

Exhibit 122

The Catastrophic Impact of Covid Forced Societal Lockdowns

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The present Covid-inspired forced lockdowns on business and school closures are and have been counterproductive, not sustainable and are, quite frankly, meritless and unscientific. They have been disastrous and just plain wrong! There has been no good reason for this. These unparalleled public health actions have been enacted for a virus with an infection mortality rate (IFR) roughly similar (or likely lower once all infection data are collected) to seasonal influenza. Stanford's John P.A. Ioannidis identified 36 studies (43 estimates) along with an additional 7 preliminary national estimates (50 pieces of data) and concluded that among people <70 years old across the world, infection fatality rates ranged from 0.00% to 0.57% with a median of 0.05% across the different global locations (with a corrected median of 0.04%). Let me write this again, **0.05%**. Can one even imagine the implementation of such draconian regulations for the annual flu? Of course not! Not satisfied with the current and well-documented failures of lockdowns, our leaders are inexplicably doubling and tripling down and introducing or even hardening punitive lockdowns and constraints. They are locking us down 'harder.' Indeed, an illustration of the spurious need for these ill-informed actions is that they are being done in the face of clear scientific evidence showing that during strict prior societal lockdowns, school lockdowns, mask mandates, and additional societal restrictions, the number of positive cases went up! No one can point to any instance where lockdowns have worked in this Covid pandemic.

It is also noteworthy that these irrational and unreasonable restrictive actions are not limited to any one jurisdiction such as the US, but shockingly have occurred across the globe. It is stupefying as to why governments, whose primary roles are to protect their citizens, are taking these punitive actions despite the compelling evidence that these policies are

misdirected and very harmful; causing palpable harm to human welfare on so many levels. It's tantamount to insanity what governments have done to their populations and largely based on no scientific basis. None! In this, we have lost our civil liberties and essential rights, all based on spurious 'science' or worse, opinion, and this erosion of fundamental freedoms and democracy is being championed by government leaders who are disregarding the Constitutional (USA) and Charter (Canada) limits to their right to make and enact policy. These unconstitutional and unprecedeted restrictions have taken a staggering toll on our health and well-being and also target the very precepts of democracy; particularly given the fact that this viral pandemic is no different in overall impact on society than any previous pandemics. There is simply no defensible rationale to treat this pandemic any differently.

There is absolutely no reason to lock down, constrain and harm ordinarily healthy, well, and younger or middle-aged members of the population irreparably; the very people who will be expected to help extricate us from this factitious nightmare and to help us survive the damages caused by possibly the greatest self-inflicted public health fiasco ever promulgated on societies. There is no reason to continue this illogical policy that is doing far greater harm than good. Never in human history have we done this and employed such overtly oppressive restrictions with no basis. A fundamental tenet of public health medicine is that those with actual disease or who are at great risk of contracting disease are quarantined, not people with low disease risk; not the well! This seems to have been ignored by an embarrassingly large number of health experts upon whom our politicians rely for advice. Rather we should be using a more 'targeted' (population-specific age and risk) approach in relation to the implementation of public health measures as opposed to the inelegant and shotgun tactics being forced upon us now. Optimally, the key elements for modern public health include refraining from causing societal disruption (or at most, minimally) and to ensure freedom is maintained in the advent of pathogen emergence while concurrently protecting overall health and well-being. We also understand that at the outset of the pandemic there was little to no reliable information regarding SARS CoV-2. Indeed, initial case fatality rate (CFR) reports were staggeringly high and so it made sense, earlier, to impose strict lockdowns and other measures until such a time as the danger passed or we understood more clearly the nature of this virus, the data, and how it might be managed. But why would we continue this way and for so long once the factual characteristics of this virus became evident and as alluded to above, we finally realized that its infection fatality rate (IFR) which is a more accurate and realistic reflection of mortality than CFR, was really no worse than annual influenza? Governments and medical experts continuing to cite CFR are deeply deceitful and erroneous and meant to scare populations with an exaggerated risk of death. The prevailing opinion of our experts and politicians seems to be to "stop Covid at all costs." If so, this is a highly destructive, illogical, and unsound policy and flies in the face of all accepted concepts related to modern public health medicine. Unfortunately, it seems that our political leadership is still bound to following the now debunked and discredited models of pandemic progression, the most injurious and impactful model having

been released upon the world in the form of the Imperial College Ferguson model that was based on untested fictional projections and assumptions that have been flat wrong. These models used inaccurate input and were fatally flawed.

