

CORONA-REPORT

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Abstract

For educational purposes only! This report explains the current situation regarding COVID-19 on the basis of verifiable sources. The aim is to disclose those areas of public discourse that are possibly and/or obviously based on erroneous assumptions. Furthermore, possible consequences of a passive or active participation in the measures are shown. This basis should enable the reader to reassess his willingness to participate on his own responsibility, as a human being. Thus this document is aimed primarily at people who are unfamiliar with the basic aspects of the issue.

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1 Original document at <https://fullmetal.science/corona>

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Contribution: You are invited to contribute to the further development of this document. Please send your idea or request to corona@fullmetal.science. Please note that the authors are aware of the extensive scope of the already existing burden of proof and that this document

is intentionally intended to provide only the most necessary food for thought for individual research.

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2 Is COVID-19 particularly dangerous or contagious?

Even before extreme measures were taken in most parts of the world, it was already discussed among experts that Corona is unlikely to pose an extraordinary threat.

A study from Glasgow, United Kingdom, shows that corona viruses were “always” among us. The following graph shows that in some winter months up to half of the patients tested had a viral infection (white area). The corona percentage varies and at times accounts for up to a quarter of these infections (light green area).

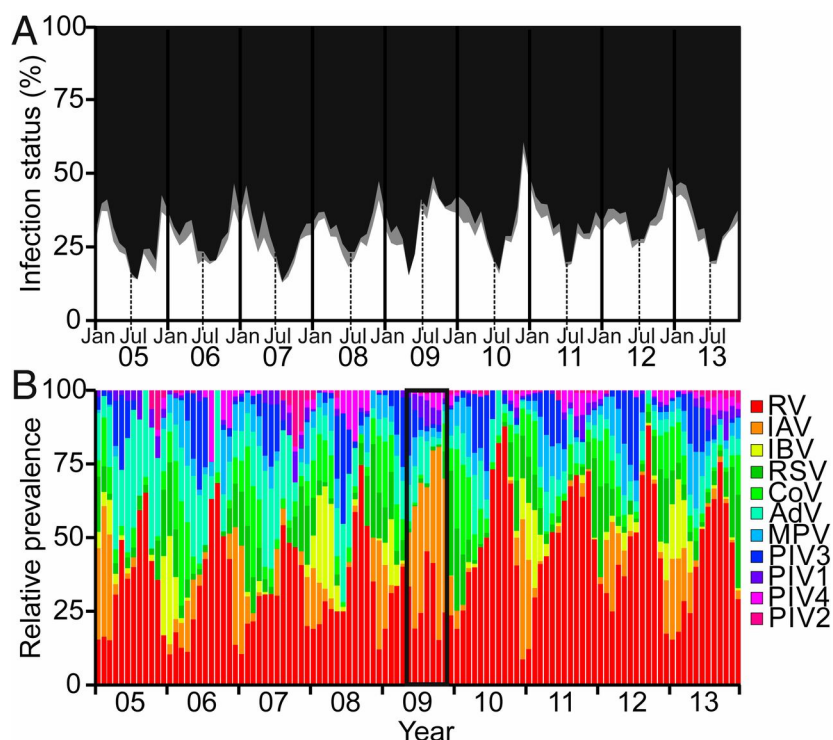


Figure 1: Percentage of persons tested positive for viruses (white area) and percentage of corona viruses (light green, CoV)

From these percentages, a consistent corona virus load of 2.5 - 12.5 % can be derived.

2.1 Former Chairman EU Health Committee: People have always had corona viruses / Mar 10

Lungenfacharzt und langjähriger SPD-Bundestagsabgeordnete, ehem Vorsitzender EU Gesundheitsausschuss, Initiator Untersuchungsausschuss “Schweinegrippe”.

Dr. Wolfgang Wodarg

“Wir wissen seit Jahrzehnten, dass es Coronaviren gibt. [...] Und wir wissen auch, dass Menschen schon lange, immer Coronaviren haben und dass sie daran erkranken. [...] Es ist also nichts Besonderes, dass es jetzt neue Coronaviren gibt. Das heißt aber nicht, dass diese Coronaviren gefährlicher sind als andere.”

<https://www.zdf.de/politik/frontal-21/corona-zwischen-panik-und-pandemie-100.html>

2.2 *Kyoto University study: Out of 2500 patients, one person dies - 0.04 % (instead of 100, as previously assumed) / Mar 12 IS COVID-19 PARTICULARLY DANGEROUS OR CONTAGIOUS?*

2.2 Kyoto University study: Out of 2500 patients, one person dies - 0.04 % (instead of 100, as previously assumed) / Mar 12

Kenji Mizumoto, M.D., Master of Public Health, Ph.D.

