

False Binaries of the COVID-19 Event

(Hockett, Engler, & Neil, 2025)

Pro “Official” Narrative	Permitted/Promoted Dissent	Off Limits/ Out of Bounds
<i>A novel, risk-additive virus/disease is spreading and can be slowed/stopped.</i>	<i>A novel, risk-additive virus/disease is spreading and cannot be slowed/stopped.</i>	<i>There is no novel, risk-additive virus/disease spreading and therefore nothing to slow/stop.</i>
SARS-CoV-2 was created in a lab and “leaked” or was released.	SARS-CoV-2 emerged from nature.	SARS-CoV-2 is not a new or unique agent causative of a new disease.
<p>SARS-CoV-2 is a novel virus against which human beings had no immunity and which created new or added risk of severe illness and death for many people.</p> <p>Everyone needed to take the virus seriously: lockdown and mask to curb spread, save hospitals, and buy time for a vaccine.</p>	<p>SARS-CoV-2 is a novel virus against which human beings had some pre-existing/natural immunity and creates new or added risk of severe illness and death for some people.</p> <p>The vulnerable needed to take the virus seriously and be ‘protected’ in a ‘focused’ way until herd immunity was reached or effective treatments or a vaccine was available.</p>	<p>SARS-CoV-2 is [a nothing-burger, not novel, not a virus, etc.] and did not create new/added risk of severe illness and death for anyone — except where positive tests prompted maltreatment.</p> <p>There was no viral threat that anyone needed to take seriously, or which warranted a response or protection efforts of any kind.</p>
Gain-of-function research is needed to predict and respond to pandemics (i.e., for vaccine development).	Gain-of-function research gave the world a global pandemic and must be stopped.	Gain-of-function research is standard process and fuels the pandemic preparedness complex but cannot yield pathogens that “leak” and “spread” globally.
There are no known treatments for COVID-19.	Early and repurposed treatments can be effective against COVID-19.	There is no new illness requiring doctors to do things they have never done before or would not do as standard practice.
PCR Tests are the gold standard and best way to prevent spread/keeping the virus at bay. High cycle thresholds should be used in order to catch as many “cases”/infections as possible.	PCR tests are too sensitive and are picking up fragments of inactive SARS-CoV-2. Only positives registered at lower cycle thresholds should be counted as “cases”/infections. Lateral flow tests can be used quickly and easily and are sufficient.	PCR tests aren’t diagnostic or specific and cast illusions. There was nothing/nothing new spreading; testing is not only superfluous but harmful when married to protocols that direct doctors to respond to positive test results in certain ways.
COVID on the death certificate means COVID-19 caused or contributed to the death	Not all COVID deaths are COVID deaths, i.e., there’s “from COVID” and “with COVID”	There was no new disease. Positive PCR tests are covering up actual causes of death. The “from/with” debate distracts from the dearth of evidence for a new disease.

Positive flu tests disappeared due to non-pharmaceutical interventions (shutdowns, masks)	Positive flu tests disappeared due to viral interference.	Positive flu tests disappeared due to human interference
A novel virus emerged from Wuhan at the end of 2019 (from the seafood market or a lab) and spread round the world.	The virus emerged earlier but the Chinese and/or other countries covered it up.	No new cause of illness emerged and nothing new spread from anywhere at any time.
The “sequence” of “the virus” could have emerged from nature.	Multiple “insertions” in “the sequence” mean that it must have been manmade.	The sequence is irrelevant to any pathogen or illness purported to have spread around the world in 2020.
The COVID shot is safe and effective.	The COVID shot is the deadliest shot ever deployed and responsible for an incredible range of harms to the human body.	The COVID shot was never needed; it was expedited and deployed under false pretenses.
Authorities didn’t know what they were dealing with and weren’t prepared for the virus (e.g., didn’t lock down soon enough, early detection systems failed, the world was fooled by China).	Authorities should’ve known better; they panicked and abandoned pre-existing pandemic plans (e.g., measures taken were deadly, leaders need to be prosecuted for funding GoF).	The plans activated were not pandemic-response plans and there was no legitimate basis for activation.
We didn’t do enough or do it in time to stop the Last Pandemic and do better in the Next Pandemic	We did too much and to the wrong people in the Last Pandemic and must do better in the Next Pandemic.	Nothing that was done was necessary. Certain plans were activated without cause (or for undisclosed reasons), very likely for nefarious purposes, and involved democide. Pandemics aren’t possible, and preparing for them is a waste of time & resources.
The origins and nature of SARS-CoV-2 matter more than the response to it. The response was justified, given uncertainty about origin and what was known at the time about its nature.	The response to SARS-CoV-2 matters far more than origins or nature of it. Origin and nature are irrelevant to ensuring the response doesn’t happen again.	The response to SARS-CoV-2 matters as much as the origins and nature of it. If there was no spreading viral threat, no response of any kind was ever warranted.

Hockett, J., Engler, J., & Neil. M. (2025, May 28). False Binaries that 'Limit the Spectrum of Acceptable Opinion' in the COVID-19 Debate and Perpetuate Lies Told by The Powers That Be (Part 2). <https://www.woodhouse76.com/p/false-binaries-that-limit-the-spectrum-32b>

Hockett, J., Engler, J., & Neil. M. (2025, July 24). "The Virus versus The Response": False Binary and Dominant Dissent. <https://www.woodhouse76.com/p/the-virus-versus-the-response-false>