

# Lockdowns did not reduce mortality

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*Summary:* During the first half of 2020, in at least eight European countries, and in China, the Covid-19 epidemic just followed the naturally-occurring Gompertz curve pattern of rise and fall with no discernable impact of the various lockdowns. This collection of facts definitively shows that the lockdowns have had no discernable useful effect.

This report is intended to show with a minimum of time and complexity the decisive proof that the anti-Covid lockdowns have had no discernable effectiveness in reducing mortality or morbidity. This in a context of widespread assumptions that the lockdowns have been well-founded on evidence, while meanwhile at least 25 studies have asserted that the evidence instead points to their ineffectiveness and indeed harmfulness.

It will be shown that in numerous countries, the rise and fall of deaths during the first half of 2020 was well in line with the naturally-occurring rise and fall which is characteristic of respiratory illnesses anyway, with no discernable impact of any anti-Covid policies.

A key concept is the Gompertz curve, which is the long-established understanding of how (for instance) respiratory infections increase then decrease in a population in the natural course of events, without any interventions.

Gompertz curves are usually represented in terms of cumulative data (number of deaths “to date”), in which case they appear with an “S”-shape. But exactly the same data is more usually presented, and more easily apprehended, when charted in simple terms of deaths per day. It then shows a characteristic “up-and-down” form as seen in the top left graph of Figure 1 which shows the deaths per day in the 1918 influenza pandemic in Prussia (1).

It can be seen that there is a steepening increase, followed by a rapid turn-around, then a steep decline, then a tailing-off. More precisely there is approximately what mathematicians call an exponential increase, and then an exponential decrease. And the whole progression spans a number of months as shown (except there is not really an entirely defineable “end”, as it just tails off). There is also some “jittery” “zigzagging” which reflects various sources of “noise” and which has no great importance here, not least as the general outline of the standard Gompertz curve is still clearly discernable. (This “jittery” and other irregularity tends to be greater in respect of smaller populations.)

Figure 1 shows the 2020 deaths per day in respect of eight Western European countries (2), alongside the 1918 data of Prussia. For efficiency of presentation, some of the countries are paired together. These pairings have no special significance.

It can be seen that all of these 2020 curves are of very much the same “Gompertz curve” shape as the 1918 curve. That they are not exactly the same size and shape is not any grounds for dismissing this observation, given the many factors which could cause such differences, such as

temperature, humidity, sunshine, wind speed and direction, and the age and health profiles of the populations involved. And also the criteria and protocols for recording cases.

(Sweden’s sudden drop in April was clearly due to some earlier counting errors but again the overall Gompertz trend is clear. And that drop was not from any lockdown, because Sweden *did not have* any lockdown, no schools or shops closed or movements banned.)

Meanwhile, a websearch for [china covid graph aylward] brings up numerous photos of Dr Aylward’s graph of the corresponding China data. This was asserted by the WHO as showing that China’s lockdown had been a great success. And yet it is obviously just another of these Gompertz curves, considerably similar to the European ones despite a very different society and geography. Similar Gompertz curves can be seen on pages 6 and 7 of the WHO’s report (3).

The key overriding fact is that in numerous Western European countries (and in China), the 2020 time-serieses of cases and deaths have just followed the *long-established natural course*, namely that of a Gompertz curve. And it follows that that was what was going to happen anyway, regardless of any regulations imposed. And it follows that the lockdown regulations have had no credible scientific justification. (Which is also in line with the WHO’s own 2019 statement of the prior scientific consensus that lockdowns should not be used in defending against respiratory epidemics.)