“Wuhan City, raising the proportion of infected individuals to 19.1% [...]. We also found that [...] infection fatality ratio [...] is estimated to be 0.04% [...], which is several orders of magnitude smaller than the crude CFR estimated at 4.19%”

<https://www.medrxiv.org/content/10.1101/2020.02.12.20022434v2>

2.3 Virologist Max Planck Institute: COVID-19 is a mild disease / Mar 17

Virologin und emeritierte Professorin und Direktorin des Instituts für Medizinische Virologie an der Universität Zürich

Prof. Prof. hc. Dr. rer. nat. Karin Moelling

“Wir haben eine milde Krankheit. [...] Die genaue Ansteckungsrate da weiß man nicht. [...] Es ist keine so schlimme Epidemie.”

<https://www.phoenix.de/sendungen/gespraeche/phoenix-runde/die-coronakrise—reichen-die-massnahmen-a-1459505.html>

2.4 Former Head of the Institute for Medical Microbiology and Hygiene: Like all corona viruses, this one also only “kills” in case of pre-existing diseases / Mar 19

Facharzt für Mikrobiologie und Infektionsepidemiologie, leitete 22 Jahre das Institut für Medizinische Mikrobiologie und Hygiene der Universität Mainz

Prof. Dr. med. Sucharit Bhakdi

Wenn ein Virus nicht selbst tötet, oder allein tötet, sondern nur im Verbund mit anderen Krankheiten, dann darf man dem Virus die Schuld nicht alleine in die Schuhe schieben. Das dieses passiert bei COVID-19 ist nicht nur falsch, sondern gefährlich irreführend. [...] Denn das, was beschlossen wurde, ist eigentlich sinnlos. [...] Ganz wichtige Fragen sind jetzt schon beantwortet. [...] Tötet dieses Virus nur [...] ältere Menschen mit Vorerkrankungen so wie die anderen, “normalen” Coronaviren. [...] 99 % der Menschen haben keine oder nur leichte Symptome. Hieraus ist bereits abzuleiten, dass es [...] nicht erlaubt sein dürfte von “10000 Erkrankte” zu sprechen. Die sind nicht krank. Infektion ist also nicht identisch zu setzen mit Erkrankung. [...] Man muss aber bedenken, dass hier in Deutschland jeden Tag 2200 Menschen über 65 Jahre sterben. Man muss bedenken, dass diese Menschen [...] mindestens zu 1 % normale Coronaviren tragen. Das wären 22 pro Tag. [...] Der Unterschied ist, dass man hier nicht von Coronatoten spricht, weil man weiß, dass das Virus eigentlich an diesem Geschehen eine sehr sehr untergeordnete Rolle spielt. [...] Sie können davos ausgehen, dass diese Maßnahmen insgesamt die Lebenserwartung dieser 2200 Menschen verkürzen wird.

<https://youtu.be/JBB9bA-gXL4>

2.5 Director of the Institute of Virology, Bonn: Incubation period possibly only 1-2 days and mortality low at 0.06 % / Apr 9 2 IS COVID-19 PARTICULARLY DANGEROUS OR CONTAGIOUS?

2.5 Director of the Institute of Virology, Bonn: Incubation period possibly only 1-2 days and mortality low at 0.06 % / Apr 9

Direktor des Instituts für Virologie und HIV-Forschung an der Universität Bonn

Prof. Hendrik Streeck

“Zusätzlich wundert es mich, dass [...] das Krankheitsgeschehen bei den meisten schon am folgenden Tag und oder zwei Tage später gewesen ist – wo ich mir die Frage stelle, im Moment, wie das einfach mit der Inkubationszeit zusammenhängen kann. [...] wie viele von der Gesamtpopulation an diesem Virus versterben [...] wird sich [...] nicht verändern – wie wir mit 0.06 % beziffert haben.”

https://youtu.be/kQZG_V_T0NY

3 How lethal is COVID-19?

A study published on 19 March ¹ compared the lethality of other corona viruses with SARS-CoV-2 for the first time. At that time no significant difference was found.

Studies from April onwards again point to the possible accuracy of the original findings.