How Did We Get Here?

Let us start with a core position that just because there is an emergency situation, if we cannot stop it, this does not provide a rationale for instituting strategies that have no effect or are even worse. We have to fight the concept that if there's truly nothing we can do to alter the course of a situation (e.g., disease), we still have to do something even if it's ineffective! Moreover, we do not implement a public health policy that is catastrophic and not working, and then continue its implementation knowing it is disastrous. Let us also start with the basic fact that the government bureaucrats and their medical experts deceived the public by failing to explain in the beginning that everyone is not at equal risk of severe outcome if infected. This is a key Covid omission and this omission has been used tacitly and wordlessly to drive hysteria and fear. Indeed, the public still does not understand this critically important distinction. The vast majority of people are at little if any risk of severe illness and yet these very people are needlessly cowering in fear because of misinformation and, sadly, disinformation. Yet, lockdowns did nothing to change the trajectory of this pandemic, anywhere! Indeed, it's highly probable that if lockdowns did anything at all to change the course of the pandemic, they extended our time of suffering.

What are The Effects of Lockdowns on the General Population?

On the basis of actuarial and real-time data we know that there are tremendous harms caused by these unprecedented lockdowns and school closures. These strategies have devastated the most vulnerable among us – the poor – who are now worse off. It has hit the African-American, Latino, and South Asian communities devastatingly. Lockdowns and especially the extended ones have been deeply destructive. There is absolutely no reason to even quarantine those up to 70 years old. Readily accessible data show there is near 100% probability of survival from Covid for those 70 and under. This is why the young and healthiest among us should be ‘allowed’ to become infected naturally, and spread the virus among themselves. *This is not heresy.* It is classic biology and modern public health medicine! And yes, we are referring to ‘herd immunity,’ the latter condition which for reasons that are beyond logic is being touted as a dangerous policy despite the fact that herd immunity has protected us from millions of viruses for tens of thousands of years. Those in the low to no risk categories must live reasonably normal lives with sensible common-sense precautions (while doubling and tripling down with strong protections of the high-risk persons and vulnerable elderly), and they can become a case ‘naturally’ as they are at almost zero risk of subsequent illness or death. This approach could have helped bring the pandemic to an end much more rapidly as noted above, and we also hold that the immunity

developed from a natural infection is likely much more robust and stable than anything that could be developed from a vaccine. In following this optimal approach, we will actually protect the highest at risk amongst us.

Where has Common Sense and True Scientific Thought Gone?

There appears to be a surfeit of panic but a paucity of logic and common sense when it comes to advising our politicians and the public in relation to the pandemic. We hear often misleading information from hundreds of individuals who either hold themselves out as being infallible medical experts or are crowned as such by mainstream media. And we are bombarded relentlessly with their ill-informed, often illogical, and unempirical advice on a 24/7 basis. Much of the advice can only be described as being intellectually dishonest, absurd, untethered from reality and devoid of common sense. They exhibit a kind of academic sloppiness and cognitive dissonance that ignores key data or facts, while driving a sense of hopelessness and helplessness among the public. These ‘experts’ seem unable to read the science or simply do not understand the data, or seem blinded by it. They and our government leaders talk about “following the science” but do not appear to understand the science enough in order to apply the knowledge towards the decision-making process (if there are processes, that is; most political mandates appear random at best and capricious at worst). These experts have lost all credibility. And all this despite the fact that our bureaucrats now have had at their disposal nearly one year of data and experience to inform their decision-making and despite this they continue to listen to the nonsensical advice they receive from people who are not actually experts. Consequently, we are now faced with a self-created medical and societal disaster with losses that might never be reversed.

