

Authors of Barrington Declaration Speak Out

Analysis by [Dr. Joseph Mercola](#) ✓ Fact Checked

STORY AT-A-GLANCE

- › October 4, 2020, three public health scientists launched The Great Barrington Declaration – a public health proposal that calls for focused protection of the most vulnerable while letting the rest of the world resume normal life
- › The Great Barrington Declaration has been signed by more than 920,000 individuals, including 46,412 medical practitioners and 15,707 scientists
- › It was recently revealed that Dr. Anthony Fauci, director of the National Institutes of Allergy and Infectious Diseases, and his former boss, now retired National Institutes of Health director Francis Collins, colluded behind the scenes to quash the declaration from Day 1
- › Focused protection is based on longstanding basic principles of public health that we have followed for decades, while lockdowns are novel, experimental strategies with no history of usefulness
- › Fauci and Collins had nothing in terms of actual science. They could not defend lockdowns or anything else based on science alone. So, they turned to propaganda, PR and smear tactics

October 4, 2020, three public health scientists launched The Great Barrington Declaration¹ – a public health proposal that calls for focused protection of the most vulnerable while letting the rest of the world resume normal life. The declaration has

since garnered more than 920,000 signatures by doctors, scientists and other health professionals who agree with its premises. The founding trio include:

- Martin Kulldorf, Ph.D., a biostatistician, epidemiologist with expertise in detecting and monitoring infectious disease outbreaks and vaccine safety evaluations, and a professor of medicine at Harvard University
- Sunetra Gupta, Ph.D., professor at Oxford University, an epidemiologist with expertise in immunology, vaccine development, and mathematical modeling of infectious diseases
- Jay Bhattacharya, MD, Ph.D., professor at Stanford University Medical School, a physician, epidemiologist, health economist, and public health policy expert focusing on infectious diseases and vulnerable populations

In the video above, Jimmy Dore interviews Kulldorf and Bhattacharya about the declaration, and the recent revelation that Dr. Anthony Fauci, director of the National Institutes of Allergy and Infectious Diseases (NIAID) and his former boss, now retired National Institutes of Health (NIH) director Francis Collins, colluded behind the scenes to quash the declaration from day one.²

Focused Protection

The Great Barrington Declaration points out some key basic facts. First of all, it stresses that pandemic measures such as lockdowns "cause irreparable damage, with the underprivileged disproportionately harmed." Second, it highlights the fact that the risk of death from COVID is not equal to all.

"We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza."³

Furthermore, as natural immunity within a population grows, the overall risk of infection declines. So, allowing those at low risk for complications and death to live normally, and potentially get sick but recover, actually helps protect those at greatest risk.

By having everyone isolate at home and avoid contact with others, herd immunity is postponed and the pandemic prolonged. "Our goal should ... be to minimize mortality and social harm until we reach herd immunity," the declaration explains, adding:⁴

"The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent testing of other staff and all visitors. Staff rotation should be minimized.

Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational households, can be implemented, and is well within the scope and capability of public health professionals.

Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching.

Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open.

Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity."

Fauci's False Consensus

As noted by Bhattacharya in the interview above, while Fauci tried his best to create the illusion of scientific consensus – that most all scientists agreed with lockdowns, masking, social distancing and so on – there were and are just as many if not more who disagree.

The Great Barrington Declaration has been signed by more than 920,000, including 46,412 medical practitioners and 15,707 scientists. "We posed a significant problem for them," Bhattacharya says, "because they couldn't dismiss us as fringe." Well, Collins certainly tried. In fact, in an October 8, 2020, email to Fauci, Collins wrote:^{5,6,7,8}

"The proposal from the three fringe epidemiologists who met with the Secretary seems to be getting a lot of attention ... There needs to be a quick and devastating published take down of its premises ..."

"Don't worry, I got this," Fauci replied. Later, Fauci sent Collins links to newly published articles refuting the focused protection solution, including an op-ed in Wired magazine, and an article in The Nation, titled "Focused Protection, Herd Immunity and Other Deadly Delusions."

When They Can't Win an Argument, They Slander

As noted by Bhattacharya, Fauci and Collins had nothing in terms of actual science. They could not defend lockdowns or anything else based on science alone. So, they turned to propaganda, PR and smear tactics.

"Focused protection is based on longstanding basic principles of public health that we have followed for decades," Kulldorf says. "Lockdowns is a new experimental thing. So, the problem for Dr. Fauci and Collins is that they don't really have any good public health arguments. Collins is a geneticist and Fauci is an immunologist, so their experience with epidemiology and public health is limited."

You can see that in this email where Fauci was quoting Wired magazine as a take-down of The Great Barrington Declaration. They didn't really have any good public health arguments. There were no arguments to keep the schools closed.