3.1 Blood bank study Denmark: Actually 1.5% of population positive - mortality therefore 0.16 % / Apr 8

Overlæge og professor på Rigshospitalet

Henrik Ullum

“at 22 af de 1.487 bloddonorer har dannet antistoffer. [...] Hvis vi justerer for, at testen ikke virker perfekt, og antager, at bloddonorerne er repræsentative for hele befolkningen, svarer det til, at 127.000 personer i Danmark har været smittet. Når 203 danskere dags dato er erklæret døde med coronavirus, giver det altså en dødelighed på 0,16 procent - eller 1,6 promille.”

<https://www.dr.dk/nyheder/indland/doedelighed-skal-formentlig-taelles-i-promiller-danske-blodproever-kaster-nyt-lys>

3.2 Director of the Institute of Virology, Bonn: Focus on testing was a mistake - Lethality is as low as 0.37 % / Apr 9

Direktor des Instituts für Virologie und HIV-Forschung an der Universität Bonn

Prof. Hendrik Streeck

“Letalität – also wie viele der Infizierten versterben eigentlich daran – liegt bei 0,37 Prozent [...] Wir haben Hinweise, dass die Letalität sogar ein Bisschen weniger sein könnte [...] Ich glaube [...] dass ein Fehler der bisher gemacht wurde, ist, dass wir uns auf die Zahlen der Infizierten fixiert haben – also ganz genau darauf fixiert haben wie hoch die Infektionszahlen und wie hoch die Sterberaten sind – aber die sind abhängig von der Testkapazität.”

https://youtu.be/kQZG_V_T0NY

3.3 Study Austria: Actually three times more positives - mortality therefore 0.7 % / Apr 10

Managing Partner and Scientific Director, SORA Institut

Günther Ogris

“The proportion of positively tested in the weighted sample is 0.33%. This proportion represents about 28,500 people among the population. [...] Applying the Clopper-Pearson interval method, we find that the prevalence of COVID-19 in Austrian households is 95% likely to be between 0.12 and 0.76%.”

https://www.sora.at/uploads/media/Austria_COVID-19_Prevalence_BMBWF_SORA_20200410_EN_Version_fuer
[https://web.archive.org/web/20200405230033/https://www.sozialministerium.at/Informationen-zum-Coronavirus/Neuartiges-Coronavirus-\(2019-nCov\).html](https://web.archive.org/web/20200405230033/https://www.sozialministerium.at/Informationen-zum-Coronavirus/Neuartiges-Coronavirus-(2019-nCov).html)

¹<https://www.sciencedirect.com/science/article/pii/S0924857920300972>

4 How dangerous is a flu?

Influenza is sometimes assumed to have an infection factor of up to 2.1. In the case of SARS-CoV-2, it has been agreed to 1.5 - 3.5.

“Agreed” because it is impossible to determine the exact infection factor of a disease.

Deaths are attributed to influenza during the flu season. Since testing for corona is started, i.e. from 2020 at the earliest, deaths are attributed to the corona virus.

The actual cause of death is therefore irrelevant to the statistics.

4.1 Epidemiologist, University of Michigan: Infection rate of influenza often similar to SARS-CoV-2 / Feb 5

Professor and Chair of Epidemiology, University of Michigan

Joseph Eisenberg

“The Imperial College group has estimated R_0 to be somewhere between 1.5 and 3.5. [...] there’s uncertainty about many of the factors that go into estimating R_0 . [...] Epidemiologists’ current estimates of R_0 say nothing about how measures such as travel restrictions, social distancing and self-quarantine efforts will influence the virus’s continued spread.”

<https://theconversation.com/r0-how-scientists-quantify-the-intensity-of-an-outbreak-like-coronavirus-and-predict-the-pandemics-spread-130777>

4.2 President of the Robert Koch Institute: We are not interested in the actual cause of death / Mar 23

Präsident des Robert Koch Instituts, Berlin

Prof. Dr. Lothar H. Wieler

“Das entscheidende ist das Ergebnis des Tests COVID-19. Da wird nicht unterschieden ob sie dann Grundkrankheiten hatten oder nicht. [...] Im Nachhinein erhalten wir dann die Informationen, ob die Menschen Grundkrankheiten hatten die verstorben sind oder nicht. Wir melden alle Fälle die COVID-19 positiv sind und gestorben sind als COVID-19 Sterbefälle.”

https://youtu.be/oxfcJwJPy_I

4.3 Professor of Virology: In 2018, 3000 people died of influenza every week in Germany - without media coverage / Mar 29

