



Episode 1,798: Ivor Cummins on Neglected COVID Truths

Guest: Ivor Cummins

WOODS: Now, you have been a well-known figure in health for quite some time, but wow, did the issue of the virus really elevate you, because you've been doing work that, frankly, our so-called public health establishment should have been doing. But of course, they've been engaged in panic mongering and irrationality for eight or nine months. But man, the videos you just keep pumping out, one after the other, and the interviews you do have been a source of solace and sanity for so many people. I'm sure you've heard that a lot.

CUMMINS: Yeah, actually, Tom, that has been one good side of it, if there's any good side to this issue: so many messages and emails and just many people saying, "You've preserved my sanity, because I thought I was going mad." I mean, I've had countless messages of that nature. So yeah, it's been good that way.

WOODS: Especially because people are being told one thing and seeing another over and over and over, and there are so few people prominent in public life who will reassure them that they're not indeed crazy. So I want to ask you a bunch of maybe disjointed and random questions, just because at this point I feel like I've covered so much material on this, that now I just want to really tie up the loose ends and talk about areas where the other side of the argument feels like they have some strong points. And these are areas that you've talked about.

For example, I want to start with a topic I raised with Jay Bhattacharya, which is the issue of New Zealand. Because of course, you know New Zealand is trotted out as an example of a country that *listened to the scientists* and they followed public health recommendations. And the result has been they've been able to get to zero COVID. Now, obviously, there have been outbreaks, small ones here and there. But they basically got to zero. And the implication of this is that if only – they like to say the West, but since these are people who hate criticizing Europe for anything, they really just focus on the United States – if only the United States and had its act together, it could have been like New Zealand. What do you think about that?

CUMMINS: Yeah, well, it's kind of absurd, really. So the United States, the first cases were supposedly in January, but really, the virus was into the states November, December, and just traveling across the country. And then the virus tends to trigger seasonally. So we saw in the United States that the Northeast, which is like Northern Europe, northern temperatures, they got the rapid rise around March. And then it curls over, independent of lockdowns, and calms down. And that's the mortality ICU impacts. And then the Southern states are more like Mexico or Peru, Brazil, and they rose up a few months later in a longer, flatter curve. So the virus goes through its own dynamics.

Now, you cannot ever compare to an island like New Zealand thousands of miles from anywhere in any way, shape, or form. But then we've got to look at New Zealand and say, well, how successful were they? So New Zealand and Australia had 100 flights a day from China, and we know this thing was emanating from China in October, possibly earlier. So how could they possibly have escaped it? And the thing may be that New Zealand would have been exposed at the end of their summer season where there's no triggering. So legal people in New Zealand have informed me that New Zealand banned the import and use of antibody test kits around February, March when they were locking down. Very unusual, because if they had used antibody tests, sensitive ones, they may have seen that there was quite a lot more circulation in the past in New Zealand than anyone was crediting.

So there's lots of factors around New Zealand that are not like the simple narrative. So either they had a lot more exposure earlier and it wasn't recorded because there was no hype yet, or indeed they managed to control a better as an island nation. But either way you go, it bears no relevance to a large country like America or like Europe with all the countries connected together. So it's kind of a useless compare, really. And we also have Japan that had incredibly low death rates and older Asian countries, and they match New Zealand practically. But no one really talks about them.

WOODS: I've tried to talk about them. In particular, I pointed out some of the headlines. I went back and found some of the headlines written in April by the panickers that were arguing – for example, in *The Washington Post* "Too little, too late" is how they described in the headline Japan's coronavirus response, or in *Science*, in a whole bunch of mainstream periodicals, they all had the same grim predictions for Japan. Then absolutely none of them occurred. And did we get an apology? Did we get a rethink of this? No, they're on to the next country. Or if they have to talk about Japan, they'll stumble around and say it's because they wore masks or something. They don't really know what happened, frankly.

