

Overreaction to pandemic

by LEE HARDING

COVID-19 just ain't what it used to be. The SARS-CoV-2 virus was never as deadly as feared in its early days and has evolved to be even less so today. The vaccines rushed to production in response weren't the answer that some hoped and they've proved less effective as the virus evolves.

It's high time that vaccine and masking mandates ended, that people travel freely on trains, boats and automobiles, and across borders, and policies that exclude the unvaccinated from jobs need to go.

The case for this would be more commonly known and accepted if not for the censorship of information and the intimidation of medical colleges to reinforce prevailing narratives.

The College of Chiropractors of Alberta took proceedings against Dr. Curtis Wall of Calgary for not wearing a mask. They didn't seem to care that he had a medical exemption, and they spent more than \$200,000 trying to prove Wall was guilty of unprofessional conduct.

Lawyer James Kitchen represented Wall in co-operation with Liberty Coalition Canada and called four witnesses with impressive credentials, all of whom said masking the asymptomatic was counterproductive. An attempt by the college to keep the testimony under wraps wasn't upheld, allowing us to see almost all of it.

One expert whose name was redacted is an infectious disease specialist and medical microbiologist who testified he prepared nine expert reports in five provinces regarding COVID-19 and SARS-CoV-2. He submitted a report to the tribunal and testified in January that this was the fifth seasonal coronavirus and it acted just like the previous four.

What does this mean?

First, the infection fatality ratio has decreased. Part of the reason is that the most 'susceptible' and 'frail' succumb to the first wave.

Second, viruses tend to become more easily spread but less deadly over time. Otherwise, they die out, much like the more deadly but short-lived SARS-CoV-1 that broke out in 2002.

'We just know, and we've seen this all over the world now for two years, that you have waves that go up and waves that come down, in many cases no matter what you do,' the expert said. He added that the spread of the virus and its resultant mortality increased the more densely the city was populated. And the older a patient was, the more likely their immune system could not overcome the disease.

Because none of these three main mortality factors 'the season, age of the person and population density' could be changed, so efforts to stop the virus could only go so far.

Besides this, epidemiological studies suggest that, in general, 80 per cent of all transmission occurs within the household, and symptomatic transmission was 25 times more responsible than asymptomatic transmission. Although this evidence base was prior to SARS-CoV-2, what had emerged since has not refuted it, he said.

'Once you have community transmission on every continent,' a disease becomes endemic, he explained. By April 2020, he already knew SARS-CoV-2 in one mutation or another was with us for good.

'It's dangerous, I think, societally, to be treating everybody who otherwise looks healthy as a potential germ carrier for an infection

that's widely prevalent and going to be around forever," he said. "What we've clearly seen is that the interventions put in place have not had a significant effect."

If the effects were minimal against the disease, what about the impact on society?

His report said that, in Alberta, there were 1,010 COVID-related deaths in people under 60 years of age as of April 16, 2021, and that there were 1,191 motor vehicle fatalities in 2018 in people under 55 years of age.

Should we ban motor vehicles to bring motor vehicle deaths to zero, or would the price be too great?

For COVID-19, instead of focused protection for the elderly and vulnerable, we masked everyone, hindered businesses, taped up children's playgrounds, kept people from seeing their loved ones, and on and on. But at what cost?

According to an analysis by economics professor Douglas Allen at Simon Fraser University, for every 3.6 to 282 years taken by the collateral damage of COVID-19 interventions, one year was saved.

"It is possible that lockdown will go down as one of the greatest peacetime policy failures in Canada's history," Allen concluded. His study (sfu.ca/~allen/LockdownReport.pdf), which combined the analyses of 80 studies on COVID-19 and was released in April 2021, hasn't been effectively refuted. But it has been largely ignored.

Governments, most medical authorities, mainstream media, and social media have discredited and silenced opinions that were against the direction they took on the pandemic response. None of these parties want to be embarrassed now by allegations they did more harm than good.

That ought to change. The only thing worse than the adage that those who forget the lessons of history are doomed to repeat it is when people never learn those lessons at all.

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