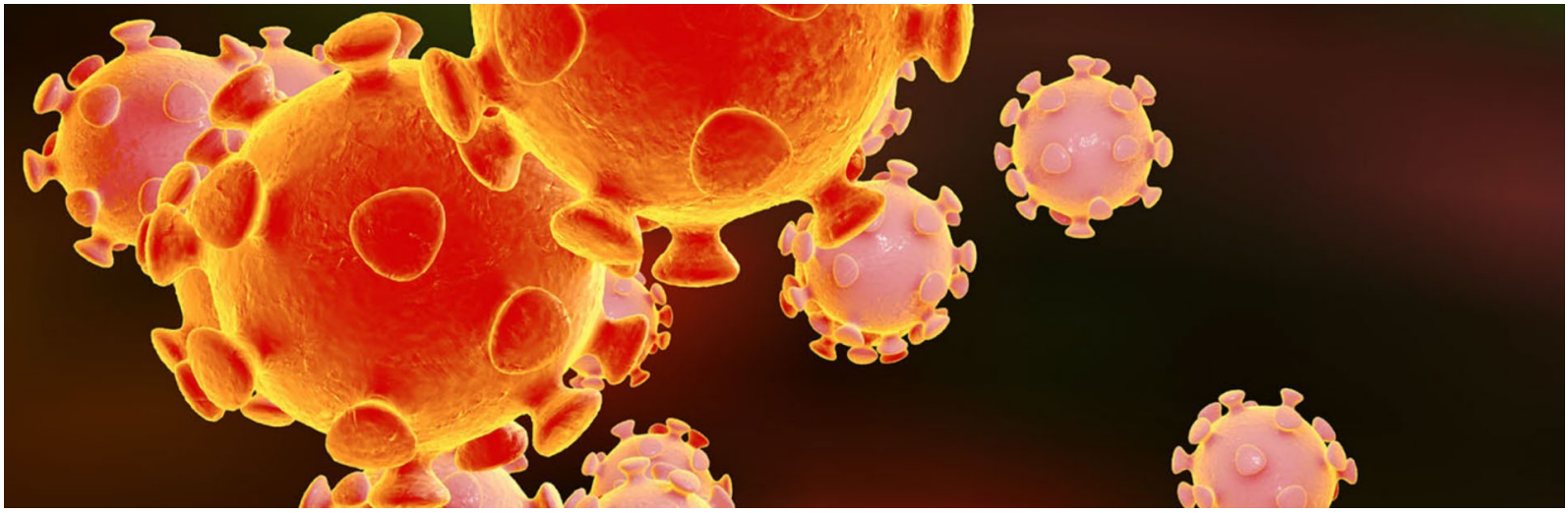

# The Corona Virus Pandemic

## An Analysis

by
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**PART ONE: Who failed and why**

**Notice to Reader:** The author is a general pathologist, not an expert in public health or epidemiology. However, he does have self-declared expertise in common-sense; and therefore, relative to these opinions, citations are irrelevant. So let's leave it to others to do any fact checking, as time is of the essence for distribution to interested parties. The opinions are his alone, and do not represent those of companies with which he is associated.
US experiences and statistics are used throughout as they are more readily available, and US institutions are the ones driving the bus internationally.

# PART ONE – Who failed and why

## The World Health Organization (WHO)

Statistically speaking, given the probable origin of SARS and Covid-19 in China (see on), the next pandemic is likely to originate there also. That's a problem. China was secretive about the start of their local Covid-19 epidemic (and still is), wasting valuable weeks before alerting the WHO of its existence which then downplayed its significance for the rest of the world. An early warning system is a vital starting point for effective international response to future pandemics. Clearly, the Chinese Communist Party (CCP) and the WHO cannot be trusted to act any differently in the future.

Furthermore, the (current) head of the WHO, Dr. Tedros Adhanom, is not a physician as have been all his predecessors, and has questionable credentials to effectively lead such a vital international resource at a critical moment in world history. He has been well shown to be China's apologist in this whole fiasco, compounding the problem by distributing misinformation under the imprimatur of the WHO early in the pandemic.