CUMMINS: Exactly. And what people need to know about Japan is it's a crucial control country, like Sweden is, with no lockdown. So Japan, in a brief summary, Japan, exactly as you say, Tom, they really got almost no impact. So if you look at the graphs in Europe for deaths per million, the big curves, and you plot Japan, you can't see it. It's that low. And even the most dedicated maskopath who's pushing masks will acknowledge it will reduce some font transmission, maybe, right? So it's not masks in Japan, because look at the mortality curves. It's basically huge homes versus nothing. So it's not masked and it's not lockdowns, because they didn't lock down. They had Tokyo buzzing away when Europe was getting hammered. So it's not either of those things.

What it actually is, if you look at the science, is the Japanese elderly are extraordinarily healthy metabolically. And that's what dictates your mortality outcomes and ICU severe cases. Their vitamin D levels are incredibly high compared to Europe. And Italy is the black spot of Europe, Northern Italy. We know what happened there. So that's one thing.

But the other thing about Japan is a study was done. So unlike New Zealand, which banned the use of antibody tests – interesting – Japan actually followed several hundred people through their hump in June, July. And their PCR positives went up, but they didn't get any deaths. And they measured these few 100 people every week with antibody tests, and you know what? The few-hundred sample to represent the Tokyo population, they went up to nearly 50% antibody positive for SARS-CoV-2. So it spread all over the place; they just didn't get the impacts. So it wasn't the masks and it wasn't the lockdowns, which they didn't do

anyway. It spread, but it didn't hit the ICU, and it didn't hit the mortality figures. So very few people know that that's a published paper.

So if you take the Japanese, the health of the elderly being excellent, high vitamin D, and prior immunity to SARS from prior SARS epidemics — so they had a better immune system response, perhaps — but the fact is, they all got the antibodies, or at least half of the sample, but they didn't get the impact. So what we're hearing addresses none of what I just said, which actually answers all of the questions.

WOODS: Well, the fact that so many of them got it means that they failed to "stop the spread," which is the propaganda phrase we hear everywhere else. They didn't "stop the spread." It's that the spread generally didn't harm them for a variety of reasons, like the ones you've mentioned.

Now, let me ask you, though: I can understand why the average person would think that there is a kind of logic to lockdowns. If we keep people apart, that should stop the process of infection, or at least temporarily. So why doesn't this seem to be the case?

CUMMINS: Well, because the viruses were here millions of years before us, and I can send you a link to the book of Hope-Simpson, the British doctor and expert to spend 50 years on influenza-like virus transmission. His book's incredible. But the reality is that the virus can even travel, in some published papers, on trade winds, and the virus kind of gets everywhere. So the other problem is by the time you're seeing a spike and the virus is triggering, your population already has been massively exposed. So everyone thinks when you're seeing a spike in mortality that the virus is spreading. No, it spikes, but it's already spread all over the place.

So the lockdown, it would intuitively seem to stop its spreading, but it's nearly always after the event. And we see from 22 published papers that looked at lockdown versus mortality for up to 190 countries, full analysis, they all say the same thing: lockdown does not correlate or link or have a relationship with mortality per million across all the countries. So we know this as a scientific fact. And the reason is because it comes too late, the curves have already been curling downwards in the R value people have heard about, and then they put in the lockdown. And guess what across the countries: when the lockdown goes in, the curve keeps falling without even shifting in shape. So we know the lockdowns don't affect it. And one of the main reasons is the viruses are all pervasive. And you can wash your hands and keep some distance and it might help, but adding the lockdown just simply doesn't help. And we've seen that in all the published science.

We saw it in New York, interestingly. Cuomo was scratching his head that 66% of new infections came from people who were locked down at home, and he was wondering why. And the thing is, because the virus had already gone across New York by the time they locked down. So all that happened was it manifested in the following weeks. But if the lockdown can't do anything —

And one last quick one, Tom. People with their own eyes could see the logic if they wished. So the grocery workers in Ireland, UK and US, millions of grocery workers, eight hours a day, no masks, not locked down at all, with all the great unwashed people coming in and out. This was in the epidemic in mid-March, April, no masks. So they were super exposed to everyone. Guess what: no extra signal for infection or mortality for those millions of people. Nothing. So

there's not-locked-down people as a perfect kind of environmental experiment, and we got the answer. It made no difference than not being locked down, at all.