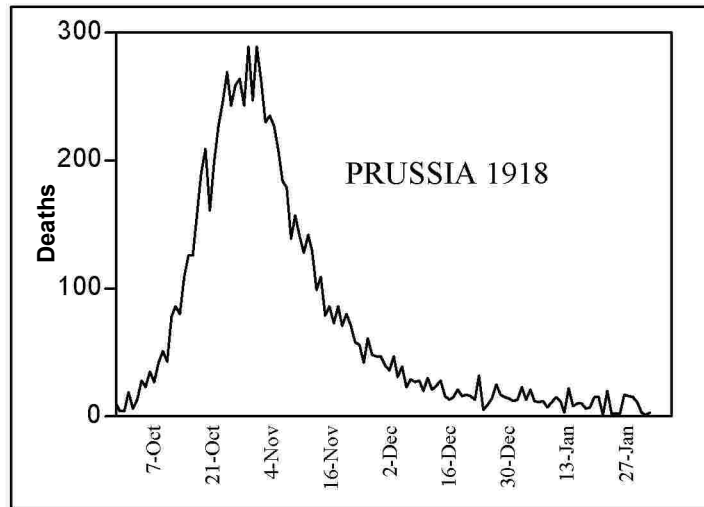
This evidence from the Gompertz curves cannot be trumped or undermined by any other evidence anyone might wish to raise. That is because:

- it is the direct facts of what has actually happened in real life, rather than some modelling projections or laboratory studies from which mere speculations are extended;
- It is facts of millions of people rather than of just a few hundreds or thousands, which gives it a very high level of statistical robustness;
- It consists entirely of officially-published facts which cannot seriously be disputed.
- It cannot be logically dismissed in terms of cherry-picking or some other trick of presentation. And no later data facts can call into question these data facts of earlier 2020 and their clear implication that lockdowns gave no benefits.

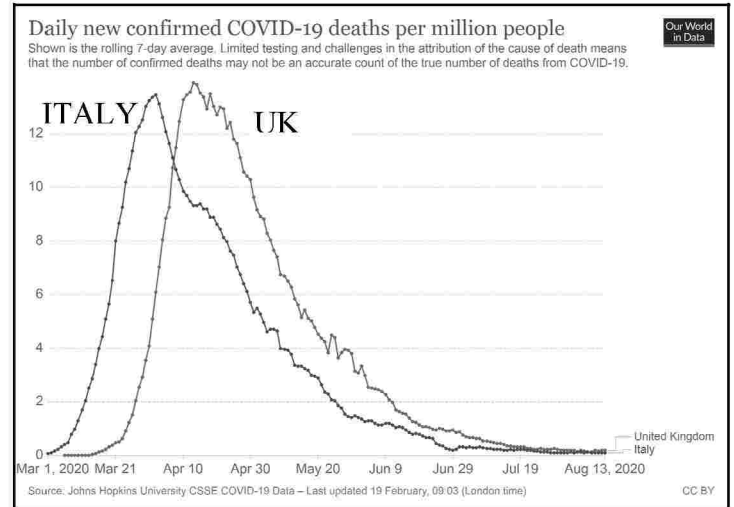
**Figure 1. Deaths per day from respiratory epidemics in various countries.**

All follow the naturally-occurring Gompertz curve, with no impact of the lockdowns.

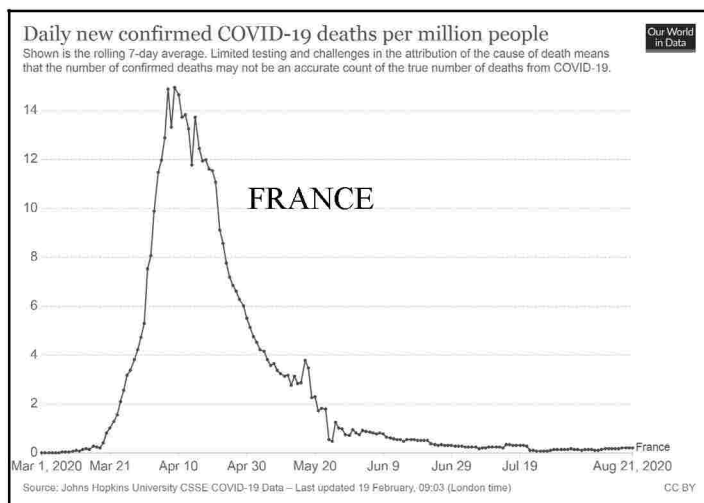
**1918 Influenza epidemic deaths in Prussia:**



