.medrxiv.org/content/10.1101/2020.07.22.20160341v3>> and the harms to our societies and children have been severe: the **harms to children** < <https://voxeu.org/article/long-term-effects-school-closures>> , the undiagnosed illness that will result in excess mortality in years to come, **depression, anxiety, suicidal ideation** < <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>> in our young people, **drug overdoses** < <https://web.archive.org/web/20200811064516/https://www.ama-assn.org/system/files/2020-07/issue-brief-increases-in-opioid-related-overdose.pdf>> and suicides due to the lockdown policies, the crushing isolation due to the lockdowns, **psychological harms** < <https://clinicalnews.org/2021/03/02/fair-health-releases-study-on-impact-of-covid-19-on-pediatric-mental-health/>> , **domestic and** < <https://theknowledgeexchangeblog.com/2020/09/28/domestic-violence-during-quarantine-the-hidden-crime-of-lockdown/>> **child abuse** < <https://www.womensaid.org.uk/survivors-say-domestic-abuse-is-escalating-under-lockdown/>> , sexual abuse of **children** < <https://www.sciencedirect.com/science/article/abs/pii/S0145213420303641>> , **loss of jobs and businesses** < [https://www.nber.org/system/files/working\\_papers/w28304/w28304.pdf](https://www.nber.org/system/files/working_papers/w28304/w28304.pdf)> and the devastating impact, and the **massive numbers of deaths** <

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<https://pubmed.ncbi.nlm.nih.gov/32359403/>> resulting **from the lockdowns** <  
<https://jamanetwork.com/journals/jamaoncology/fullarticle/2774867>> that will  
 impact heavily on women and **minorities** <  
<https://en.unesco.org/covid19/educationresponse/consequences>> .

Now we have whispers again for the new lockdowns in response to the **Omicron variant** < <https://brownstone.org/articles/are-we-overreacting-to-omicron/>> that, by my estimations, will be likely infectious but not more lethal.

How did we get here? We knew that we could never eradicate this mutable virus (that has an animal reservoir) with lockdowns and that it would likely become endemic like other circulating common cold coronaviruses. When we knew an age-risk stratified approach was optimal (focused protection as outlined in the Great Barrington Declaration) and not carte blanche policies when we had evidence of a 1,000-fold differential in risk of death between a child and an elderly person. We knew of the potency and success of **early ambulatory outpatient treatment** < <https://pubmed.ncbi.nlm.nih.gov/33387997/>> in reducing the risk of hospitalization and death in the vulnerable.

It was clear very early on that Task Forces and medical advisors and decision-makers were not reading the evidence, were not up to speed with the science or data, did not understand the evidence, did not 'get' the evidence, and were blinded to the science, often driven by their own prejudices, biases, arrogance, and ego. They remain ensconced in sheer academic sloppiness and laziness. It was clear that the response was not a public health one. It was a political one from day one and continues today.

A **recent study** < <https://pubmed.ncbi.nlm.nih.gov/34401887/>> (pre-print) captures the essence and catastrophe of a lockdown society and the hollowing out of our children by looking at how children learn (3 months to 3 finding across all measures that "children born during the pandem

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significantly reduced verbal, motor, and overall cognitive performance compared to children born pre-pandemic.” Researchers also reported that “males and children in lower socioeconomic families have been most affected. Results highlight that even in the absence of direct SARS-CoV-2 infection and COVID-19 illness, the environmental changes associated with the COVID-19 pandemic is significantly and negatively affecting infant and child development.”

Perhaps [Donald Luskin of the Wall Street Journal](#) <

<https://www.wsj.com/articles/the-failed-experiment-of-covid-lockdowns-11599000890>>

best captures what we have stably witnessed since the start of these unscientific lockdowns and school closures: “Six months into the Covid-19 pandemic, the U.S. has now carried out two large-scale experiments in public health—first, in March and April, the lockdown of the economy to arrest the spread of the virus, and second, since mid-April, the reopening of the economy. The results are in. Counterintuitive though it may be, statistical analysis shows that locking down the economy didn’t contain the disease’s spread and reopening it didn’t unleash a second wave of infections.”

The [British Columbia Center for Disease Control](http://www.bccdc.ca/Health-Info-Site/Documents/Public_health_COVID-19_reports/Impact_School_Closures_COVID-19.pdf) < [http://www.bccdc.ca/Health-Info-Site/Documents/Public\\_health\\_COVID-](http://www.bccdc.ca/Health-Info-Site/Documents/Public_health_COVID-19_reports/Impact_School_Closures_COVID-19.pdf)

[19\\_reports/Impact\\_School\\_Closures\\_COVID-19.pdf](http://www.bccdc.ca/Health-Info-Site/Documents/Public_health_COVID-19_reports/Impact_School_Closures_COVID-19.pdf)> (BCCDC) issued a full report in September 2020 on the impact of school closures on children and found para “that i) children comprise a small proportion of diagnosed COVID-19 cases, have less severe illness, and mortality is rare ii) children do not appear to be a major source of SARS-CoV-2 transmission in households or schools, a finding which has been consistent globally iii) there are important differences between how influenza and SARS-CoV-2 are transmitted. School closures may be less effective as a prevention measure for COVID-19 iv) school closures can have severe and unintended consequences for children and youth v) school closures contribute to greater family stress, especially for female caregivers who balance child care and home learning with employment demands

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violence may be on the rise during the COVID pandemic, while the closure of schools and childcare centres may create a gap in the safety net for children who are at risk of abuse and neglect.”

Now places like Austria (November 2021) have re-entered the world of lockdown lunacy only to be outmatched by Australia. Indeed, an illustration of the spurious need for these ill-informed actions is that they are being done in the face of clear scientific evidence showing that during strict prior societal lockdowns, school lockdowns, mask mandates, and additional societal restrictions, the number of positive cases went up!

The pandemic response today remains a purely political one.

What follows is the current totality of the body of evidence (available comparative studies and high-level pieces of evidence, reporting, and discussion) on COVID-19 lockdowns, masks, school closures, and mask mandates. There is no conclusive evidence supporting claims that any of these restrictive measures worked to reduce viral transmission or deaths. Lockdowns were ineffective, school closures were ineffective, mask mandates were ineffective, and masks themselves were and are ineffective and harmful.

**Table 1:** Evidence showing that COVID-19 lockdowns, use of face masks, school closures, and mask mandates were largely ineffective and caused crushing harms

**Study/report title, author, and year published and interactive url link**

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2) [A country level analysis measuring the impact of government actions, countries](#)  
<https://thefatemperor.com/wp-content/uploads/2020/11/1.-LANCET-LOCKDOWN>  
Chaudhry, 2020

3) [Full lockdown policies in Western Europe countries have no evident impacts](#)

4) [Effects of non-pharmaceutical interventions on COVID-19: A Tale of Three M](#)

5) [Assessing mandatory stay-at-home and business closure effects on the spre](#)

6) [Effect of school closures on mortality from coronavirus disease 2019: old an](#)

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8) [Was Germany's Corona Lockdown Necessary?](https://advance.sagepub.com/articles/preprint/Comment_on_Dehtning_et_al_Sc19_reveals_the_effectiveness_of_interventions_/12362645) <

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<https://www.frontiersin.org/people/u/1052493> , 2020

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