WOODS: These are the same conclusions I've reached, and I started off in early March very, very worried about this. And I don't rebuke myself for that, because at that time, it was a little bit unclear as to what would happen. And I certainly was not at any time advocating anything like a lockdown. I just was thinking about caution in my own personal life until I got a handle on what was happening. And ever since then, everything I've seen backs up what you're saying. Now, you have become notorious for statistics and charts and meticulous presentations, and there are so many different numbers we can throw at people. But what do you think are the most important for people to grasp in order to get a sense of the true danger or otherwise here?

CUMMINS: Right, well, I'd say the infection fatality rate. Numbers were bandied around like 4% way back at the start. That was absurd. It was clear from the *Diamond Princess* with 3,700 people on this ship, and they were a Petri ship, where everyone was kind of locked in, and by the time they realized it was a problem, it had spread all over the place and then they were locked in for another few weeks. So we saw there that there were only 14 passings, and these are older people, out of 3,700. So if you combine that with Professor John Ioannides from Stanford, he did in April reports using the data to say that the infection fatality rate was around .2%. And for people under 70, it was probably around .05%. So these are tiny figures, not outside the envelope of a severe flu.

And he was correct. The WHO around a month ago quietly put his latest paper up on their website without any press release, and it has those figures. And these are figures within the envelope of a severe flu. So SARS-CoV-2 is harder on older people, and it's much less hard on younger people and pregnant women. So overall, it can be compared to flu. But look what we did.

And other numbers are Sweden this year will have no notable excess all-cause mortality with no lockdowns, right, due to the epidemic itself. Same with Ireland, same with countless countries. So maybe people who are elderly or immunocompromised died a little earlier, which is sad, but it doesn't impact the yearly all-cause mortality. And *The Financial Times* and others, very sneakily – I would say it's fraudulent – they pick a week or two from mid-epidemic where the spike was very high, and they try and compare it to similar weeks in the past. And usually April doesn't have an all-cause mortality spike. It's usually January in Europe. And they make these compares to make it look like this is special. But if you look at the high-level days comparing respiratory season to respiratory season across different years, you basically see almost no excess all-cause mortality. And that's a reality. That's the data.

WOODS: I don't think that's true – well, there's been some debate in the United States right now whether it's true here, but it does seem to be true, certainly, unambiguously in other places, as you say. Yet I've been reading articles saying just in the past few weeks that Sweden has now definitively been a failure, for some reason, they all say. And I'm wondering what they mean by that. So I go and generate a chart looking at deaths in Sweden, and so yeah, they had a big curve, and then they had a small hill recently, which has pretty much come back down as far as I can see, much smaller than the spikes in other European countries. And that was the end of that. What's really going on? I mean, anytime anybody says anything over there, it's reported in the US as *Sweden is giving up on its experiment*. Well,

first of all, the experiment is the lockdown. The normal response is Sweden. But what is really happening?

CUMMINS: Right. Well, that's a good point at the end there, that the WHO in 2019, October, pandemic guidelines, 100-page document, and I have it, and it's still on their website. And they advise in that document: no quarantine of exposed individuals. There's no evidence base, first, working with viruses, and it would not make any sense. They didn't even talk about locking down countries, because in October '19, that would be absurd to even mention. You'd be laughed out of the room. But then the world and the WHO literally decided to copy China. That's where it came from. The new science of China. Okay, then. But the Swedish figures show clearly, they beat many, many countries. They're number 25, I think, on the long list of deaths per million for all the countries in Europe and America or around the world. Number 25 they are, with no lockdown.

And it's important for people to realize that the CNN went in with camera crew on, I think it was May 6th, just in their epidemic, and they were shocked when they saw elderly ladies getting their hair cut, no masks, cafes, you just have to keep arm's length, blah, blah, blah. So they really truly didn't lock down even in Stockholm, where they got the biggest hits. And their performance, if you correct for demographics, age of population, and you correct properly scientifically for other factors, they've beaten many countries, not beaten others. They're not distinguishable from other countries when you correct for the science. So they actually did what Europe and the West have advised for 50 years, and they succeeded because they didn't get hit worse than anyone else when you correct for the key factors. So they succeeded. And it was the rest of Europe and the US that copied China.

