

## URGENT QUESTIONS IN THE PUBLIC INTEREST

Given the expectation that the public must accept what restrictions the State imposes, the bases of these decisions are not the exclusive preserve of experts and advisers or even of elected officials. None of these officials was elected with the prospect of severe restriction of personal liberty in view. Yet this power has been arrogated by these officials on the basis of advice of a dire public health emergency, the predictions of which proved wholly exaggerated. It is insufficient at this stage to claim “emergency.” The emergency has passed. The harm has proved far less than advertised. Deaths are few. Yet “recommendations” are still being promulgated, and severe restrictions are again being proposed.

The time for experts to recommend without full scrutiny is over. There is no immediate emergency. If the public are expected to accept these recommendations then legitimate questions must be answered. The people subject to restrictions need to know on what basis these restrictions are being imposed, and offered the opportunity to discuss, and to accept or reject the recommendations offered, based on full and accurate information. Below is a list of questions pertinent to the present regime. It is not an exhaustive list. These questions are directed to the Government, and through it to all Cabinet ministers, the Minister for Health, the HSE, and NPHE. It is the responsibility of the Government to provide full and honest answers to these questions.

1. What is the definition of a “case?” What is the difference between a “case” and an “infection?” How many infections are there, and why is this data not reported along with cases?
2. Is the PCR test used to identify cases?
  - a. If so, on what basis? When was PCR testing first used to detect the presence of a virus in a live subject? What research supports the use of this test for this purpose? How does this differ from the typical procedure for diagnosis of viral respiratory infection, and why is this new procedure warranted, or preferable?
  - b. What genetic sequence is held to be evidence of the presence of the virus?
  - c. How many cycles of the PCR test are used to identify a case? What is the basis for this number?
  - d. What does a positive result indicate? How many people with positive PCR tests have symptoms or develop symptoms?
  - e. What is the false positive rate? How is the incidence of false positives detected and corrected?
  - f. Has SARS-CoV-2 been isolated? If not, how can PCR accurately test for it?
3. Are there asymptomatic cases? What percentage of cases are asymptomatic?
4. Are persons with asymptomatic cases capable of spreading the virus? If so, what is the means of spreading and how has this been demonstrated? How many instances of asymptomatic spread have been documented?
5. How is a death attributed to SARS-CoV-2?
6. Have any autopsies been performed on patients identified as SARS-CoV-2 victims? If so, what were the findings? If not, why not?
7. Have any of the patients who have died been identified as SARS-CoV-2 victims by PCR test? If so, please refer to questions 2(a-f) above. Have these questions been addressed with respect to these deaths, and if not, how can these deaths be attributed to SARS-CoV-2?
8. How many of these patients had no other comorbidities?
9. What is the infection rate of the total population?
10. What is the infection fatality rate?
  - a. How does this compare to the infection fatality rate for influenza?
  - b. What are the leading causes of death? Where does SARS-CoV-2 infection appear in this list?
11. Was the Imperial College model correct? What was its prediction for deaths in Sweden without restrictions? What was Sweden’s actual death rate? What is Sweden’s current death rate?
12. What model(s) are being used to project deaths?
  - a. Has this model been backtested on actual data? If so, how did it perform? If not, why not, and when will it be backtested, so that its accuracy can be demonstrated?
  - b. Did this model predict the decline in deaths from June onward? If not, what adjustments have been made to improve its accuracy?
  - c. What are the current projections?

- d. Who is responsible for modeling, and what professional oversight is in place to assess the performance of modeling?
  - e. Have model code and predictions been published? If so, where can they be accessed? If not, why not, and when will they be published so that the public can assess this work?
13. Has any member of NPHE or any cabinet minister received any financial consideration from any pharmaceutical manufacturer or institution promoting the use of vaccines or proprietary medicines?
14. Has any member of NPHE or any cabinet minister received research grant funding from or participated in any research project funded by any pharmaceutical manufacturer or institution promoting the use of vaccines or proprietary medicines?
15. What consideration has been given to the use of prophylactic treatments (such as hydroxychloroquine, zinc and azithromycin or ivermectin) as an alternative to social restrictions?
16. What analysis of the costs to social life, economic activity, and mental health has been performed?
- a. Have these costs been weighed against any benefits of the restrictions imposed or proposed?
  - b. What conclusions have been drawn?
  - c. Why have these not been published?
17. How many tests, procedures and treatments have been delayed or cancelled due to restrictions in the health service?
- a. Has any estimate been made of the increase in mortality and morbidity due to such delays and cancellations?
  - b. If so, were these increases weighed against expected benefit from the restrictions, and subsequently against actual benefit from the restrictions? If not, why not?
18. Has any analysis been made as to the social costs of restrictions and impositions such as:
- a. Restrictions on family contact, including visits to infirm or elderly family members?
  - b. Restrictions on social contact?
  - c. Restrictions on attendance at weddings, funerals and other significant social events?
  - d. Restrictions on hospital visits, including at significant events such as births, deaths, and major procedures and treatments?
  - e. Personal impositions such as requirements to wear face coverings, particularly those imposed on workers and students for long periods?
  - f. Have any of these analyses been published? If not, why not, and when will they be published?
19. Can a respiratory virus be eradicated? Can respiratory viral disease be eradicated?
20. Has any proposed restriction, given the decreased incidence of infection and mortality, been proposed after a full and public analysis of the costs against projected benefit, and a retrospective study of the costs already incurred by the public due to past restrictions, particularly by those who have suffered adverse effects to their physical or mental health as a result of the restrictions imposed to date?