Sadly, when faced with rational arguments that run counter to the near religiously held beliefs, which hold that lockdowns save lives, bureaucrats and medical experts act as ideological enforcers. They attack anyone who disagrees with them and even use the media as their attack dogs once their fiats are questioned. Even more egregious are the often successful actions aimed at destroying the reputations of anyone holding diverse views related to the Covid pandemic. There is also no interest or debate on the crushing harms on societies caused by decrees made by ideologues. The everyday clinicians and nurses at the forefront of the battle are our real heroes and we must never forget and confuse these Praetorian vanguards with the unempirical and often reckless ‘medical experts.’ We hold that the very essence of science and logical thought includes the ability and in fact the *responsibility* to challenge (reasonably) currently held dogmas; a philosophy that appears to be anathema to our leaders and their advisors.

Current Data Concerning Lockdown Effects

Let us start with the staggering statement by Germany’s Minister of Economic Cooperation and Development, Gerd Muller, who has openly cautioned that global lockdown measures will result in the killing of more people than Covid itself. A recent Lancet study reported that

government strategies to deal with Covid such as lockdowns, physical distancing, and school closures are worsening child malnutrition globally, whereby “strained health systems and interruptions in humanitarian response are eroding access to essential and often life-saving nutrition services.”

What is the actual study-level/report evidence in terms of lockdowns? We present 31 high-quality sources of evidence below for consideration that run the gamut of technical reports to scientific manuscripts (including several under peer-review, but which we have subjected to rigorous review ourselves). We set the table with this, for the evidence emphatically questions the merits of lockdowns, and shows that lockdowns have been an abject failure, do not work to prevent viral spread and in fact cause great harm. This proof includes: evidence from Northern Jutland in Denmark, country level analysis by Chaudhry, evidence from Germany on lockdown validity, UK research evidence, Flaxman research on the European experience, evidence originating from Israel, further European lockdown evidence, Western European evidence published by Meunier, European evidence from Colombo, Northern Ireland and Great British evidence published by Rice, additional Israeli data by Shlomai, evidence from Cohen and Lipsitch, Altman’s research on the negative effects, Djaparidze’s research on SARS-CoV-2 waves across Europe, Bjørnskov’s research on the economics of lockdowns, Atkeson’s global research on nonpharmaceutical interventions (NPIs), Belarusian evidence, British evidence from Forbes on spread from children to adults, Nell’s PANDATA analysis of intercountry mortality and lockdowns, principal component analysis by De Laroche Lambert, McCann’s research on states with lowest Covid restrictions, Taiwanese research, Levitt’s research, New Zealand’s research, Bhalla’s Covid research on India and the IMF, nonpharmaceutical lockdown interventions (NPIs) research by Ioannidis, effects of lockdowns by Herby, and lockdown groupthink by Joffe. The American Institute for Economic Research (AIER) further outlines prominent public health leaders and agencies’ positions on societal lockdowns, all questioning and arguing against the effectiveness of lockdowns.

A recent pivotal study from Stanford University looking at stay-at-home and business closure lockdown effects on the spread of Covid by Bendavid, Bhattacharya, and Ioannidis examined restrictive versus less restrictive Covid policies in 10 nations (8 countries with harsh lockdowns versus two with light public health restrictions). They concluded that there was no clear benefit of lockdown restrictions on case growth in any of the 10 nations.

Key seminal evidence arguing against lockdowns and societal restrictions emerged from a recent quasi-natural experiment (case-controlled experimental data) that emerged in the Northern Jutland region in Denmark. Seven of the 11 municipalities (similar and comparable) in the region went into extreme lockdown that involved a travel ban across municipal borders, closing schools, the hospitality sector and other settings and venues (in early November 2020) while the four remaining municipalities employed the usual restrictions of the rest of the nation (moderate). Researchers reported that reductions in

infection had occurred prior to the lockdowns and also decreased in the four municipalities without lockdowns. Conclusion: surveillance and voluntary compliance make lockdowns essentially meaningless.

Moreover, in a similarly comprehensive analysis of global statistics regarding Covid, carried out by [Chaudhry and company](#) involved assessment of the top 50 countries (ranked as having the most cases of Covid) and concluded that “rapid border closures, full lockdowns, and widespread testing were not associated with Covid mortality per million people.” Conclusion: there is no evidence that the restrictive government actions saved lives.