So the question people need to ask is, if we have 22 published papers across over 100 countries analyses showing that lockdowns don't impact deaths per million, we've got to ask, well, why did we copy China? And why do we continue to do so?

WOODS: Well, that is a legit question. I've seen that asked a number of times. I think it was with Dr. Bhattacharya that we pointed out that if we look at, for example, China and Japan, well, as you've implicitly noted, the response in those countries was very different. Obviously, the Japan response was extremely lax compared to China, and yet they both got, in terms of the publicly available numbers anyway, pretty good results. So he refers to these as policy invariance, which I think is the most understated phrase of 2020, policy invariance. That seems to be the story. If I had to sum up this whole experience in two words, it would be policy invariance.

CUMMINS: Yeah, it's a great phrase, but as you say, understated. If you look at one of the 22 studies I mentioned, there's a shotgun plot showing severity of lockdown or lockdown/no lockdown against deaths per million. And the 50 countries in that study, it's just a shotgun plot. There is no relationship. All of the analysis show, without question, there's no relationship. And no one cares. The first one was published in April. I was sending this paper from Woods Hole Institute in the States. They did an analysis of all European countries in the epidemic at the time, and they said there's no relation between lockdown policies and outcomes. And that was in April, end of April. I'm Professor Karl Hennigan at the end of April was showing the data that showed that the UK lockdown came after the curve had turned and did not really have an impact. And again, April. And since then, we have 21 more.

And we have two papers that show with modeling – good modeling, not the bad kind we've heard – that lockdown may, *may* reduce load on hospitals somewhat, but if you succeed in doing that, it will actually cause more COVID deaths in the long term because of community immunity suppression. Granny and Grandpa will be put up more risk next season. So we have all this data and analysis, but the question is: why are none of the media doing any coverage of all the science that I've mentioned? Surely it would be a really big story. Are we doing the right thing with lockdowns? Very popular story, controversial, questioning, open the conversation. But we have nothing. Nothing in the media about any of this.

WOODS: We had people, let's say maybe toward the end of the summer – maybe it was earlier than that, but starting to use the term *casedemic*, that that's what we have more than a pandemic, because you look at the massive increase in testing and you look at the results, and you have a huge, huge number of cases, but a much smaller number of deaths, at least proportionate to that number of cases. But now we are in December, and at least as of last month, it does look like things have come down, but as of last month, there was – even though yes, it's true, there are way more cases than deaths as compared to in the past, it does look like there were a lot more deaths that suddenly occurred. So were the *casedemic* people wrong?

CUMMINS: No, they were absolutely correct. But the *casedemic* was a creature of the summer, the nonviral season. So there was a *casedemic* for many, many months in Europe from around May through to around October. And it was absolutely true. And the authorities were fear mongering about Spanish Flu second waves, they were talking about hospitals overflowing for months and months where nothing was happening. That was the *casedemic*. Now, when you get into the winter and the virus rises, you will get the seasonal resurgence. It'll never be as bad as the actual epidemic. A new virus only gets one hit, and then it gets a resurgence in the winter where you have more exposed people and susceptible people. But that was predicted. So the *casedemic* kind of ends somewhat when you come into the actual virus season, and then we see the seasonal resurgence.

But if you look for Europe and indeed for America, if you look at the all-cause mortality for the original epidemic actually made a spike, no question about that. You'll see now that it's much, much smaller, and it's already turning right down in Europe. So the seasonal resurgence of the virus is predictable, but guess what: no Spanish second wave. You're getting on average around a quarter of the first wave. And what's more, when that's over, the third is going to be even smaller again. Like skipping a stone on the pond, the first bump is big. You might get a decent second bump, but after that, [skipping sound]. So it's actually going to be pretty much spent over the next couple of months. We're going to have to watch for misattributing deaths with SARS-CoV-2 or -3, positive PCR versus actual excess death really occurring. So we're more and more going to see people who would have died anyway and they're getting badged with PCR. In the coming months, we're going to see a lot of that being hyped.