A senior WHO official responsible for the global response to this pandemic, Dr. Michael Ryan, has actually stated that "we may have to enter homes and remove family members" if they are Covid-19 positive – but in a "dignified manner". It would seem he thinks Covid-19 is as lethal as ebola or smallpox, which it most emphatically is not. Do we want 'officials' knocking at our doors in the middle of the night taking away our kids to control future pandemics? I think not, and to attempt such assault on personal liberty would cause civil revolt. But that was exactly what the WHO recommended!

I believe a personal anecdote is also relevant here. Right in the middle of the SARS epidemic in 2003, I met with the team of WHO officials 'managing' the outbreak right in their war room at WHO headquarters in Geneva. There wasn't a virologist in the room, and of the eight or so people present about half were nurses from obscure African countries doing an obligatory WHO secondment. To say it was a gong show is an understatement. The world was left to its own devices, and so it was initially with Covid-19.

The most rational explanation for the origin of the epidemic in China is not the Wuhan wet food market as the WHO immediately and confidently stated, but rather one of the virology labs in Wuhan doing environmental surveillance of bat corona viruses. There was almost certainly an accidental escape due to poor compliance with laboratory bio-safety procedures for which there have been many examples in China in recent years. Covid-19 was not a genetically engineered virus for use in biological warfare -- the corona virus isn't anywhere near lethal enough for that nefarious use, unless the entire Chinese population had already been vaccinated against it!

I believe I have made my case that the WHO cannot be trusted, is politically compromised, and is actually incompetent in the discharge of its expected leadership role. But more importantly, the WHO is advocating extreme containment policies that cut to the very heart of personal freedom.

**EXPERTS**

First of all, by way of context and with respect to estimates of mortality from Covid-19, the table below from the website of the Centers for Disease Control (CDC) shows the estimated number of US deaths in previous influenza epidemics:

| | |
|---|---|
| 1918 Spanish H1N1 | 675,000 |
| 1957-58 Asian H2N2 | 60-116,000 |
| 1968-1969 Hong Kong H3N2 | 40-100,000 |
| 1980s and on Seasonal Flu | 3,000 - 49,000/yr |
| 1997 Avian/Bird H5N1 | 12,000 |
| 2009 Swine H1N1 | 12,000 |
| 2017-2018 H3N2 | 61,000 |
| **2020 Covid-19 (April 19th 2020)** | **40,000** |

https://www.cdc.gov/flu/about/burden/index.html

Clearly the current US mortality rate due to the Covid-19 is similar to many previous 'flu outbreaks. (We must ignore the 1918 Spanish 'flu as that was before the age of antibiotics which would have saved many lives had they been available). But did we shut down the global economy in 1957 with the Asian 'Flu, or in 1968 with the Hong Kong 'Flu, or in 2017 with the H3N2 'Flu? No! We did not. If we weren't sick we went to work, and there was no attempt to shut down the economy. So exactly why is it so very different this time around?

Absent the WHO for reasons stated above, the world now relies for a heads-up on potentially severe public health matters from the 'experts' at the CDC, the FDA (Food and Drug Administration), and the NIAID (National Institute of Allergy and Infectious Diseases). Unfortunately, they have all failed us miserably. Let's deal with them one at a time.

The CDC's initial test kits for the molecular diagnostic test for the Covid-19 were found to be unreliable causing a delay in the manufacturing of reagents, wasting precious weeks for large scale testing. The reagents are still in short supply, two full months later. The FDA placed ridiculous bureaucratic impediments in the way of appropriately credentialed laboratories wishing to start the testing by their own methods, adding to the delay. Given the alleged urgency, the arrogance of the FDA was stupefying. And the NIAID, under the leadership of Dr. Anthony Fauci, was responsible for nightly predictions of the most extreme mortality, orders of magnitude higher than plausible, driving public fear and a hysterical media reaction. Furthermore, Dr. Fauci was initially insisting on a formal clinical trial before authorization of the use of hydroxychloroquine for which reasonable efficacy had been quickly demonstrated by a prominent French infectious disease expert, Dr. Didier Raoult. The drug has an excellent safety record with decades of use as an anti-malarial, so this was yet another example of fiddling while Rome burns (literally). Dr. Fauci is an academic, totally out of his depth this time around.