A very recent publication by [Duke, Harvard, and Johns Hopkins](#) researchers reported that there could be approximately one million excess deaths over the next two decades in the US due to lockdowns. These researchers employed time series analyses to examine the historical relation between unemployment, life expectancy, and mortality rates. They report in their analysis that the shocks to unemployment are then followed by significant rises (statistically) in mortality rates and reductions in life expectancy. Alarmingly, they approximate that the size of the Covid-19-related unemployment to fall between 2 and 5 times larger than the typical unemployment shock, and this is due to (associated with) race/gender. There is a projected 3.0% rise in the mortality rate and a 0.5% reduction in life expectancy over the next 10 to 15 years for the overall American population and due to the lockdowns. This impact they reported will be disproportionate for minorities e.g. African-Americans and also for women in the short term, and with more severe consequences for white males over the longer term. This will result in an approximate 1 million additional deaths during the next 15 years due to the consequences of lockdown policies. The researchers wrote that the deaths caused by the economic and societal deterioration due to lockdowns may “far exceed those immediately related to the acute Covid-19 critical illness...the recession caused by the pandemic can jeopardize population health for the next two decades.”

Overall, the research evidence alluded to here (including a lucid summary by [Ethan Yang](#) of the AIER) suggests that lockdowns and school closures do not lead to lower mortality or case numbers and have not worked as intended. It is clear that lockdowns have not slowed or stopped the spread of Covid. Often, effects are artifactual and superfluous as declines were taking place even before lockdowns came into effect. In fact, in Europe, it was shown that in most cases, mortality rates were already 50% lower than peak rates by the time lockdowns were instituted, thus making claims that lockdowns were effective in reducing mortality spurious at best. Of course, this also means that the presumptive positive effects of lockdowns were and have been exaggerated grossly. Evidence shows that nations and settings that apply less stringent social distancing measures and lockdowns experience the same evolution (e.g. deaths per million) of the epidemic as those that apply far more stringent regulations.

What does this all mean?

As a consequence of their (hopefully) well-intended actions, our governments along with their medical experts have created a disaster for people. It means that the public's trust has been severely eroded. Lockdowns are not an acceptable long-term strategy, have failed and have severely impacted populations socially, economically, psychologically, and health wise! Future generations would be crippled by these actions. The policies have been poorly thought out and are economically unsustainable and there is a massive cost to it as it is highly destructive. Our children and younger people are going to be shouldered with the indirect but very real harms and costs of lockdowns for a generation to come at least.

What are the real impacts on populations from these disastrous restrictive policies? Well, the poorer among us have been at increased risk from deaths of despair (e.g. suicides, opioid-related overdoses, murder/manslaughter, severe child abuse etc.). Politicians, media, and irrational medical experts must stop lying to the public by only telling stories of the suffering from Covid while ignoring the catastrophic harms caused by their decree actions. Lives are being ruined and lost and businesses are being destroyed forever. Lower-income Americans, Canadians, and other global citizens are much more likely to be compelled to work in unsafe conditions. These are employees with the least bargaining power, tending to be minority, female, and hourly paid employees. Moreover, Covid has revealed itself as a disease of disparity and poverty. This means that black and minority communities are disproportionately affected by the pandemic itself and they take a double hit, being additionally and disproportionately ravaged by the effects of the restrictive policies.

Why would we impose more catastrophic restrictive policies when they have not worked? We even have government leaders now enacting harder and even more draconian lockdowns after admitting that the prior ones have failed. These are the very experts and leaders making societal policies and demands without them having to experience the effects of their policies. There is absolutely no good justification for what was done and continues to be done to societies, when we know of the very low risk of severe illness from Covid for vast portions of societies! We do not need to destroy our societies, the lives of our people, our economies, or our school systems to handle Covid. We cannot stop Covid at all costs!

How is Population Health and Well-being in the US Affected by Current Public Health Measures?