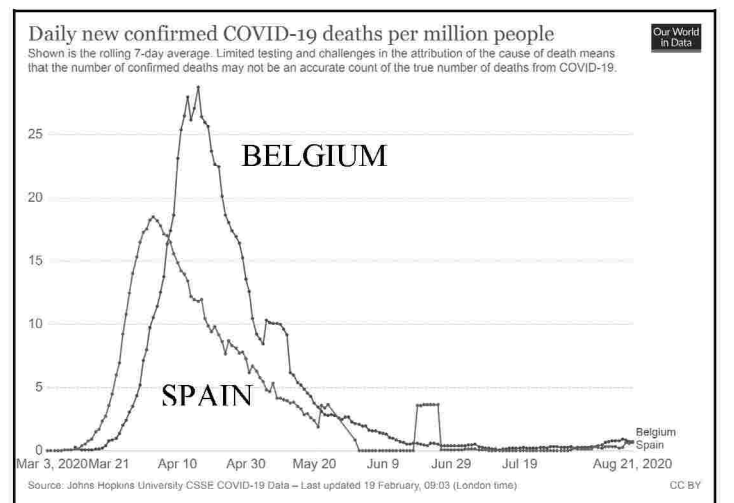
**UK and Italy 2020:**



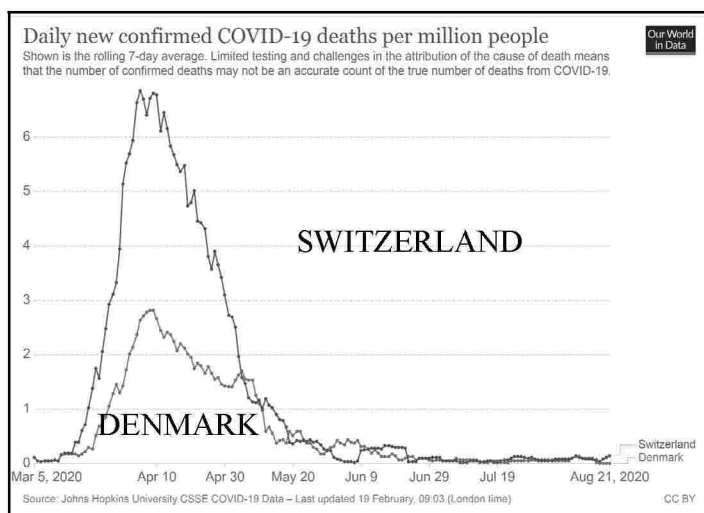
**France 2020:**



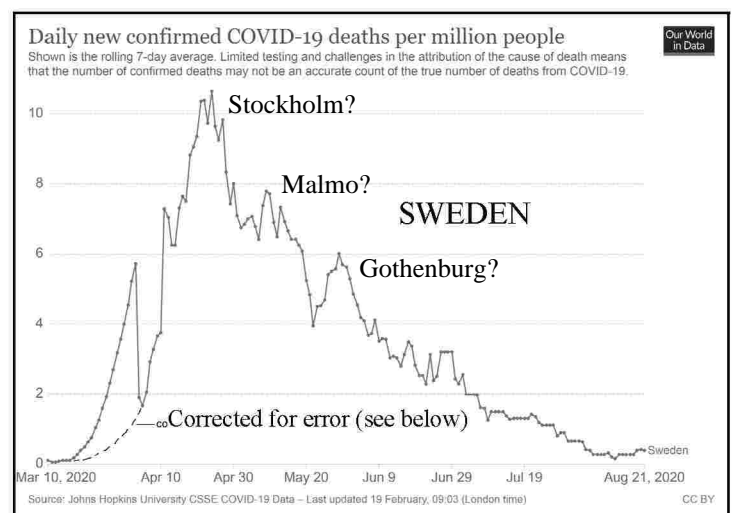
**Spain and Belgium 2020:**

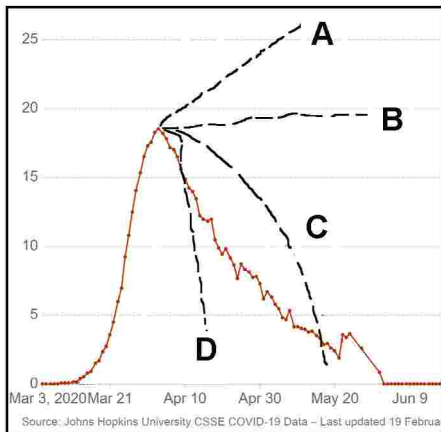


**Denmark and Switzerland 2020:**



**Sweden 2020:**





**Figure 2. Ways a lockdown could have manifested if it really had any effect.**

In comparing the Gompertz curves for different countries, it should be noted that the vertical “height” or “size” of the peak should not be expected to be the same in all countries. That is because of numerous factors affecting it, including the proportion of older people, the general health condition of the population, and the exposures to viral or other causes of death in the preceding year or so (which will have influenced the number of surviving people at high vulnerability to the new epidemic). And also the efficiency of the countries in keeping records. And also the varying criteria of defining of “Covid deaths” and “Covid cases”.

So all that matters here is whether each shape is of a Gompertz curve, not how tall or squashed it is.

And these graphs need to be viewed in the context of what *could have* been evidence that a lockdown made a difference. Figure 2 shows the Spain data, but with four dashed lines added to show examples of possible alternative ways the curve could have continued from its peak such as not to follow the Gompertz pattern.

A lockdown could have caused the increase to merely become less steep as per A. Or could have caused the mortality to just level off as per B. Or could have caused a steepening fall as per C. Or a precipitous fall as per D. Or anything in between these. But none of those were observed in any of these nine countries. Instead, in all of them we see the standard naturally-occurring Gompertz curves (plus or minus some jittering and other minor erraticnesses).

But perhaps “cherry-picking”? There are numerous other countries which do not show this Gompertz curve trajectory. But it does not follow that the preceding has been an exercise in misleadingly selective “cherry picking”. It was already explained long ago (4) why that Gompertz curve shape only applies in certain geographical

areas, with other seasonal trends in other parts of the globe. In addition, there has been a lack of standardisation of the tests and criteria used to classify what is a Covid death or not. And other variables with unknown impacts.