So, the only thing that remains then is to use slander, or smearing, or mischaracterizing your opponents, and that's what they did. They called focused protection a 'let it rip strategy,' even though it's the very opposite [of that]."

The very same tactic has been used to shut down all other counternarratives as well, be it evidence showing that masks don't work, that the COVID shots cause harm, or that vaccine passports are moot since the shots don't prevent you from getting infected or transmitting the virus and therefore cannot protect others, cannot confer vaccine-induced "herd immunity" and cannot end the pandemic.

COVID Jab Risk-Benefit Analysis

Unfortunately, Dore, Kulldorf and Bhattacharya all claim that the COVID shot is beneficial, or at least can be for some, and is saving lives. Kulldorf goes so far as to say that "older people who have not had COVID should certainly – a no-brainer – take this vaccine."

While I respect their expertise, I strongly disagree with such statements. Importantly, they are not comparing the effectiveness of and protection you get from the shot, to the protection and effectiveness of preventive measures and aggressive early treatment.

I have never seen any professional make this recommendation and compare it to the alternative of optimizing vitamin D levels and providing early treatment, ideally on the first day. They are comparing it to doing nothing, which makes no sense as it should be compared to another intervention.

If you don't take the shot, your risk of getting COVID is not 100%. If you take the shot, however, you're 100% exposed to its risks, which are significant. Seeing how we have several different early treatment protocols with demonstrable effectiveness, reducing

the risk of death even among the seriously ill by 80%, why take an experimental shot that can devastate your health, if not acutely, then over the long term?

Now, I'm not indifferent to the clearly delicate position they're in. It's at least possible (although far from certain) that their enthusiastic pro-jab stance is a concession to avoid the anti-vax label in order to be able to engage in the larger conversation about other pandemic measures. If they failed to take this position they would likely be even more censored.

It's easy for the establishment to attack and smear those who express concerns about the COVID jab. It's more difficult to sink the reputations of those who agree that the jab is "fantastic" but have concerns about other measures.

That said, Bhattacharya does point out some basic data — published by the World Health Organization — to clarify for whom the benefit of the jab might outweigh its unknown risks:

- A 53-year-old has a 0.2% mortality rate from COVID, i.e., they have a 99.8% chance of surviving the infection
- For every seven years of age above 53, the mortality rate doubles, so a 60-year-old has a 0.4% risk of dying from COVID, a 67-year-old risk's is 0.8% and for a 74-year-old, it's 1.6%
- For every seven years of age below 53, the mortality rate is halved, so a 46-year-old has a 0.1% risk of dying from COVID and it dwindles into statistical zero for teens and children
- 80% of COVID deaths in the U.S. occur in people over 65
- The average age of COVID death is above the national life expectancy

Why Vaccine Mandates Make No Sense

As Dore points out, the facts simply don't support vaccine mandates. "I don't see how you can be for mandates after you have this information," he says.

- The COVID jabs do not prevent transmission, and vaccinated people have just as high or higher viral load as the unvaccinated, making them just as contagious, or more so
- Even if the jab reduces symptoms, they do not prevent you from contracting the virus
- With Omicron being so highly contagious, the consensus seems to be that just about everyone will be exposed and contract it, thereby producing herd immunity

"If everyone's going to get it, what does it matter who you get it from, a vaccinated or an unvaccinated person?" Dore asks. "So, how can they justify a mandate?"

COVID Jab Mandates Are Cruel and Unethical

According to Kulldorf, the establishment pushing for vaccine mandates are ignoring basic public health science. They're also acting unethically. Demanding that a 25-year-old who already had COVID take the experimental jab that won't provide them with a clear benefit is medically unethical.

Meanwhile, elderly people in underdeveloped countries that might benefit aren't able to get it and that, too, Kulldorf says, is unethical. Bhattacharya agrees, saying "it's a cruel thing we've done with the mandates." People who risked their lives during the first year of the pandemic, when little was known about the infection, are now being fired because they don't want a shot they don't need.

“ The vaccine does not stop transmission. Given that, what logic is there for a mandate? There isn't any. It's just cruel and unethical. ~ Dr. Jay Bhattacharia ”

Doctors, nurses, first responders, truckers, grocery store clerks – they all worked through 2020 and were exposed on the frontlines. Those who recovered and have natural immunity are now being discarded like yesterday's trash for no good reason.

Naturally immune health care workers, for example, would normally be invaluable. Now they're being fired and replaced with workers who have fragile and temporary protection at best, which is beyond irrational if you're trying to prevent outbreaks.