Professor for Virology at the University of Würzburg, Germany

Prof. Dr. Carsten Scheller

“Das bisher schlimmste Influenza-Jahr in der jüngeren Geschichte in Deutschland war der Winter 2018. Da ist es so gewesen dass innerhalb eines Zeitraumes von acht Wochen ungefähr 25.000 Menschen in Deutschland gestorben sind. [...] Und wenn man sich das jetzt mal vorstellt mit einer medialen Begleitung wie sie heute beim Corona-Virus üblich ist, dann wäre das so dass wir wöchentlich solche Meldungen bekämen: In der ersten Woche sind 100 Menschen gestorben in Deutschland, dann sind’s 1000 Menschen, dann sind’s 5000 in der nächsten Woche, dann sind’s 8000. [...] Von dieser Situation sind wir mit Corona sehr sehr weit entfernt.”

4.3 *Professor of Virology: In 2018, 3000 people died of influenza every week in Germany - without media coverage / Mar 29* 4 HOW DANGEROUS IS A FLU?

https://youtu.be/9tX7_cX5QhY#t=4m2s

5 Are the experts aware of the evidence?

Yes. Epidemiologists, virologists as well as doctors with scientific interest know the data.

Additionally, the WHO confirmed on March 30th that they already knew the result of the tests: Every country would have to expect a number of 3 - 12 % test-positives, if it tested “correctly”.

This range of 3-12% is in line with the figure for infections with normal corona viruses, which was initially determined in this report.

All other models are based on the widely published basic assumption of a newly spreading virus. An infinite number of theoretical models can be built and discussed on this basic assumption. Since the whole population can never be tested and test results can be erroneous, an exact distribution of theoretically test-positive people cannot be determined.

Scientists are aware that the basic assumption itself can also be erroneous and that other explanations correspond more exactly to the facts and thus to the daily new findings.

Also, medical personnel is not responsible for research, but for the practical implementation of the optimal treatment methods according to the findings of science.

According to this, medical personnel - for reasons of efficiency alone - is dependent on the reliability of the institutions placed in front of them.

5.1 Director of the Milan Virology Laboratory: The number of “positive tests” is wrong and useless / Mar 27

Direktorin des Labors für klinische Mikrobiologie, Virologie und Bioemergenzdiagnostik von Sacco, Mailand

Prof. Dr. Marita Rita Gismondo

“Gli unici numeri attendibili oggi sono quelli dei pazienti ricoverati, in terapia sub intensiva e intensiva, e quelli dei decessi. [...] oggi si può parlare solamente di percentuale di decessi sui ricoverati. Tutti gli altri numeri sono falsati.”

<https://www.secoloditalia.it/2020/03/coronavirus-la-gismondo-ammonisce-duramente-bastano-occolare-numeri-sui-positivi-sono-dati-falsati/>

5.2 Former Virologist of the French Ministry of Health: Published figures are based on models of the incompetent WHO “experts” / Mar 28

Emeritierter Virologe des französischen Gesundheitsministeriums

Dr. Pablo Goldschmidt

“En España, ayer, mostraron que el año pasado hubo la misma cantidad de muertos. [...] En Lombardía, es donde más mueren por mesotelioma [...] el cáncer de pulmón producido por asbestosis o amianto. [...] Pulmones con cáncer o lastimaduras crónicas [...] hace que una infección viral se transforme en una infección mortal. [...] Todas las infecciones virales pueden ser mortales. La diferencia es que con esta se armó pánico y con las otras no. El año pasado murió mucha gente de gripe y nadie cerró el planeta. [...] El año pasado hubo 36 millones de personas con gripe en los Estados Unidos. Fueron internadas 370 mil y 22 mil se murieron. ¿Queda claro? Y nadie cerró ningún aeropuerto. [...] Un error grave de los peritos de la OMS [...] Desde el primer día dije que las cuentas no daban, como cuando apareció la gripe

5.3 WHO: If a country tests correctly, it will get between 3 and 12 percent positive results /
Mar 30

5 ARE THE EXPERTS AWARE OF THE EVIDENCE?

H1N1. [...] El gobierno actúa muy bien y con mucha cautela. Pero la autoridad internacional les empuja la mano con las cifras de mortalidad que ponen los peritos de la OMS, que hacen cuentas matemáticas. Pero no es mala fe, sino incompetencia.”