Please don't get me wrong, the leaders of these three organizations in more normal times have done credible work, particularly Dr. Fauci with the AIDS epidemic – but during this crisis they have all been caught with their pants down.

If we are indeed "at war" with Covid-19 (with which I profoundly disagree as dangerous hyperbole), the FDA should have loosened the reins and allowed accredited laboratories to 'get to it', and develop their own validated tests which they were perfectly capable of doing within a couple of weeks of the need being established. And Dr. Fauci should have approved the use of hydroxychloroquine much earlier.

## STATISTICS

There isn't a single reliable statistic except that a lot of people are dying, and that the vast majority of deaths are occurring in vulnerable age groups with significant co-morbidities. That's about it. We don't even know if some of the deaths could be co-mingled with other viral infections such as the ordinary seasonal 'flu, as that is not being tested.

The best of the worst statistics is mortality per million population, but even that is flawed as the numerator is totally unreliable for country to country comparison. That's because the way death is recorded on death certificates varies greatly in different countries, Germany in particular. Did a person die 'with' the corona virus or 'due to' the corona virus is the issue, as the majority of the deaths have occurred in elderly people with severe co-morbidities (particularly severe lung and heart disease and diabetes) which could well have been the principal cause of death.

And deaths per million positive cases is also flawed as there is no data on what percentage of the population have asymptomatic infections. The current guess is around 15% of all people are infected, which would translate into a significant reduction in the mortality per million population.

The number of people tested is also a factor with many variables – how sick were they to present for testing, availability of testing, concern about the cost, fear of personal economic consequences if found to be positive etc. We do know that as of the time of writing, now 2+ months into the pandemic, there are still hundreds of thousands of samples waiting to be tested in the USA.

As statistically there's not much to go on for an assessment of what's happening in real time as a basis for political decision making, comparative sources become quite valuable:

- Firstly, the past! Nothing predicts the future better. The past 'flu epidemics give a clue that the current mortality rate/million should be very survivable, WITHOUT the draconian public health restrictions that have directly caused an economic free-fall.
- And secondly, comparisons with other countries. Taiwan took immediate aggressive action which might have had an impact on the apparent low prevalence of the infection, but their contact tracing methods would probably not be accepted in Canada. Sweden took a totally different path for the first two months and imposed virtually no unusual restrictions on the general public. The Swedish experience is fascinating as their current mortality per million is within the same range as other countries that enacted severe curtailment of movement.

Computerized modelling has been totally misleading for a very simple reason: nonsense in, nonsense out! (I first heard that from a brilliant cardiologist under whom I had the privilege to train 50 years ago as a house officer (intern), and it's as true today as it was then). The modelling has been catastrophically wrong and has fed the media frenzy. At the time of writing the predictions are being constantly downgraded, but in my opinion still seem inflated.

## MEDIA

The media gorges on crises ("never let a good crisis go to waste!") as that drives ratings and therefore advertising revenue. Crises are good for the media's bottom line, so they have hyped Covid-19 mercilessly, to the point that people have been driven into a state of panic and paranoia by the nightly parade of 'experts' and exaggerated statistics. We certainly didn't hear all this media hysteria during similar past 'flu epidemics even though some of them killed more. It was just life as usual then, and should be now.

We hear we must "flatten the curve" by "social distancing" and "self-isolation" to reduce the possibility of hospitals being overloaded – only to find them actually underutilized! And, piling fear upon fear, we must be wary of the "guaranteed second wave" without any evidence whatsoever that it will happen. A second wave has happened with past 'flu epidemics, but Covid-19 is a virus unrelated to influenza – in fact the last related viral epidemic, SARS (or Covid-1), apparently died out completely and has not returned

(except for well documented escapes of SARS from other Chinese virology labs that were well contained).

## TESTING

Let's take a careful look at the different types of testing currently being performed to assess the presence of Covid-19 infection.

