

Interview with Nick Hudson, Chairman of Pandemics-Data & Analytics

The False Covid Narrative: a Political Agenda & a Global Tragedy

By Japan SPOTLIGHT

Pandemics-Data & Analytics (PANDA) was established in April 2020 by Nick Hudson, an actuary and private equity investor, and others, including an immunologist, a lawyer, and an economist. Its website describes PANDA as “a group of multi-disciplinary professionals who perceived the global reaction to Covid, and lockdowns in particular, as overwrought and damaging to the point of causing a great tear in the fabric of society. As a politically and economically independent organization, PANDA seeks to develop science-based explanations and test them against international data. We stand for open science and rational debate, for replacing flawed science with good science, and for retrieving liberty and prosperity from the clutches of a dystopian ‘new normal’.”

Japan SPOTLIGHT interviewed Nick Hudson, PANDA’s co-founder and chairman, and here are some highlights from our very stimulating and enlightening discussion.

(Interviewed on Nov. 1, 2021)

How It All Began

JS: How did PANDA begin, and how did we get to where we are now?

Hudson: From the start, we felt that the policy responses to the pandemic were not concordant with public health and rather were motivated by a political agenda. Objectively, the global response has not worked, and instead has constituted a global tragedy. In May 2020, we compiled a paper, *Quantifying Years of Lost Life in South Africa Due to Covid-19*. There was quite a strong response to this. Our several hundred members now include numerous leading lights in the fields of infectious disease and epidemiology, although many have to be involved in a cryptic fashion because of the current extreme “cancel culture” and censorship.

In January 2020, Tedros Adhanom, director-general of the World Health Organization (WHO), conflated the 3.4% case fatality rate (CFR) of SARS-CoV-2 with the infection fatality rate (IFR) of influenza, which is 1% or less. This false comparison sparked off a global wave of panic, even though the IFR of Covid is actually much lower. It was clear from the beginning, with the floating petri dish experiment of the Diamond Princess cruise ship off Yokohama in Japan that in fact the number of deaths was very low, and was mostly in the older age group. Only 13 out of the 3,711 people on board died, and all were over 65.

The pandemic rulebooks have been thrown out, with all existing



Nick Hudson

guidelines and principles of public health abandoned in favor of previously contra-indicated policies that are ineffectual and very damaging. There has been an attack on conjecture and criticism, and a deliberate move to inject fear on a global scale, leading to a condition of mass psychosis, and widespread suspension of critical thinking. (For more on this, see Laura Dodsworth’s *A State of Fear: How the UK Government Weaponised Fear During the COVID-19 Pandemic*.) This has happened before, with the swine flu of 2009, when the predicted deaths were dramatically overestimated by the WHO, leading to global panic and a massive vaccination campaign. We need to unwrap the narrative. Our civilization is under threat. Will we be pushed off the cliff, or will we push back? To quote Nelson Mandela:

“Courage is not the absence of fear, but triumph over fear.”

The Cavernous Gap Between the Media Narrative & the Data

JS: How do you explain the overwhelmingly strong support of the official narrative in the mainstream media? Could you give us some examples of “the cavernous gap between the media narrative and the emerging data”?

Hudson: The media have been captured by corporate interests, lost

their independence, and are focused on where their funding comes from. Legacy media has been hollowed out, with massive concentration of media assets and widespread censorship, and the establishment of creepy groups such as the Coalition for Content Provenance and Authenticity (C2PA) and the Trusted News Initiative. I have listed 15 myths that have been promulgated by governments, regulatory agencies and the media.