WOODS: On the other hand, the vaccine manufacturers, it seems to me, have an interest in not having their vaccine be perceived to be a failure. So you would think that they would have a vested interest in making sure that there's more accurate reporting of deaths, there's more accurate reporting of case numbers than we've had in the past, because now suddenly, somebody's pocketbook depends on it. Any chance of that?

CUMMINS: Well, if I were making vaccines – and I'm a corporate guy for nearly 30 years, so I've bent the rules here and there, I would say is fair. If I were in that market, what I would

want is the current deaths being maximized, the lockdowns being as severe as possible, mask wearing being enforced, and a general sense of terror. And then as I roll out my product, I'd want to back off on all of that, and then say, hey, the vaccine's fixed everything. That's the way I would go with it.

And the problem really is with the vaccine— and I don't get into vaccine talk generally, because it's become ridiculous. You can't even discuss it. But the vaccine will come after the vast majority of SARS-CoV-2's impact has already occurred. And it's a problem when you have a product that comes somewhat after the event, so you still need to say that it's doing great things. But I guess if the problem has mostly passed, you can bring in a new product and say, hey, look, the problem's passed, because of the new product. But of course, no one will ever get to measure that because the problem has largely passed anyway. But I guess you could have a lot less focus on the problem and a lot less PCR testing once the vaccine comes in. And then there'll be an impression that everything got better related to the timing of the vaccine. So I guess that's what I'd do if I had that product. I'd be working all those vectors.

WOODS: Well, I hear that. I hear that. Let me ask you about one other thing. This is a word that gets used in the us a lot, the word *super spreader*, that there are certain events that are *super spreader* events that spread the virus to a whole lot of people in a very short amount of time, because there are a whole bunch of people gathered together. Now, in a way it reminds me of people who, every time there's an unusual weather event like a severe hurricane in the US, they instantly know that climate change caused it. They have no evidence for this. They have not looked into it at all. They just know. Well, likewise, anytime anybody has been — I've seen people singing together, I've seen all different sorts of things that apparently came to nothing. Deaths continued to fall afterward. But yet, I'm told that all these are super spreader events. And so if anybody wants to have music or anything else resume, well, they're just going to be bringing about super spreader events.

Can you make any sense of the word *super spreader*? I'm sure it has some meaning. I'm sure there are such things. But they seem to be so random. There are huge crowds, and then nothing. And then other cases, there'll be a small crowd, and there isn't — like there'll be a wedding in Maine, and suddenly there are 100 cases. What do we make of this?

CUMMINS: Right. Well, to me, it's quite simple. I looked at all that stuff, and I couldn't believe what they were saying, really. Because when things happen that are very noisy and you can't understand them, it's perfect ground for charlatans, because they can say, Oh, look, we saw this or we saw that, and then just sole story explain it. But you're absolutely right. There's massive data on nothing happening with crowds, and then there's pockets where you get a burst. But saying that the burst was a super spreader, that's kind of mostly making stuff up. You're making a story to fit what you see. But that's not really science. So I find that extremely weak. There may be some truth and some individuals or super spreaders, but I've not seen the science to support that. And there's so much contradictory data to that, that you mentioned that you have to kind of write it off.

It's also worrying that *super spreader* is an extremely useful way to terrorize people and to implement unscientific measures. And it really worries me that the science is stretched to breaking point in order to make a powerful narrative that suits the general narrative. So I see that really as just it's like correlation but not causation. You use it if it suits you. And I think we have a huge amount of examples of that.

And I just thought of something, actually. Florida in late September, the Governor DeSantis, he had Professor Levitt and I think professors from Harvard, as well, in a two-hour session by video link in the parliament or the senate or whatever they have. And based on the data, absolutely correctly, he dropped the lockdowns and mask mandates, even. And guess what happened to the mortality per million. Over the next — I was presenting when it was four weeks later, but now around 12 weeks later: nothing. And not only that, but Florida's curve is one of the best in America as seasonally it rises. And we've lots of areas of America rising seasonally quite strongly. Florida stands out as being down amongst the best. So the state that actually dropped the lockdown and the masks turns out to be the best performer in the following months for mortality per million.