"The vaccine does not stop transmission," Bhattacharya says. "Given that, what logic is there for a mandate? There isn't any. It's just cruel and unethical."

The Bizarre Disappearance of Natural Immunity

Kulldorf points out that we've known about natural immunity for 2,500 years, and there's absolutely no reason to assume that this virus would be completely different from any other virus and fail to confer robust immunity after you've recovered.

But even if you were unsure, real-world data confirm that it does confer immunity. He cites data from Israel, showing people who have received the jab are 27 times more likely to come down with symptomatic infection compared to those who had prior COVID infection. So, we know that natural immunity is far better than the jab.

It's a very curious phenomenon that has occurred, and Bhattacharya and Kulldorf both admit being very confused by it, and that is that seemingly hundreds of scientists have sided with narratives that everyone knows to be false — such as the denial of natural immunity.

Bhattacharya describes being utterly shocked reading a statement signed by 100 scientists declaring that natural immunity did not occur after COVID infection. He believes the scientific community was so caught up in the fear of being "canceled" that they either silenced themselves or went along with things they knew were untrue.

He also points out that the World Health Organization went so far as to change the definition of herd immunity after The Great Barrington Declaration was published. The new definition basically denies the existence of natural herd immunity and pretends that it can only be achieved through mass vaccination, which has never been the case.

"It's a weird power we have," Bhattacharya says, tongue-in-cheek. "We released [The Great Barrington Declaration] and we made the World Health Organization stupider."

Blatant Lies Being Told About Children's Risk of COVID

Dore also highlights other blatant lies. Two-thirds of parents are very reluctant to give their children the COVID jab, so the propaganda machine is in full swing trying to make parents more afraid of COVID than they are of the shot. He plays a news clip in which it's claimed that:

- Since the beginning of the pandemic, more than 8,000 children have been hospitalized with COVID, a third of those ending up in the ICU
- 146,000 children have died from COVID since the beginning of the pandemic
- COVID is now in the Top 10 causes of death among children

"That's just false," Bhattacharya says. The news clip goes on to claim that:

- The shot has been proven safe for children
- That there are "no side effects" in children
- Side effects only occur within the first couple of months after the jab, and
- "Long-term concerns are very theoretical" and would be "rare at the most" whereas the effects of COVID itself "could be devastating"

"He just said there are NO side effects from the vaccine," Dore says. "[That's] also a lie!" Bhattacharya commented on the clip calling it "absolutely shocking, filled with absolute lies." Aside from the lack of proven safety, they also lied about COVID causing long-term problems in children. Bhattacharya cites a recent large-scale study that concluded "long-COVID in children were of short duration."

"They're creating this sense of panic in parents, and it's just evil," Bhattacharya says. "What happens is the parents then end up making decisions for their kids"

that end up harming them, on the basis of this false information."

Aggressive Early Treatment Is Key

I hope you take the time to listen to the full interview, as they cover far more than I've reviewed here. It's an interesting conversation and Jimmy is profoundly entertaining as he educates us on the facts. In the latter half of the interview, they also discuss the issue of treatment, and the irrational stance that discussing and using effective treatment will result in people not getting the COVID jab.

Bhattacharya expresses exasperation at this, noting that when a patient is ill, you have to do everything in your power to treat them. You can't ignore treatment for fear they might not want a vaccine later. And you can't not treat people simply because others might decide they don't want the vaccine because they know they can get treated if they get sick.

Indeed, the suppression and denial of early treatment is perhaps the most egregious and deadly lie of all. At first signs of symptoms, you need to begin treatment. We now know that treating early and aggressively will prevent the vast majority from needing hospital care or dying. Early treatment also radically lowers your risk of long-COVID. At this point, we have several early treatment protocols with demonstrated effectiveness, including:

- The Front Line COVID-19 Critical Care Alliance's (FLCCC's) [prevention and early at-home treatment](#) protocol. They also have an [in-hospital protocol](#) and [long-term management guidance for long-haul COVID-19 syndrome](#). You can find a listing of doctors who can prescribe ivermectin and other necessary medicines on the [FLCCC website](#)
- [The AAPS protocol](#)
- Tess Laurie's [World Council for Health protocol](#)
- [America's Frontline Doctors](#)

Based on my review of these protocols, I've developed the following summary of the treatment specifics I believe are the easiest and most effective.



Sources and References

- [1, 3, 4 The Great Barrington Declaration](#)
- [2 Wall Street Journal December 21, 2021](#)
- [5 YouTube Liberty Report, 7:13 minutes](#)
- [6 The Blaze December 18, 2021](#)
- [7 Daily Mail December 18, 2021, Updated December 19, 2021](#)
- [8 ZeroHedge December 20, 2021](#)