

Swiss Policy Research

Dr. Drosten in the fact check





German

virologists and physicians (Graphic: [FAZ](#))

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Renowned German virologist Dr. Christian Drosten gave an [interview](#) on the Corona pandemic to the Swiss online magazine *Republik*, [published yesterday](#). But a fact check shows: Most of his core statements about Corona are incorrect or misleading.

Note: The following is a factual, critical argument. Please do not use this analysis for personal attacks or to stir up public opinion. The analysis must otherwise be depublished.

1) Origin of the coronavirus

Drosten: "This idea of a research accident is decidedly unlikely to me because it would be far too cumbersome."

Why does Dr. Drosten believe a research accident scenario would be "far too cumbersome"?

Drosten: "So if you wanted to develop a kind of Sars-2 in the lab, you would have inserted changes, for example this *furin site*, into such a **Sars-1 clone**. In order to find out: Does this adaptation make the Sars virus more infectious? But that was **not the case** here. The whole backbone of the virus is different: Sars-2 is full of variations from the original Sars-1 virus."

Why does Dr. Drosten think they used a Sars-1 clone for this?

Drosten: "So, let's imagine that someone wanted to see what happens when you give a coronavirus this *furin cleavage site* that you know from influenza viruses: Does it become more malignant? For this, **I would** take the Sars-1 virus, and I would take it in a form that I could also modify in the lab." [Emphasis added.]

Assessment: A straw man argument. Sars-Cov-2 was never thought to have originated or evolved from Sars-Cov-1. [It has been known](#) since as early as [May 2020](#) that the Wuhan Institute had about a dozen of the closest relatives of Sars-Cov-2, several of them with gene sequences that have not been published to date; that these viruses came from a mine where Covid-like pneumonia occurred in 2012; that WIV had been conducting research with these viruses since 2017; and that WIV actively sought to conceal these connections. Moreover, a "laboratory virus" need not be "particularly virulent"; it may also be an attenuated virus from vaccine research (as was probably the case in [1977 and 2009](#)). A natural origin of Sars-Cov-2 cannot yet be completely ruled out, but the genetic structure points to [manipulation](#).

Addendum: In early June, emails from NIAID Director Dr. Anthony Fauci were [published in the](#) U.S. showing that Dr. Drosten was [part of](#) a group around Dr. Fauci as early as February 2020 that attempted to [cover up the](#) laboratory origin of the coronavirus, which [was already suspected](#) internally. NIAID collaborated with the Wuhan Institute and supported its coronavirus research. This may shed new light on Dr. Drosten's misleading argumentation.

2) Seasonal effect on infections

Drosten: "Both of those things together [lockdowns and vaccinations] and the warmer temperatures, which reduce transmissions by about 20 percent, means it's going down in numbers."

Assessment: This presentation is incorrect on two counts: First, the seasonal effect is not primarily about temperatures - otherwise countries such as Brazil or India would not have experienced a pandemic - but about factors that are still largely misunderstood today, such as humidity or UV radiation. And secondly, the seasonal effect is not "around 20%" but [almost 100%](#), which is why influenza and coronaviruses always largely disappear in temperate climates in summer. Conversely, this means that lockdowns and also vaccinations have had a [much smaller](#) share in the decline of infections in Europe since April/May. Therefore, infections in countries without lockdown (e.g. [Switzerland](#)) and with minimal vaccination coverage (e.g. Albania, Moldova, Ukraine) decreased as much [as](#) in Germany.

3) Vaccination of children

Drosten: "A study has just come out that shows: About four and a half percent of infected children still have symptoms after one month, such as loss of smell, loss of taste, permanent fatigue. Is that what you want for your child? Four percent is not low. The other is what's called multisystem inflammatory syndrome, which occurs in one in a few thousand: a severe illness that can last up to six months. From a parent's perspective, my child would be vaccinated. Clear case."

Assessment: The risk-benefit ratio for vaccination of children is [by no means](#) a "clear-cut case". The German vaccination commission STIKO is *against a* general vaccination recommendation for children because the safety data are [insufficient](#). Dr. Drosten also exaggerates the risk of "long covid" in children by citing a single, [unrepresentative](#) study. The spokesman for the Professional Association of Pediatricians and Adolescents stated [in a](#) recent [post](#), "You have to look with a very, very large magnifying glass to detect cases of Long Covid in children." Moreover, whether covid vaccines prevent inflammation syndrome in children, as Drosten suggests, or, on the contrary, might [trigger](#) it [themselves](#) (through the formation of the spike protein), is unclear: the manufacturers' studies to date have been far too small for that.