I could give you 50 examples like that. There is so much contradictory data. Professor Karl Popper, kind of the father of logic and science and proof, he said that you can have any amount of positive bits of evidence supporting your hypothesis, and you could never prove it. But if you have one contradictory piece of evidence which goes against the hypothesis, you're there. So negative evidence is vastly more powerful than positive. But what we're seeing is all of the scientific community is dredging and mining for positive bits of "evidence," and that's evidence in quotes, for this hypothesis. But we have not just one bit of negative evidence which destroys us, as Karl Popper would ask for; we have myriad. We've mentioned many of them. You could go on all day listing negative evidence against lockdowns and masks, and the irony is you'd only need one piece to kill it, but we have so many, you could spend the day listing them.

WOODS: How did you get involved in all this? Was something just the last straw and you said I've got to look into this? Were you interested from the beginning? I had no idea that the email newsletter I've been writing for years would turn into a COVID update five days a week, but that is where life has taken me.

CUMMINS: Yeah, well, if it was treated like a severe flu, normally, as per a half century of knowledge, like we said, WHO, none of us would be talking about this at all. In Europe by around late April, early May, we'd say, oh, look, it was seasonal, and it's faded. And maybe there'd be some people talking about resurgence now, but it's because of the lockdowns and the mandatory masks that this is a story that keeps going. It's the measures against the virus that are the real story. The impact is horrific, and there will be vastly more death and suffering because of the measures than could ever be caused by SARS-CoV-2. That's why it's nonstop.

Back in March, my wife was concerned and a friend was, who's an engineer. And I looked at it briefly, and I said no, it's your *Diamond Princess* ship. 3,700 people, they were more elderly type people, and there were only at the time six or seven passed. And I said this is like a severe flu, and it's going to be seasonal. And the China data even said that. So I reassured them and said, look, elderly or immunocompromised, it's going to be tough, but it's going to pass like all before it. And then when they began to lock down, I said, okay, I can understand the panic reaction, but they're going to feel foolish in a couple of weeks. But then they insisted on keeping the lockdowns.

And then I became more and more involved, because I began to see our fundamental freedoms, our culture, our history, everything was being burned alive at the altar of bad science. And I said, what's happening? So I got more and more engaged. And then in mid-summer, when I was saying to all who would listen: now they must give up this nonsense. It's

midsummer in Europe. The virus has clearly disappeared seasonally. They cannot justify continued measures. And you know what they did then, Tom? They brought in mandatory masks under pain of prison sentence and fines all over Europe within a week or two. And then I realized, in fairness, no conspiracy theory stuff, this is not about a virus anymore. If you bring in mandatory masks in midsummer, when it's 100% certain that the virus has gone until the following October, November, that's it then. It's not about the virus. It cannot be.

WOODS: And I've heard this, and I know that just like with 9/11 and other horrific things that have occurred, naturally the state takes the opportunity to do things it's been wanting to do anyway or just to exercise power in one way or another. But the vast majority of ordinary people do think it's about a virus, and they are acting as if it's about a virus.

I just pointed out on Twitter, just the other day, I was at a restaurant – just yesterday, because I live in Florida, so I'm allowed to do what I want – and they're still handing out paper menus. And of course, some places it's a QR code, and I'm sure that works well for their 85-year-old guests. I'm sure they know exactly how to use a QR code to convey the menu. And it occurred to me that we've known for quite a while now that surface transmission is not how this thing is getting around. And *The Washington Post* just last week ran an article where the first two sentences were: we don't have a single confirmed case of transmission of COVID-19 through surfaces. Not one. And yet everyone is still acting as if the most important thing is disinfecting all surfaces and deep cleaning offices and spending, who knows, \$50,000 on deep cleans, when, if anything needs to be cleaned, it's the air rather than the surfaces.

So on the one hand, you and I are accused of not following the science, but when it comes to things like surfaces or things like kids in school, questions like this, it seems like we've been – or T-cell immunity – it seems like we've been right consistently, and the so-called scientific people have been wrong. I just note that as an observation [laughing].