<https://www.infobae.com/coronavirus/2020/03/28/para-un-prestigioso-cientifico-argentino-el-coronavirus-no-merece-que-el-planeta-este-en-un-estado-de-parate-total/>

5.3 WHO: If a country tests correctly, it will get between 3 and 12 percent positive results / Mar 30

Executive Director, WHO Health Emergencies Programme

Dr. Michael J. Ryan

“Where testing has been done fairly extensively we’ve seen somewhere between 3 and 12 percent of tests being positive. [...] You know you’re missing a lot of cases if 80 or 90% of the people are positive.”

<https://youtu.be/2v3vlw14NbM#t=55m10s>

6 Why is the situation in countries like Italy so different?

In Italy, general antibiotic resistance is the second highest in Europe and, with that, up to five times higher than in various Nordic countries ². Hospital hygiene is statistically remarkably deficient, which can be deduced from the high number of commonplace nosocomial infections ³. These are infections which are acquired through the microorganisms present in hospitals.

Italy has, after Japan, the second oldest population, which means that the risk group in Italy represents a much larger proportion than in other countries ⁴.

In the health care system, radical savings in the last two decades have led to a halving of the available hospital beds ⁵, which favours the chronic overburdening of the same ⁶. A lack of doctors - especially in the field of lung specialists - leads to a lack of knowledge in dealing with the current situation ⁷.

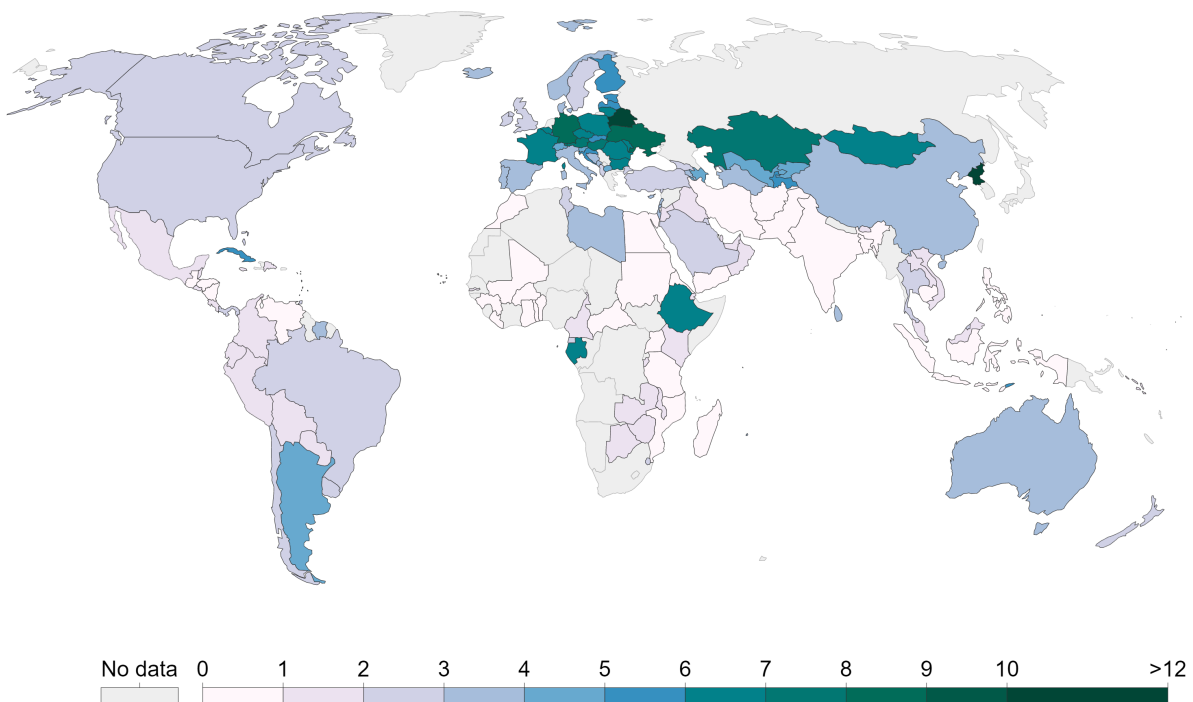


Figure 2: Map: Hospital beds per 1000 inhabitants (year 2013)

It is specific to **Lombardy** that, already in past years, 85% of lung diseases have been detected in workers in the asbestos industry. The corresponding previous illnesses make new respiratory tract infections particularly dangerous for those affected ⁸.