Businesses have closed and many are never to return, jobs have been lost, and lives ruined and more of this is on the way; meanwhile, we have seen an increase in anxiety, depression, hopelessness, dependency, suicidal ideation, financial ruin, and deaths of despair across societies due to the lockdowns. For example, preventive healthcare has been delayed. Life-saving surgeries and tests/biopsies were stopped across the US. All types of deaths escalated and loss of life years increased across the last year. Chemotherapy and hip replacements for Americans were sidelined along with vaccines for

vaccine-preventable illness in children (approximately 50%). Thousands may have died who might have otherwise survived an injury or heart ailment or even acute stroke but did not seek clinical or hospital help out of fear of contracting Covid.

Specifically, and based on CDC reporting (and generalizable to global nations), during the month of June in the US, approximately 25% (1 in 4) Americans aged 18-24 considered suicide not due to Covid, but due to the lockdowns and the loss of freedom and control in their lives and lost jobs etc. There were over 81,000 drug overdose deaths in the 12 months ending in May 2020 in the US, the most ever recorded in a 12-month period. In late June 2020, 40% of US adults reported that they were having very difficult times with mental health or substance abuse and linked to the lockdowns. Approximately 11% of adults reported thoughts of suicide in 2020 compared to approximately 4% in 2018. During April to October 2020, emergency room visits linked to mental health for children aged 5-11 increased near 25% and increased 31% for those aged 12-17 years old as compared to 2019. During June 2020, 13% of survey respondents said that they had begun or substantially increased substance use as a means to cope day-to-day with the pandemic and lockdowns. Over 40 states reported rises in opioid-related deaths. Roughly 7 in 10 Gen-Z adults (18-23) reported depressive symptoms from August 4 to 26. There is a projected decrease in life expectancy by near 6 million years of life in US children due to the US primary school closure. These are some of the real harms in the US and we have not even discussed the devastation falling upon other nations. From June to August 2020, homicides increased over 50% and aggravated assaults increased 14% compared to the same period in 2019. Diagnosis for breast cancer declined 52% in 2020 compared to 2018. Pancreatic cancer diagnosis declined 25% in 2020 compared to 2018. The diagnosis for 6 leading cancers e.g. breast, colorectal, lung, pancreatic, gastric, and esophageal declined 47% in 2020 compared to 2018. From March 25 and April 10 in the US, "nearly one-third of adults (31.0 percent) reported that their families could not pay the rent, mortgage, or utility bills, were food insecure, or went without medical care because of the cost."

Sadly, the very elderly we seek to protect the most are being decimated by the lockdowns and restrictions imposed at the nursing/long-term/assisted-living/care homes they reside in. Just look at the death and disaster New York has endured under Governor Andrew Cuomo with the nursing home deaths and the Department of Health (DOH) Covid reporting. The Attorney General Letitia James deserves credit for her bravery, for it brings to light not only a very dark day in New York's history with Covid but that of the US on the whole given that New York and the accrued deaths make up such a large proportion of all deaths in the US and nursing homes from Covid-19. Deaths as per James may be at least 50% higher than was reported by Cuomo. Cuomo's policy to send hospitalized Covid patients back to the nursing homes was catastrophic and caused many deaths. Gut wrenchingly, across the US nursing homes, reports are showing that the restrictions from visitations and normal routines for our seniors in these settings have accelerated the aging process, with many reports of increased falls (often with fatal outcomes) due to declining strength and loss of ability to adequately ambulate. Dementia is escalating as the rhyme and rhythm of daily life

is lost for our precious elderly in these nursing homes, long-term care (LTC), and assisted-living homes (AL) and there is a sense of hopelessness and depression with the isolation from restricting the irreplaceable interaction with loved ones.

The truth also is that many children – and particularly those less advantaged – get their main needs met at school, including nutrition, eye tests and glasses, and hearing tests. Importantly, schools often function as a protective system or watchguard for children who are sexually or physically abused and the visibility of it declines with school closures. Due to the lockdowns and the lost jobs, adult parents are very angry and bitter, and the stress and pressure in the home escalates due to lost jobs/income and loss of independence and control over their lives as well as the dysfunctional remote schooling that they often cannot optimally help with. Some tragically are reacting by lashing out at each other and their children. There are even reports that children are being taken to the ER with parents stating that they think they may have killed their child who is unresponsive. In fact, since the Covid lockdowns were initiated in Great Britain as an example, it has been reported that incidence of abusive head trauma in children has risen by almost 1,500%!