CUMMINS: Well, yeah, I'd agree that from the start, back in April, I guess, when I was interviewing Dr. Allsdale and others and Professor Levitt then and all the real experts who are not going with the narrative, correctly, on seasonality, on impact level, on dormancy, and on the lack of efficacy of lockdowns, and on the lack of efficacy of masks. Yada, yada, yada. It's turned out from the data that we were correct, let's say, 80, 90%. Pretty much correct. And it's turned out from the same data that the orthodoxy have turned out to be around 80 or 90% incorrect. So people sometimes challenged me and find something from the past at the very start of this. *Oh, you said X*. Now a) no one can predict perfectly. But b) we're overwhelmingly correct on everything. Do we need to be 100% correct?

WOODS: That's impossible? How would we be? But the question is, who's been reasonable? Who's not been trying to panic people who's been trying to figure out how to cope with this like adults? And whose track record is mostly pretty good, as opposed to consistently wrong? Every month, it was some additional panic too. *Oh, it leads to this disease in children*, and they then they abandoned that. It was always some kind of crazy thing on top of it. Then it was long COVID. It's always something. And it's just panic, panic, panic.

CUMMINS: Yeah. And that's why it's not really about a virus, because it's understandable that people can panic, but the relentless propaganda, and I said when I interviewed Professor John Lee in the UK – he's been saying since March what we're saying, and he's a professor of pathology. He has a couple of PhDs as well. And he's been bang-on from the start. But when I interviewed him, and I said, look, it's increasingly like propaganda. And he said, "Ivor, it's not

increasingly. It's been propaganda from the start." And he said that real journalism is when you look at the data, and you look for a counter view to get a discussion going. Propaganda by definition is when you take a story we already know, and you keep reinforcing it. So he said this has been propaganda from the start.

Now, that was back I think, in May, and it's gotten a lot worse since, because all during the summer, the propaganda went through the roof. Kawasaki disease, I looked at that and laughed. I could not believe what they were saying. That was the rare disease. And then they brought up long COVID, and all of the data at that stage, after many, many months, and having passed the epidemic, we roughly knew that, yes, there are in a small percentage of people sick where they are or knock-on longer-term effects. But that's not really different than shingles or influenzas. So they were hyping that. And I found the opinion in the summer.

And when they brought in mandatory masks, which was the most unscientific thing I've seen maybe in my lifetime, I realized then they're actually striving to get to the winter, because they know it's seasonal, even though they denied it. The WHO on 28th of July came out with a bulletin saying it's not seasonal, right when we knew it was. But I realized they're trying to get the winter, because they know there'll be a resurgence in the winter. That's normal. They're actually trying to bridge the gap to get to the winter to have ICU and the bit of mortality action, and then drive things into hysteria again.

I just realized, why are they doing this? Not the 90% of people at the time who believed this, because the propaganda psychoses the people, and we understand that, and not the academics who are kind of on the payroll and going on with the narrative. But who's really driving the narrative and managing to make this so unscientific for so long? And we won't get into that discussion, really, but it turns out there are very powerful people openly discussing how coronavirus is a huge opportunity not to be missed to reshape the world. And they're bringing up climate, they're bringing up health passports, and they're kind of openly saying that this is a huge opportunity. And I think that's a big part of what's been keeping this engine going, is it's seen as an opportunity for other objectives.

WOODS: I don't know what to say. It's so frustrating, because I feel like I've never been more right about anything. And I thought by now more people would recognize the wreckage that they were causing. And to the contrary, it's that either they're so embarrassed by what's happened that they don't dare admit it so they have to double down, or they genuinely don't see it, or they're outright sinister. I mean, none of these is a particularly favorable outcome, let's say.

CUMMINS: Yeah, it's a tough one. I think what you've got is you've got very senior people where it's more of the classic sinister, not a conspiracy theory, but just a very long-game, kind of corporatocracy-type planning going on for decades. And now, there's opportunism because they see that you can bring in medications that would have taken huge amounts of time to get approved. New classes, you can bring them in in six months. You can get in passports and surveillance and tracking and all these things that bureaucracies love, especially sinister bureaucracies, and you can get them in in a couple of months. You might spend 10, 20 years lobbying for them otherwise. So I think a lot of very, very bad elements just saw corona rise and realized, Oh, my God, disaster capitalism, this thing's going to be a fairly big hit. The authorities and WHO are all going after it like it's the bubonic plague. And wow, this is an opportunity.