1. SARS-COV-2 is new, when in fact it is closely related to the 2003 SARS virus and several other existing coronaviruses.
2. There is universal susceptibility. This is false and ignores age gradation. We are not all equally susceptible. There is a risk factor of more than 1,000 for older age groups compared to younger. Also, there have been large regional differences. For example, in Africa, Asia and Oceania, there have been relatively few deaths per million.
3. The virus is “deadly”. According to the largest study, published in a WHO bulletin, the mean IFR for Covid-19 (the percentage of infected people who will die) is less than 0.2%. For healthy under-70-year-olds, the death per infection rate is less than one in 10,000 (below that of the flu), while for all over-70s, including those with comorbidities, the survival rate is about 95%.
4. We must wear masks to reduce transmission. In June 2020, with no evidence, the WHO made a sudden about-turn on its previous advice on masks and started recommending them for use in this pandemic. However, since the Covid virus is transmitted not by droplets and fomites, but by aerosols, which pass through or around the materials of masks, all high-quality research finds that masks do little to prevent transmission, and can cause serious harm. Their use is largely political and symbolic. Other less spectacular measures, such as ventilation in hospitals, which would have been helpful but were not newsworthy, have not been widely promoted.
5. We had to endure lockdowns until vaccines arrived. There has been extreme propaganda about the lockdowns, and almost no cost-benefit analysis. In February 2020, Bruce Aylward, senior advisor to the director-general of the WHO, led a joint WHO mission to China to study the country’s measures in response to Covid and, based on the faulty doctrine of universal susceptibility, came to the incorrect conclusion that lockdowns work. In fact, lockdowns not only come at an enormous cost, such as the interruption of the education of close to one and a half billion children, but they may actually be pro-contagion, because they interrupt the acquiring of immunity among the non-vulnerable. The evidence is unequivocal – in places such as Texas, Florida, and Scandinavia where lockdowns were not implemented, or were stopped, there have been no differences in rates of death. For example, Sweden did very little to try to stop the virus. It did not lock down, Swedes did not wear masks, most schools remained open, and few businesses were shut. For more than a year, Sweden’s demise was predicted. But it was not Sweden that was conducting an experiment. Sweden followed the plans that had been prepared all over the world for dealing with respiratory pandemics, and ended 2020 not with carnage, but with negligible excess mortality. Lockdowns are the experiment. Sweden’s economy has performed better than any other in Europe in 2020 and shows spectacular growth in 2021. That performance has not been at the expense of lives. Some believe that the lockdowns are actually the training wheels for greater surveillance and even more coercive measures.
6. Asymptomatic transmission is a strong driver of the disease. This view is based on flaky models and incorrect science. Asymptomatic transmission is not a major driver and it is distinctly possible that asymptomatic transmission is more a driver of immunity than one of disease.
7. PCR testing is effective. We should not diagnose a case without symptoms. This has never happened before and constitutes medical malpractice. These tests detect nucleotides that can be found (i.e., you can still test positive) up to 11 weeks after infection, but are clinically meaningless. Depending on how high you set the number of cycles, almost all positives may be false positives when the prevalence rate is low.
8. Covid-19 is untreatable. This is not true. The vast majority of deaths could have been prevented with standard protocols. There has been vilification of anyone who suggested early treatment, even though effective, safe, low-cost treatments have been available from the start. My grandfather was a physician and would have been horrified at what’s been happening.
9. The vaccines prevent transmission. In fact, they have no mechanism for achieving sterilizing immunity (the ability to prevent infection). This was never claimed by the manufacturers.
10. The vaccines are unconditionally safe and effective. The “95% effective” figure that has been used is based on manipulated trial protocols. The manufacturers bypassed many of the trials one would want to see for a new class of therapies. The nano-particles in the vaccines go all round the body and can even cross the blood-brain barrier. There have been unprecedented reports of post-vaccine serious adverse events, including deaths. With successive vaccines, there may be breakdowns of the immune system.
11. There was an emergency, and legislation and the vaccine rollout had to be rushed through. It is highly questionable that there was actually any “emergency”, other than the one created by the policy response.
12. Covid-recovered people need the vaccines. This ignores natural immunity, which is much more robust and longer-lasting than any protection provided by the vaccines.
13. Science is an authority that should not be questioned. In

contrast, our view is that science is not an institution, but rather a process that gradually brings us closer to the truth.

14. Elimination or containment of a respiratory virus (the zero-Covid policy) should be sought. We should have the humility to realize that large-scale interventions in complex systems are dangerous, and carry them out with great caution.
15. Humans will be exposed to more and more dangerous pandemics. This notion of “pandemicity” is based on two false ideas: 1) that people will have more contact with animals, and 2) that there will be more contact between people. But in fact, urbanization takes us away from animals, and so the strength of this driver diminishes. Likewise, industrial farming gives us less contact with animals, not more, making zoonotic spillover events less likely. Moreover, the universal spread of mild viruses everywhere means that our immune systems are becoming less naïve. The idea that we need to do a lot of costly things on a global scale to prevent further pandemics is false.