In addition, the widespread mass testing of asymptomatic persons in a society is very harmful to public health. The key metric is not the number of new active cases (i.e. positive PCR test results) being reported and misrepresented by the vocal experts and media, but rather what are the hospitalizations that result, the ICU bed use, the ventilation use, and the deaths. We only become concerned with a new ‘case’ if the person becomes ill. If you are a case but do not get ill or at very low risk of getting ill, what does it matter if the high risk and elderly are already properly secured? It is also remarkable that while hospitals had nearly 10-11 months to prepare for the putative second wave of Covid, why do these healthcare institutions claim to be unprepared? Are the lockdowns and the resulting loss of businesses, jobs, homes, lives, and anguish that result, really due to government’s failures? And what are the reasons for the mass hysteria when most data show that whether prepared or not, most hospitals are not experiencing any more strain on their capacity than seen in most normal flu seasons? Why the misleading information to the public? This makes absolutely no sense.

Are we anywhere ahead today? In no way and we are much worse off today. So why not allow people to make common sense decisions, take precautions, and go on with their daily lives? We know that children 0-10 years or so have a near zero risk of death from Covid (with a very small risk of spreading Covid in schools, spreading to adults, or taking it home). We know that persons 0-19 years have an approximate 99.997 percent likelihood of survival, those 20-49 have roughly a 99.98 percent probability of survival, and those 50-69/70 years an approximate 99.5 percent risk of survival. But this ‘good news’ data is never reported by the media and “experts.” Covid is less deadly for young people/children than the annual flu and more deadly for older people than the flu. We must not downplay this virus and it is different to the flu and can be catastrophic for the elderly. However, the vast majority of people (reasonably healthy persons) do not have any substantial risk of dying

from Covid. The risk of severe illness and death under 70 years or so is vanishingly small. We do not lock a nation down for such a low death rate for persons under 70 years of age, especially if they are reasonably healthy people. We target the at-risk and allow the rest of society to function with reasonable precautions and we move to safely reopen society and schools immediately. Moreover, and this cannot be overstated, there are available early treatments for Covid that would reduce hospitalization and death by at least 60-80% as we will discuss below.

Early Multidrug Therapy for Covid Reduces Hospitalization and Death

We must take common-sense mitigation precautions as we go on with life. This does not mean we stop life altogether! This does not mean we destroy the society to stop each case of Covid! We must let people get back to normal life. In fact, the most important information that is being withheld, bizarrely, from the US population is that there are safe and effective treatments for Covid! **And most importantly we now know how to treat Covid much more successfully than at the outset of the pandemic.** This therapeutic nihilism is very troubling given there are therapeutics that while each on their own could not be considered as being a ‘silver bullet,’ they can be used on a multidrug basis or as a ‘cocktail’ approach akin to treatment of AIDS and so many other diseases! This includes responding proactively to higher-risk populations (in private homes or in nursing homes) who test positive for SARS CoV-2 or have symptoms consistent with Covid by intervening much earlier (even offering early outpatient sequenced/combined drug treatment to prevent decline to severe illness while the illness is still self-limiting with mild flu-like illness). Early home treatment (championed by research clinicians such as McCullough, Risch, Zelenko, and Kory) ideally on the first day (including but not limited to anti-infectives such as doxycycline, ivermectin, favipiravir, and hydroxychloroquine, corticosteroids, and anti-platelet drugs that are safe, cheap, and effective) that is sequenced and via a multi-drug approach, have been shown to convincingly reduce hospitalization by 85% and death by 50%.