And I think a lot of the bodies like the World Economic Forum and the WHO itself and other foundations that are very linked to pharmaceuticals, and even UN, had long-term goals for more control of the West. And I could go on and on, but all of these bodies are very much, communications wise, interconnected. And they're all really connected by one big factor. The World Economic Forum, if you look up their partners, corporate partners, I nearly fell out of the chair. They officially on their website, have 600 or 700 corporate companies are their partners. I mean, it's basically all of the corporate world are their partners. And the pharmaceutical industry is intertwined with the WHO, which is intertwined with other foundations. So they're all connected, and they're all looking at this and they're salivating. And I think that's a big driver at a high level.

And then absolutely, as you said, there are older drivers below them what I call the useful idiots.

WOODS: Yes.

CUMMINS: I think it was what Churchill called those people. And they're all the academics and politicians who have gotten themselves in a froth. They've been driven by the top, but they're sustaining this madness in their own way. It's self-sustaining. And I think the political embarrassment also applies, because a lot of clever politicians will realize if we go into this winter, and then all-cause mortality, it's not actually that impactful, people are going to start saying, Hold on a minute, it was seasonal, and the first hit was the worst, and there is community immunity developed, and the conspiracy theorists were correct. So they can't allow that because of the damage they've done, so they have to put in lockdowns so that if the winter turns out to go through a hump, but actually come back down and be okay, they need to be able to credit that with the lockdown anti-science that they've already been using. Otherwise, that anti-science will clearly become like false, which it is. So there's so many drivers in this to keep it going.

And then there's of course, the new vaccination products, which everyone's invested massive amounts in. And that's what they've always said will save us. They need to make that narrative come true. So they need to keep doing lockdowns and masks and keep everyone in this state of tension in order to deliver their magic sauce. So the whole thing, it's actually quite simple to me as a root cause diagram I could do on what I just said, and it wouldn't even be a complicated one. Lots of factors, lots of drivers, lots of self-reinforcing feedback loops. But to be honest, pretty obvious at this stage what's happened.

WOODS: If people want to follow your material, and they certainly should, what's the easiest way for them to do that?

CUMMINS: Oh, I'd say a search engine, my name, "Ivor Cummins," and rapidly you'll hit my YouTube channel with all the videos you mentioned on this and my website. And I might just send you one link to include. I did a blog post, and it has the 22 papers I mentioned that lockdown doesn't really work, and they're downloadable in PDF, and also links to the harms of lockdown. Plenty of references for the horror. And also a link to that book from Hope-Simpson, the British genius doctor, which is a fascinating PDF read and explains a lot of this.

WOODS: I will gladly put those up. I'll put your YouTube channel on the show notes page, as well as these links. The show notes page will be TomWoods.com/1798. I'll also put my own blog post called "Death by Lockdown," because I was tired of explaining it from scratch to

every single nut on Twitter. So I thought, well, I'm going to have one blog post, and all I have to do is paste the link every time. So that's what I did. It's saved me a lot of grief. So your website, TheFatEmperor.com, is that your website?

CUMMINS: Well, that's the website. YouTube is probably the best place, or Twitter, but TheFatEmperor.com. And it's E-M-P-E-R-O-R, because a lot of people put O-R-E-R. I don't know where that goes, probably to some soft porn websites.

WOODS: They've got to learn spelling. That's the key. So all right, very good. Well, I'll link to all this at TomWoods.com/1798. I appreciate your time. I appreciate what you're doing. You've really, really been heroic. You've helped to keep me sane, which in turn has helped to keep other people sane. So thanks again.

CUMMINS: Thanks so much, Tom. And we can circle back later and see where this thing is headed towards.

WOODS: I'd love to do that. Thank you.

CUMMINS: Thank you.