- **Point-of Care testing**. This is a cheap, mass producible test, somewhat like a pregnancy test in format, that is easily performed by non-technical staff and which enables rapid triage in locations such as airports and drive-through options for the general public if they think they have symptoms. **Except**: it's not available by the millions even now two months into the game, and it is very inaccurate with many false negative and false positive results. The inaccuracy is however a reasonably acceptable trade-off for speed of testing (minutes) and convenience.
- **Molecular diagnostic testing** looking for the unique 3-D shape of a particular region of the Covid-19 genome with a 'lock and key' method. That is the prime method being used today for centralized testing, but there is a huge backlog of samples still untested as the existing instruments were not intended to be used for high throughput.
  This method (technically called RealTime PCR) is also well known to have false negatives and false positives, although not to the same degree as Point-of-Care methods. Think of the 'lock and key' method this way: the wrong key (the test reagent) can sometimes open your front door lock (false positive), and the right key might not open your front door if the lock had been changed (mutated) without your knowledge (false negative). False negatives potentially encourage unintended additional spread of the virus, and false positives could overload hospital facilities and accentuate anxiety.

That's the current state of Covid-19 testing: relatively unavailable, inaccurate and slow. But hope is around the corner! A Covid-19 test is being developed in the USA that has virtually no false negatives or false positives, and may become available in Canada very shortly (see PART TWO).

## PREVENTATIVE MEASURES

Well, actually, there is no good evidence for any of them except self-isolation for those with symptoms or increased vulnerability, protective gear for front-line health care workers, hand washing and vaccination

We have no data to confirm that any of the following measures, that seem at first blush to be intuitively worthwhile, are actually effective: masks for everyone, travel bans, assembly bans, school/daycare closures, "social distancing" in public areas, business closures etc. Why should they be? The virus has already spread everywhere due to people flying while infectious; either during the incubation period or as asymptomatic spreaders. The genie almost certainly got out of the bottle months ago and hitchhiked internationally, and will probably do the same with the next viral pandemic.

Isn't it odd that we can still visit grocery stores where we lick our fingers to open the collapsed plastic bags in the fresh produce section, and then squeeze the lemons for firmness? Yet we're not allowed to go to work where the risk is undefined and likely very, very low if symptomatic workers were to simply stay home (or "self-isolate" in the new obligatory jargon) as we normally do during a 'flu season. In my opinion, there's probably a fine patina of virus already on every lemon in every grocery store, waiting opportunistically for the next squeeze (not to mention sneeze).

There just isn't sufficiently documented support for most of these profoundly disruptive and intrusive measures.

## GOVERNMENTS

The media, aided and abetted by the 'experts', have created such a tsunami of hysteria that politicians have been forced to act – to do SOMETHING – ANYTHING commensurate with the assumed gargantuan threat. The price tag amounts to trillions of dollars internationally, and has been sold on the basis that Covid-19 is an almost existential threat to humanity. Excuse me for injecting a moment of sanity: It's not!

Following the SARS crisis why weren't aggressive surveillance systems implemented? Why weren't medical resources and facilities being equipped to handle something similar to or larger than SARS? Many governments reduce funding for research and investment in preparedness until there is outright panic, but by then it's often too late. Prevention of any type has always been a low government priority.

An ludicrous analogy would illustrate why the reaction to the Covid-19 pandemic was massively disproportionate: has anyone ever suggested quarantining the entire population to prevent drug abusers and smokers from accessing their drugs and killing themselves? No, obviously, despite the fact that mortality from those activities exceeds deaths from pandemics like this one by orders of magnitude. US deaths directly attributable to smoking are estimated to be around 450,000 per year, and annual deaths from even second-hand smoke exceed 40,000 according to the CDC! Drug overdoses kill around another 70,000 per year in the USA. Those numbers occur year in and year out, and are accepted as the unfortunate 'norm'.

Remember, the main reason anyone does anything is because someone else is doing it! Evidence is the very last thing required. Being politically correct – woke – is now the essential element for political survival and re-election. And, as that only requires using other people's money, politicians have dutifully fallen in line and written the big cheques; deficit be damned.

## PART ONE SUMMARY

So it's the unknown we had to handle, with very few reliable guideposts for what should have been done. What we can say with certainty is that all the actors in 'the system' failed miserably, causing politicians to make highly flawed decisions with disastrous consequences for the economy. This simply can't be allowed to recur with future pandemics. Once a malevolent genie has escaped next time around there must be a better way to respond, and that will be the topic of **PART TWO: How to Prepare for 'The Next Big One'.**

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