It follows that nothing along the lines of “but in other countries....” can suffice to call into question the clear implication from all these Gompertz curves having been observed. And also nothing of later data can make any difference. No facts of what happened after the August cut-off of these graphs can have made any difference to the facts pre-August. And these facts cannot be somehow retrospectively disproved, unless one were to reckon that these statistics of early 2020 were a huge globe-wide operation of falsification in the first place.

It follows that there is not only no evidence that the lockdowns have given any benefits of reduced morbidity or mortality, but indeed there is proof that they have not given any discernable benefits.

Much further evidence has been published elsewhere indicating the ineffectiveness of the lockdowns. But it is superfluous anyway, because these nine Gompertz curves already give an unchallengeable level of proof of the worthlessness of the lockdowns. And we are now starting to see the foreseeable and predicted aftermath in increased deaths and illness subsequently, because preventing people from meeting one another or from going out in the sunshine is a sure means of harming their health.

Nowhere in the many hundreds of hours of media coverage or the huge outpourings from governments and imperial colleges has there been any mention of these most basic facts of these Gompertz curves. Why?

**(Your questions answered on the next page>>>)**

## References

1. Peiper O: Die Grippe-Epidemie in Preußen im Jahre 1918/19. Veröffentlichungen aus dem Gebiete der Medizinalverwaltung 1920, 10: 417-479 (in German).
2. OurWorldInData.org./ Johns Hopkins Univ CSSE.
3. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19), 28 February 2020. [https://www.who.int/publications/i/item/report-of-the-who-china-joint-mission-on-coronavirus-disease-2019-\(covid-19\)](https://www.who.int/publications/i/item/report-of-the-who-china-joint-mission-on-coronavirus-disease-2019-(covid-19))
4. Hope-Simpson E. 1992 The Transmission of Epidemic Influenza. Springer US, 1992.

**But if this is true, how come we have not been told by the BBC, or any of the media, or by our governments or the various professors? Why do they instead constantly tell us, supposedly, pseudoscientific nonsense instead?**

You have to understand that the system of information does not work in the way you have been trained to assume. From the very beginning as babies we learn to depend on what we are told by bigger people such as our parents. Then at school for more than ten years we again learn that the truth is to be learnt from the bigger people, the authority people such as teachers and lecturers and ultimately professors.