Clash of Ideologies: the Battle Between Authoritarianism & Democracy

JS: Even among the democratic nations, some countries such as New Zealand and Australia are steadily implementing increasingly authoritarian policies and strict vaccine mandates. Meanwhile, Japan has been observing individual human rights more and implementing a much less authoritarian way to contain the pandemic, which has occasionally been severely criticized such as in the case of the Olympics and Paralympics 2020. What do you think about these various policies?

Hudson: I feel very sad seeing how Australia and New Zealand, formerly homes of liberal values, are turning into draconian, authoritarian states. In Austria, around one-third of the population is unvaccinated and they are all currently under lockdown. And in Lithuania, the unvaccinated cannot even buy food! This is based on “Homo Sapienophobia” – the idea that everyone is dangerous until proven safe. Of course, less coercion is better.

Our public health officials, most of whom sadly now carry water for pharmaceutical companies, justify mandates on the basis that the injections are safe and effective, ignoring the absence of long-term safety experience and unprecedented adverse event reports, featuring thrombotic events, heart inflammation and reproductive system irregularities, among many others. Even absent the latter, this is shamefully – maybe even scandalously – poor logic. A banana could be called safe and effective, but that does not mean you should be forced to eat one at whatever interval for the rest of your life, especially when the only people telling you to do so are banana farmers. This cultish behavior was presaged by the Global Vaccine Action Plan, ratified by 194 governments back in 2012. In light of this “plan”, it is not surprising that in several countries mandates and vaccine ID or passport systems have been

implemented, despite the lack of any logic for such measures.

In the 1960s, experiments by Stanley Milgram, a psychologist at Yale University, found that, under the direction of an authority figure, the majority of people will obey just about any order they’re given, even when they believe that what they were doing could prove lethal to someone else. Especially in a less spiritual world, people look to authority figures, who these days tend to be wearing white coats.

This is not about a virus. It’s about the battle between authoritarianism and real ground-up democracy, between centralism and localism. It’s convenient for those who like a military approach. A vision for our future is being implemented outside of any democratic scrutiny, and it is a dangerous vision.

The Role of the WHO & of China

JS: The Independent Panel on Pandemic Preparedness and Response (IPPPR) recommends that the WHO should be reformed. Is such reform possible?

Hudson: This, and the other recommendations of the IPPPR, focuses mostly on implementing more global solutions and structures, whereas, in my view, we need less centralized power and more localized solutions. This is called “subsidiarity”, the idea that sociopolitical issues should be dealt with at the most local level that is consistent with their resolution. This permits the diversity and decentralization necessary to foster both knowledge growth and economic growth. It respects autonomy, thus limiting domination and injustice. It can appeal to both civil liberty defenders from the non-authoritarian left, and to libertarians from the non-authoritarian right. The IPPPR is chockfull of people fully wedded to the notions of pandemicity and centralization. They want to do more of all these things, while in fact the problem is over-centralization. Local communities, freedom and cooperation are preferable.

In my opinion, the WHO does not have the wherewithal to self-correct. The means of error correction has been destroyed. The WHO has probably done some good in the past, and there are probably some people who work there who are sincerely trying to do good. If the organization went back to foundational documents, such as the Alma Ata Declaration, the Siracusa Principles, and the Nuremberg Code, and actually followed what they say, that would be beneficial. Treaties where nations have to do what the WHO says should be scrapped. I do not believe pandemics require global solutions; very few things do.

JS: How do you see the current and future role of China?

Hudson: The Chinese Communist Party has influenced and infiltrated not only the WHO but also governments, universities and supranational organizations. However, there is not only one bad actor, but many. Some are working to plan, some are opportunistic, some esoteric. There has been destructive propaganda and very enthusiastic support for the measures implemented. One lesson of Covid: beware of rich men with a plan for the entire world! We have

to reduce their power. Centralization is the enemy. Humans tend to do more with less – as long as centralists don't get in their way. Some of the key actors may well be sincere in their beliefs, but their actions are based on an incorrect understanding. As well as the WHO, other supranational organizations such as the World Economic Forum, Atlanta Council on International Relations, Common Purpose and the Bilderberg Meetings uniformly offer centralized global solutions for non-problems. They share a common ideology (which is why it appears conspiratorial) and envisage a world without problems. They also tend to have an affinity for intensive surveillance methods such as those used by the Chinese Communist Party. There's a strong commitment to a political agenda; they control the propaganda in their own country.