²<https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/antimicrobial-resistance-europe-2015.pdf>, page 20

³see quotations from immunologist and toxicologist Prof. Dr. Stefan Hockertz, 23 March 2020, <https://youtu.be/7wfb-B0BWmo>

⁴see quotes from em. Head of the Department of Epidemiology, Prof. Dr. Knut Wittkowski, April 10, 2020, <https://youtu.be/GRiO8myyyDc>

⁵<https://data.oecd.org/healthqt/hospital-beds.htm>, https://en.wikipedia.org/wiki/List_of_countries_by_hospital_beds

⁶<https://www.politico.eu/article/troubled-italian-health-system-frustrates-doctors-drugmakers-2>

⁷Emeritus virologist of the French Ministry of Health, Dr. Pablo Goldschmidt, March 28, 2020, <https://www.infobae.com/coronavirus/2020/03/28/para-un-prestigioso-cientifico-argentino-el-coronavirus-no-merece-que-el-planeta-este-en-un-estado-de-parate-total/>

⁸Emeritus virologist of the French Ministry of Health, Dr. Pablo Goldschmidt, March 28, 2020,

Lombardy has the highest air pollution in the whole of Europe⁹. A study from California confirms that SARS deaths double in areas with high levels of air pollution.

The Glasgow study mentioned at the beginning confirms that the viral load itself remains the same, while the individual proportions of the viruses vary. Another study from America shows that vaccinations against one type of virus displace this type, but make room for other types of viruses. In the winter of 2019/2020, the risk group of elderly people in Lombardy was increasingly vaccinated against influenza.

Some of the factors mentioned above - naturally with varying degrees of severity - are also evident in other particularly affected countries and regions.

6.1 University of California: In areas of high air pollution SARS patients die twice as likely / Nov 20, 2003

Department of Epidemiology, School of Public Health, University of California at, Los Angeles, CA, 90095, USA

Yan Cui et. al.

“Publicly accessible data on SARS morbidity and mortality were utilized in the data analysis. Air pollution was evaluated by air pollution index (API) [...] SARS patients from regions with high APIs were twice as likely to die from SARS compared to those from regions with low APIs.”

<https://ehjournal.biomedcentral.com/articles/10.1186/1476-069X-2-15>

6.2 Ministry of Health: Italy already had very high death rates in previous years / Aug 8, 2019

National Institutes of Health

Aldo Rosano et. al.

“In the winter seasons from 2013/14 to 2016/17, an estimated average of 5,290,000 ILI cases occurred in Italy, corresponding to an incidence of 9%. More than 68,000 deaths attributable to flu epidemics were estimated in the study period. Italy showed a higher influenza attributable excess mortality compared to other European countries. especially in the elderly.”

[https://www.ijidonline.com/article/S1201-9712\(19\)30328-5/fulltext](https://www.ijidonline.com/article/S1201-9712(19)30328-5/fulltext)

6.3 Health Director of ATS Bergamo: Flu vaccinations for free for over 120,000 people of the risk group (seniors & sick people) / Oct 21, 2019

Direttore UOC Medicina Preventiva nelle Comunità, Dipartimento di Igiene e Prevenzione Sanitaria, ATS di Bergamo

Dottor Giancarlo Malchiodi, Carlo Alberto Tersalvi

“Gli assistiti di età uguale o superiore a 65 anni, e quelli inseriti nei programmi ADI/ADP o che sono allettati/disabili, possono rivolgersi al proprio medico curante per la somministrazione gratuita del vaccino, negli orari indicati dal singolo medico. [...]”

<https://www.infobae.com/coronavirus/2020/03/28/para-un-prestigioso-cientifico-argentino-el-coronavirus-no-merece-que-el-planeta-este-en-un-estado-de-parate-total/>

⁹http://www.esa.int/ESA_Multimedia/Videos/2020/03/Coronavirus_nitrogen_dioxide_emissions_drop_over_Italy

6.4 American military study: Corona viruses 36% more numerous in people vaccinated against influenza / Jan 10 6 WHY IS THE SITUATION IN COUNTRIES LIKE ITALY SO DIFFERENT?

Lo scorso anno sono state acquistate 154.000 dosi di vaccino antinfluenzale e sono state somministrate circa 141.000 dosi di vaccino, di cui circa 129.000 a soggetti di età over 65 anni [...] Quest'anno sono state ordinate 185.000 dosi di vaccino."