For the most part this system of authority does actually work quite well. Most of what we learn in school is in fact correct.

But it is not all correct, especially the newer information. The professors and researchers at the top do not have access to some safely certain source of The Truth. They are flawed humans and they can be corrupted by wishful thinking, by thoughtless parroting of others, and above all, by money considerations.

And the money involved in health matters is more enormous than you can imagine. For these medical corporations, even a million dollars is piddling peanuts.

And yet just try to imagine how much propaganda campaigning you could pay for with *even just one* of those million dollar “peanuts”. You could pay for numerous people to work full-time at churning out misleading press releases, or conducting faulty research studies. And could meanwhile invest some of the money in putting about nasty sneers against those professors who do not toe the proper line, such as the three (of many) distinguished professors who prominently opposed the lockdowns and got sneered at as “fringe” nutcases as a result. Meanwhile the supposed top expert Neil Ferguson is getting huge funding from billionaire Bill Gates.

This corruption of science is not just some “conspiracy theory”. Numerous books have been written about the corruption of the modern science system. For instance Prof Bauer’s “Science is not what you think, how it has changed, why you cannot trust it”. The extensive censoring of so-called “misinformation” (often in reality the truth) is a feature of this corruption.

Meanwhile, journalists are all too busy to stop and question the ready-made press releases they get from universities and governments. And they don’t want to fall out with those information sources anyway. So you will not find any mainstream journalists who do anything other than mindlessly parrot what the “top” professors are already parroting at one another. In reality there are a huge number of honest professors and scientists trying to oppose the pseudoscience, but their voices are censored from view.

**But how could the lockdowns make no difference? How could the virus spread except from one person to the next?**

You have to understand two special facts about viruses.

Firstly, the virus particles (virions) are extremely small, much smaller even than bacteria. And so they just float around in the air a bit like you sometimes see dandelion seeds just floating around without landing anywhere.

Or you might compare them to atoms of oxygen and carbon dioxide or a gas of some poison such as chlorine. Such gases are not going to be kept outside just by closing your windows. Otherwise your draught-proofing would cause you to suffocate! Those atoms just get everywhere, and the virions likewise spread out from an infected person over a wide area. They don’t stay fully outside your home, or inside your home, or wherever.

Secondly, it only needs one or two of the virions to infect a vulnerable person. By a vulnerable person we mean someone whose immune system is defective. A healthy person will be protected by the defence systems in the ‘skin’ of their nose and lungs, but a vulnerable person will have defects in that protection. Once just one virion gets through and into a human cell, it can start the process of generating millions of new virions to again spread all over the place invisibly. And so it goes on with the infection spreading.

And the virions are far too small to be stopped by any masks which is why it is not surprising that the data also make clear that masks have not made the slightest difference to the rates of infection.

What you are seeing in those Gompertz curves on preceding pages is how the infection first spreads to the most vulnerable, who would get infected before long anyway. And then it might catch some of the marginally-vulnerable. But then as of May-June 2020 there are fewer and fewer vulnerable people available to be infected, and the vast majority of people will not get infected anyway. The reason they don’t get infected is not because they have kept away from others, or have been protected by masks, but simply because their immune system defences were strong enough anyway. They were not going to get infected anyway. They had enough vitamin A, D, etc.

Of course some older or unfortunate people become more vulnerable over the next months (not least thanks to the lockdown insanities). And so we have seen a “second wave” of new cases in the 2020-2021 “flu season”.

**But surely there’s a huge crisis.**

Actually there isn’t, it is just a huge media hype. The propaganda is VERY sophisticated. In the peak month, April 2020, there were 200,000 Covid deaths worldwide. But total deaths that month were 5 million. So for every Covid death there were 25 non-Covid. But we didn’t hear lots of wailing grief on the BBC about them.

## Appendix: The history of this document.

I first compiled and published this analysis (first three pages here) in the first two months of 2021.

I formatted it as an “Analysis” and sent to BMJ. They refused to send to peer-review on grounds that it would not be “interesting” and did not “add enough”.

I then sent to Nature whose editor replied that they were “unable to publish” it and “unable to engage in correspondence”.