Pandemic Preparation Through Better Science Education

JS: Proper science education is crucial so that each individual can be empowered to be better prepared for future pandemics. How can we achieve this?

Hudson: There are two aspects to this. The first is awareness of health – to some degree, individuals can improve their immunity themselves in various ways, such as by controlling their weight, getting sufficient sunshine and exercise, and taking Vitamins D and C, zinc and supplements when necessary. Advice on such health matters has been noticeably absent. The second factor is the education syllabi, which in the last few decades have brought an increasingly authoritarian approach to science, education, and even moral and spiritual knowledge. We need to restore creativity and evaluation. There is a deficiency of epistemology (the theory of knowledge). For all kinds of knowledge, we proceed by continually creating new ideas, and then evaluating them. Again, science is an evolving process of conjecture and criticism in which debate and dissent are essential, bringing you gradually closer to the truth – not, as in the prevailing narrative, an institution in which no debate is allowed and the science is considered settled. Good science needs an evolutionary approach, and the means for error correction. The effort to avoid teaching children a good theory of knowledge could be because, if you do, then they might question your authoritarian plans.

JS: Building up relevant “big data” that are neutral, objective, and theory-based, and conducting quantitative analysis are very important. How can we do this as efficiently as possible?

Hudson: I have a divided mind on this. Having more information is helpful, but if you ignore the information, it is almost worse. We need to develop a culture of information-sharing. We need to remind ourselves why the epidemiological guidelines exist and how to follow them, instead of being diverted by political agendas. Globally, people's health was improving. The definition of poverty had to be changed to having under \$2 per day, from \$1 per day. New viruses will likely be subtle changes to existing pathogens, rather than

completely new ones. Rules on transparency would be useful. But we are often barred from access to data. There should be stronger protocols to provide more equal access to data, and less asymmetry.

Finding a Way Forward: the Protocol for Reopening Society

JS: You have suggested a way forward. Can you summarize this for us?

Hudson: PANDA believes that the science is quite clear on what key policy responses should be – or should have been. The cure should not be worse than the disease. It is critically important that societies are reopened, whilst protecting those who may be vulnerable to serious illness from SARS-CoV-2. Human agency must be upheld, and individuals should be empowered to make their own choices. PANDA's Protocol for Reopening Society builds upon existing pandemic frameworks and incorporates current scientific understanding of Covid-19, to provide a roadmap out of the damaging cycle of lockdowns. The key points are:

- Lift all Covid-19 specific restrictions and mandates.
- Offer protection to vulnerable individuals.
- End mass testing, contact tracing, quarantining and lockdowns.
- Ensure public transparency of all efficacy and safety data of vaccines.
- Reassert open scientific debate and freedom of speech, opinion and choice.

To save humanity, we should question the dogma of pandemic theory, remember that knowledge is evolutionary, and de-centralize; restore human agency to our values; and undo the destruction of the means of error correction.

PANDA is not alone in its findings. For example, the Great Barrington Declaration, begun on Oct. 4, 2020, now has over 870,000 signatures, including numerous infectious disease epidemiologists and public health scientists who “have grave concerns about the damaging physical and mental health impacts of the prevailing Covid-19 policies”, and recommend a focused protection approach. There are many other groups who also question the mainstream narrative, such as the World Council for Health, the Brownstone Institute, Rational Ground, Children's Health Defense, Voices for Freedom, the Health Advisory and Research Team, the Covid Medical Network, Data Scientists, the British Ivermectin Recommendation Development group, the Canadian Covid Care Alliance, the Truth for Health Foundation, the Front Line Covid-19 Critical Care Alliance, Doctors for Covid Ethics and CetiCov19. For more on PANDA, see: pandata.org

JS

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