<https://www.bergamonews.it/2019/10/21/vaccinazione-antinfluenzale-a-bergamo-ordinate-185-000-dosi-di-vaccino/332164/>

6.4 American military study: Corona viruses 36% more numerous in people vaccinated against influenza / Jan 10

Armed Forces Health Surveillance Branch Air Force Satellite

Greg G. Wolff

"Vaccine derived virus interference was significantly associated with coronavirus [...] The odds of [...] coronavirus [...] in vaccinated individuals were significantly higher when compared to unvaccinated individuals [...] The laboratory data in our study showed increased odds of coronavirus and human metapneumovirus in individuals receiving influenza vaccination."

<https://www.sciencedirect.com/science/article/pii/S0264410X19313647#t0025>

6.5 Head of the Italian Civil Defence: We count all test-positive deaths into the COVID-19 statistic, regardless of cause of death / Mar 20

Capo della Protezione Civile Italia

Angelo Borrelli

"Purtroppo oggi registriamo 627 nuovi deceduti e voglio ricordare che questi sono deceduti *con* il coionavirus non *per* il coronavirus perché come sapete l'istituto superiore della sanità sta portando avanti un'indagine epidemiologica e quindi scavalli istituto superiore della sanità a comunicarci questi dati."

<https://youtu.be/0M4kbPDHGR0#t=3m30s>

7 Does quarantine make sense?

When comparing countries that have imposed curfews with others that have not, there is no epidemiological difference apparent.

7.1 Former Head of the Department of Epidemiology Rockefeller University: Quarantine only prolongs the epidemic / Apr 10

em. Leiter der Abteilung Epidemiologie, Biostatistik und Forschungsdesign an der Rockefeller Universität in New York

Prof. Dr. Knut Wittkowski

“Es gibt keinerlei Anhaltspunkte dafür, dass das mehr ist als eine Grippe. [...] Wenn Leute [...] draußen in der freien Natur sind, breitet sich eine Atemwegserkrankung nicht aus. [...] Die epidemiologische Kurve in Schweden unterscheidet sich in Nichts von der Kurve in Norwegen, Dänemark und Finnland. [...] Das heißt es gibt in [...] dieser Gruppe von Ländern keinen sichtbaren Unterschied zwischen “Lock-Down” und “keinem Lock-Down”. [...] [Es] gibt keine Anhaltspunkte, dass [der Lockdown] etwas gebracht hätte, außer die Epidemie zu verlängern.”

<https://youtu.be/GRiO8myyyDc>

8 Why am I finding it hard to believe the facts?

Psychology knows a myriad of effects that affect us and make it difficult for us to assess situations correctly.

In this section we will quote some of these effects.

As a shortcut you may also ask yourself a question:

If no one had ever told you or your fellow humans about the idea of a new disease, would you have ever noticed an actual difference in your life?

8.1 Availability Cascade / Apr 12

“A novel idea or insight, usually one that seems to explain a complex process in a simple or straightforward manner, gains rapid currency in the popular discourse by its very simplicity and by its apparent insightfulness. Its rising popularity triggers a chain reaction within the social network: individuals adopt the new insight because other people within the network have adopted it, and on its face it seems plausible. [...] Their need for social acceptance, and the apparent sophistication of the new insight, overwhelm their critical thinking.”

https://en.wikipedia.org/wiki/Availability_cascade

8.2 Availability Heuristic / Apr 12

“The availability heuristic operates on the notion that if something can be recalled, it must be [...] at least more important than alternative solutions which are not as readily recalled.”

https://en.wikipedia.org/wiki/Availability_heuristic

8.3 List of cognitive biases: Decision-making, belief, and behavioral biases / Apr 12

“**Availability heuristic:** The tendency to overestimate the likelihood of events with greater ‘availability’ in memory, which can be influenced by how recent the memories are or how unusual or emotionally charged they may be. [...] **Availability cascade:** A self-reinforcing process in which a collective belief gains more and more plausibility through its increasing repetition in public discourse (or ‘repeat something long enough and it will become true’). [...] **Confirmation bias:** The tendency to search for, interpret, focus on and remember information in a way that confirms one’s preconceptions.”

https://en.wikipedia.org/wiki/List_of_cognitive_biases

8.4 List of cognitive biases: Memory errors and biases / Apr 12

“**Bizarreness effect:** Bizarre material is better remembered than common material. [...] **Illusion of truth effect:** [...] a person is more likely to believe a familiar statement than an unfamiliar one.”