Subsequently I added the supplementary comments on the fourth page. And my correct inference of three widely-spaced cities in Sweden.

I shall now just add some response to half-baked rationales from believers trapped in their pseudoscience paradigm.

And then I will publish it to my ResearchGate page..

## Rejoinders to attempted rebuttals

There have been two attempted rebuttals of the actual evidence and reasoning.

**The first** asserts that even if the lockdowns etc. made a difference, the Gompertz curve shapes would still occur. This argument is founded on a false assumption, that the lockdowns etc. were being applied throughout the time-period of the noted Gompertz curve. But that is exactly what was not the case. The lockdowns were only imposed within parts of the time-period, suddenly starting and stopping, and consequently we should see distortions away from the natural Gompertz curve. But we do not. And therefore the lockdowns etc. are shown to have had no discernible effect.

In fact the lockdowns case gets even worse. Anyone with a modicum of knowledge about respiratory infections would **already know** that the natural curve is about a month of exponential increase then a sudden downturn. So, armed with that knowledge, the charlatans controlling the policies in the UK would have been able to estimate in advance when the natural sharp downturn would occur, and then set the commencement of their lockdown pseudoscience to about 2-3 weeks beforehand. And then claim “look, we introduced the lockdown and then there was that sudden downturn, so that proves its effectiveness”. And at no time ever any mention of the wider context given here.

You can see how the “fullfacts.org” website has a long conceited article supposedly proving the value of the lockdowns, and yet doing so by means of cherry-picking only the UK data and making no mention of the wider context. I wrote to explain their errors but they have just left their false account unchanged. So much for their assertion that they are open to evidence challenging their “facts”.

**The second attempted rebuttal** appeals to the supposedly decisive evidence from a “massive” study.

<https://www.washingtonpost.com/world/2021/09/01/masks-study-covid-bangladesh/>

“The sheer scale of the project, which began in November and concluded in April 2021, is notable. About 178,000 Bangladeshi villagers were in an intervention group and encouraged to use masks. An additional 163,000 were in a control group, where no interventions were made.”

“The sheer scale of the project,” supposedly is its strength.

But you have to understand that studies are very dangerous things. That study was done with the explicit purpose of finding some result or other about masks. It probably had a big lot of money behind it too, indeed it HAD TO have a big lot of money by the very fact of its alleged grand scale. Of course no one is ever corrupted by big money....

There are many ways such a study could be corrupted. There are really more than can be usefully written about here. There is a LOT of this corruption around, as for instance indicated by the books of Prof Gotzsche “Deadly Medicines and Organised Crime”, and Prof Bauer “Science is not what you think, how it has changed, why WE CANNOT TRUST IT”.

Meanwhile, I have already shown you the definitive PROOF that lockdowns and distancing and paper-phobia and hand-fetishing have made NO discernable difference.

There is no need for any “peer review” there (especially as “peer review” is greatly defective anyway as per <http://www.pseudoexpertise.com/ch-1a.pdf> which I am meanly allowing you to read for free, though of course you may wish to tell the quoted editors of BMJ, Lancet, and NEJM that they are fools or liars). That is because all the data in this analysis here is the official data published by the cited authorities themselves. And unlike that highly-hyped Big Money study it covers a vastly larger number of people, the whole populations of nine countries.

It having been thereby PROVEN that the whole load of 2020-concocted Lysenkoian nonsense was indeed utterly useless, there is no way that some mere “massive study” can “de-prove” it, any more than some anti-Taliban movement can cause the Bamiyan statues to “de-explode” themselves.

**A third nonsense** is the notion that “science cannot prove anything”. In reality science has already proven that motors can work, that people can remember things, and vastly more besides.

For corrections, further information, etc, be sure to contact: [r\[at\]rpcc\[dot\]info](mailto:r[at]rpcc[dot]info) (replacing “@” and “.”).

An excellent video from Chris Martensen, laying bare the charlatanism:

<https://www.youtube.com/watch?v=kOshzAoCtTE>  
and [www.pseudoexpertise.com/martenson.mp4](http://www.pseudoexpertise.com/martenson.mp4)