Addendum: The US CDC has since [called](#) an "emergency meeting" due to increasing cases of heart muscle inflammation in vaccinated adolescents and young adults.

4) "Herd immunity

Drosten: "That was a misunderstanding from the very beginning, when it was understood that herd immunity means: 70 percent will become immune - whether through vaccination or infection - and the remaining 30 percent will no longer have any contact with the virus from then on. That is simply not the case with this virus. Everyone who doesn't get vaccinated will get infected with Sars-2."

Assessment: This assessment is also not so accurate. The example of Israel [already showed](#) from January that vaccination of a majority of adults was sufficient to bring the infections in the entire population, including children and regardless of the seasonal influence, to [almost zero](#) (although the Israeli overall mortality [increased significantly](#) after the vaccinations). Israel itself, [then](#), explicitly refers to "herd immunity." However, it is true that further infections will occur, for example through travel.

5) "False balance" through media

Drosten: "What was not at all clear to me is this false balance that can arise in the public, in the media. And that it can only be corrected to a limited extent. () That one can say: Okay, here is a majority opinion, which is represented by a hundred scientists. But then there are these two scientists who represent an opposing thesis. In the media presentation, however, you then put one of these hundred against one of these two. And then it looks like it's 50-50, a conflict of opinion."

Assessment: Contrary to Dr. Drosten's account, there was no scientifically based consensus on many relevant corona issues, and on important points Dr. Drosten himself took a minority position, for example with the [inaccurate assessment](#) that children were "drivers of the corona pandemic" and that schools should be closed, derived from an inappropriate [analogy](#) with the 1918 flu. In retrospect, most of the media probably did not give too much space to serious critical voices, but rather too little.

To the whole interview

- ["Mr. Drosten, where did this virus come from?"](#) (Republic, June 5, 2021)

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4. On the Treatment of Covid-19

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9. Covid: The Big Picture - June 2021

covid-the-big-picture-june-2021

An update on vaccines, early treatment, coronavirus origins, and more.

10. Covid Vaccines: Post-Vaccination Deaths.

covid-rna-vaccines-deaths

Data from vaccine adverse event reporting systems in the US (VAERS), the EU (EUDRA) and the UK (MHRA) indicates that covid RNA vaccinations have already been associated with close to 3000 deaths .

11. Studies on Covid-19 Lethality

studies-on-covid-19-ethality

Covid-19 infection fatality rates (IFR) based on antibody studies.

12. Covid: The Big Picture (May 2021)

covid-update-may-2021

An update on the 'Swedish model', virus transmission and virus origin, global excess mortality, early treatment and vaccines, the importance of independent research, and 'the luckiest aspect of the covid pandemic'.

13. For the treatment of Covid-19

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Early treatment protocol for covid-19.

14. Israel: Why Is All-Cause Mortality Increasing?

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Why Is All-Cause Mortality Increasing Again in Israel?

15. The latest on covid vaccine adverse events

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The latest on covid vaccine adverse events.

16. A vitamin against disinformation

one-vitamin-against-disinformation

Those who relied on the traditional media in the Corona pandemic were essentially once again misled from A to Z. A current example once again impressively illustrates how the propaganda machinery of agencies, media and "fact checkers" works.

17. The Media Navigator

media navigator

How are German-language media positioned politically and geopolitically? A total of 80 different publications were examined for the Media Navigator.

18. Guillain-Barré syndrome after covid vaccination

guillain-barre-syndrome-after-covid-vaccination

Guillain-Barré syndrome (GBS) is an auto-immune neurological disease that causes muscle weakness and paralysis, usually starting in the feet and hands, with about 20% of people still unable to walk at 6 months, and a fatality rate of about 5%.

19. Pre-symptomatic transmission is very real

pre-symptomatic-transmission-is-very-real

Pre-symptomatic transmission is real. But face masks still don't work.

20. Why Ivermectin works, and where to buy it

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New insights into the mode of action of ivermectin against the novel SARS coronavirus.

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