https://en.wikipedia.org/wiki/List_of_cognitive_biases

8.5 List of cognitive biases: Social biases / Apr 12

“**Authority bias:** The tendency to attribute greater accuracy to the opinion of an authority figure [...] **Bandwagon effect:** The tendency to [...] believe things because many other people [...] believe) the same. [...] **Belief bias:** An effect where someone’s evaluation of the logical strength of an argument is biased by the believability of the conclusion. [...] **Conservatism (belief revision):** The tendency to revise one’s belief insufficiently when presented with new evidence. [...] **Continued influence effect:** The tendency to believe previously learned misinformation even after it has been corrected. [...] **Experimenter’s or expectation bias:** The tendency for experimenters to believe [...] data that agree with their expectations [...] **Identifiable victim effect:** The tendency to respond more strongly to a single identified person at risk than to a large group of people at risk. [...] **Illusion of validity:** Belief that our judgments are accurate, especially when available information is consistent or inter-correlated. [...] **Illusory truth effect:** A tendency to believe that a statement is true if it is easier to process, or if it has been stated multiple times, regardless of its actual veracity. [...] **Semmelweis reflex:** The tendency to reject new evidence that contradicts a paradigm. [...] **Subjective validation:** Perception that something is true if a subject’s belief demands it to be true. [...] **Authority bias:** The tendency to attribute greater accuracy to the opinion of an authority figure and be more influenced by that opinion. [...] **System justification:** Existing social, economic, and political arrangements tend to be preferred [...] sometimes even at the expense of individual and collective self-interest.”

https://en.wikipedia.org/wiki/List_of_cognitive_biases

9 What happens I passively take part?

This section inevitably deals with moral and political issues. Please consider it as food for thought and after reading it, draw your own conclusions, independently and above all in accordance with your personal worldview.

The consent or wish to forcibly deprive your fellow human beings of their freedoms has moral consequences. First reports indicate increasing suicidal thoughts. Otherwise healthy people will take their lives. The measures lived worldwide promote indirect deadly dangers such as lack of social contacts, unemployment and hunger. Many people are already dying alone instead of leaving us peacefully in the presence of their loved ones.

If you repeat an opinion before you have thoroughly examined and understood a topic yourself, you become an amplifier of ideas which could lead to a world in which you yourself do not want to live.

9.1 USA: 25 times more inquiries regarding mental health and suicidal thoughts / Apr 3

Family and Social Services Administration Secretary

Dr. Jennifer Sullivan

“Indiana’s 211 hotline went from receiving roughly 1,000 calls a day regarding mental health — including suicidal ideation — to 25,000 calls a day. And calls to Indiana’s addiction hotlines went from an average of 20 a week to 20 a day. [...] They say that the opposite of addiction is not sobriety, but connection. And it’s very easy to be disconnected right now.”

<https://www.indystar.com/story/news/health/2020/04/03/coronavirus-indiana-how-get-help-mental-health-addiction/5104357002/>

10 What happens if actively participate?

This section inevitably deals with moral and political issues. Please consider it as food for thought and after reading it, draw your own conclusions independently and above all in accordance with your personal worldview.

Measures have been taken worldwide to restrict freedoms. Regardless of the severity of the actual health crisis in a particular country, these measures are almost identical worldwide. This indicates that your country is not capable of acting independently. In a sovereign state, the factors would be evaluated and meaningful decisions would be taken on the basis of these factors.

Instead, "recommendations" from a few non-governmental institutions are enshrined as laws in countries. Every time a government acts according to the guidelines of foreign institutions instead of obeying the wishes of its people, it confirms its dependence and the absence of democracy.

From this approach you can see that you, as an active participant, do not necessarily represent and defend the interests of your country - that is, those of your sisters and brothers. Even if you have sworn on the constitutional foundations of your country, there will be moments when you will be asked to break this oath.

If it is part of your conviction that all human beings are of equal value, you are at the same time taking responsibility for your own actions. Instructions are given by other people and are therefore - despite any "relationship of authority" - exercised or omitted at your own responsibility.

Within the framework of such a conviction, it is therefore impossible and invalid to hand over responsibility. No superior can carry the guilt of your actions for you.

10.1 WHO: We now must remove and isolate sick people from their families / Mar 30

Executive Director, WHO Health Emergencies Programme

Dr. Michael J. Ryan

"In most parts of the world, due to lockdown, most of the transmission that's actually happening in many countries now is happening in the household, at family level. In some sense transmission has been taken off the streets and pushed back into family units. Now we need to go and look in families to find those people who may be sick and remove them and isolate them in a [...] safe and dignified manner."

<https://www.youtube.com/watch?v=2v3vlw14NbM#t=49m56s>