The key is starting treatment very early (outpatient/ambulatory) in the disease sequelae (ideally on the 1st day of symptoms emergence to within the first 5 days) before the person/resident has worsened. This early treatment approach holds tremendous utility for high-risk elderly residents in our nursing homes and long-term care/assisted-living facilities, including within their private homes, who are often told to ‘wait-and-see’ and all the while they worsen and survival becomes more problematic. We are talking about using drugs that are used in-hospital but we argue must be started much earlier in high-risk persons. This demands that governments and healthcare systems/medical establishments paralyzed with nihilism step back and allow frontline doctors the clinical decision-making and discretion as before in how they treat their Covid-19 high-risk patients. From where we started 9 to 11 months ago in the US (and Canada, Britain, and other nations), between the therapeutics and an early outpatient treatment approach, this is very good news! We must also not discount the potential damage to normally healthy immune systems that have not been locked down like this before but which otherwise could be expected to fight infection

effectively in younger individuals at the least. We have to be concerned about the immune systems of our children that are normally healthy and functional and we have no idea how their immune systems will function into the future given these far-reaching restrictions.

Conclusion

In conclusion, given the cogent argument by Dr. Scott Atlas on the failure of lockdowns and school closures globally and the totality of the evidence presented above and AIER's troubling compilation of the crushing harms of lockdowns, it is way past time to end the lockdowns and get life back to normal for everyone but the higher-risk among us. It is time we target efforts to where they are beneficial. Such targeted measures geared to specific populations can protect the most vulnerable from Covid, while not adversely impacting those not at risk. Why? Because we know better who is at risk and should take sensible and reasonable steps to protect them. Alarmingly, President Biden has already stated that there is nothing that can be done to stop the trajectory of the pandemic, yet fails to recognize that across the US, cases are already falling markedly, even going as far to warn of more deaths. More incredulous is that those in charge and particularly the 'medical experts' continue to fail to admit they were very very wrong. They were all wrong in what they advocated and implemented and are trying now to lay the blame on those of us who looked at the data and science and reflected and weighed the benefits as well as harms of the policies. They are blaming those of us who opposed lockdowns and school closures. They are using the tact that since you opposed these illogical and unreasonable restrictions and mandates, then it caused the failures, thus pretending and not admitting that their policies are indeed the reason for the catastrophic societal failures. Not our opposition and arguments against the specious and unsound policies.

It is very evident to populations that lockdown policies have been extraordinarily harmful. It is way past time to end these lockdowns, these school closures, and these unscientific mask mandates (see State-by-State listing) as they have a very limited benefit but more importantly are causing serious harm with long-term consequences, and especially among those least able to withstand them! Indeed, the Federalist published a very comprehensive description showing how masks do nothing to stop Covid spread. There is no justifiable reason for this and government leaders must stop this now given the severe and long-term implications! Donald A. Henderson, who helped eradicate smallpox, gave us a road map that we have failed to follow here, when he wrote about the 1957-58 Asian Flu pandemic and stated "The pandemic was such a rapidly spreading disease that it became quickly apparent to U.S. health officials that efforts to stop or slow its spread were futile. Thus, no efforts were made to quarantine individuals or groups, and a deliberate decision was made not to cancel or postpone large meetings such as conferences, church gatherings, or athletic events for the purpose of reducing transmission. No attempt was made to limit travel or to otherwise screen travelers. Emphasis was placed on providing medical care to those who were afflicted and on sustaining the continued functioning of community and health services."

Dr. Henderson along with Dr. Thomas Inglesby also wrote, “Experience has shown that communities faced with epidemics or other adverse events respond best and with the least anxiety when the normal social functioning of the community is least disrupted. Strong political and public health leadership to provide reassurance and to ensure that needed medical care services are provided are critical elements. If either is seen to be less than optimal, a manageable epidemic could move toward catastrophe.” Overall, they messaged that several options exist for governments of free societies to use to mitigate the spread of pathogens (traditional public health responses which are less intrusive and disturbing) but closing down the society or parts of it is not one of them. These experts never championed or endorsed lockdowns as a strategy when confronting epidemics or pandemics for they knew and articulated the devastation that would fall upon societies that were in many instances potentially irrecoverable.

As Dr. Martin Kulldorff explains, it is critical that the bureaucrats, the public health system, and medical experts listen to the public who are the ones actually living and experiencing the public health consequences of their forced lockdown and other actions. Social isolation due to the lockdowns has devastating effects and cannot be disregarded and government bureaucrats must recognize that shutting down a society leads to suicidal thoughts and behaviour and excess deaths (deaths of despair to name one). I end by perhaps the most cogent phrase by experts (The Great Barrington Declaration): “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.”

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