Hard Covid-19 Data are Not "Claims"—Educating Cub Reporter Dana Richie

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Full essay at Dr. Bostom's blog: https://www.andrewbostom.org/2023/06/hard-objective-covid-19-data-are-not-claims-educating-cub-reporter-dana-richie/

Cub reporter, and Brown University student Dana Richie's 6/22/23 article, *"Did we need to be so isolated? Doctor critical of state's response to Covid-19,"* was a simulacrum of my May 13, 2023 evidence-based presentation at The Warwick Public Library. Richie further ignored altogether the important validating first-person narrative contributions of my colleagues in medicine, oral surgery, law, teaching, small business, politics (i.e., state Rep. Michael Chippendale), radio media (i.e., WPRO's Matt Allen), and journalism.

Joint Rhode Island Department of Health (RIDOH)-Brown University covid-19 hospitalization models, were introduced by then Governor Gina Raimondo, during a live, nationally aired press conference (archived here), April 16, 2020. Richie writes that I "claimed," or "according [to]" me those model projections were wildly inaccurate. The models **exaggerated actual covid-19-related hospitalizations *by > 6- to 12-fold*, within 2- to 2.5-weeks of their public issuance**. Those ***are hard data***—from RIDOH/Brown University models, and RIDOH covid-19 hospitalization spreadsheet tallies (*re-accessed 6/24/23, per ongoing RIDOH revisions)—***not mere "claims" on my part*.** **No journalist, even a limited experience apprentice, or cub reporter, should employ such inaccurate language**.

Type of Covid-19 Hospitalizations	Date	Number of Covid-19 Hospitalizations
Poor Social Distancing Model	**4/27/20**	**4,300**
Actual	**4/27/20**	**356 (*358)**
Good Social Distancing Model	**5/3//20**	**2,250**
Actual	**5/3/20**	**350 (*351)**

Dana Richie solicited "expert" rebuttal commentary from Mr. Joseph Wendelken (here; here), a RIDOH spokesman, and Dr. Stephen Buka, a Brown University epidemiologist. Mr. Wendelken has no training as a healthcare professional in medicine, or allied health, or epidemiology/public health. Wendelken's training and background are in public relations and communications, and as a minor journalist, after receiving an undergraduate degree at Providence College. Now an Adjunct Professor, Dr. Buka is a non-MD psychologist, with an Sc.D. in epidemiology, who specialized in the study of neuropsychiatric disorders. Buka has no publications related to infectious disease, while there is no evidence he has ever designed and implemented any randomized, controlled trials, whether related to infectious diseases, or diseases pertaining to his own area of specific expertise. For my background, in contrast, see this curriculum vitae (circa 9/22), an amicus curiae brief (see p. 2) argued before the U.S. Supreme Court, and slides 2, 3, and 36.

Richie, introducing Mr. Wendelken's initial "rebuttal," wrote, *"when informed of Bostom's **claims**,"* Wendelken,maintained *"all metrics...including the hospital visit capacity and Emergency Department visits,"* indicated the *"hospitals were extremely stressed"* by the pandemic.

But Lifespan's public annual reports reveal a 10% reduction in hospitalizations, and 15% fewer Emergency Department visits, comparing the pre-pandemic years of 2018 and 2019, to the covid-19 pandemic years of 2020, and 2021. For Care New England, those declines (per 8/25/21 shareholders presentation) in the covid-19 years were -8% for hospitalizations, and -20% for Emergency Department visits. **Care New England's 8/15/21 presentation (on p. 15) even included a Venn-diagram slide, with the label "Bring Patients Back," preceded by the explanatory comment, "Return (patient) volume to pre-covid levels"!**

I praised the "Swedish model" (slides 8, 17 and 39): no lockdowns, no imposition of mask mandates, and in-school face to face education throughout. Mr. Wendelken, *"disagreed with the Swedish model,"* and stated *"during 2020, however, Sweden had 10X higher covid-19 death rates compared with neighboring Norway."* However:
—Unbiased total excess mortality data for Sweden during the pandemic (2020, through the end of 2022), by multiple estimates (here; here; here), place the country at or below all of its Nordic neighbors, and far below excess deaths in the U.S. This more meaningful outcome accounts not only for "covid deaths," but those deaths potentially related to "covid prevention" measures.
—"Covid-19 deaths" were ~ 1.4-fold higher in the U.S. vs. Sweden, while total excess mortality in the U.S. during 2020-2022 (expressed as a % increase) exceeded that of Sweden by ~8-fold! (i.e., 54.1% vs. 6.8%)
— Norway's leading Public Health official, recently praised Sweden's covid-19 response, in particular its communication to the public, and "school results. Published data indicate ***"No learning loss in Sweden during the pandemic"*** vs. closed schools, "distance learning," and mask mandates, in the U.S., yielding ***"historic learning setbacks for America's children,"*** including Rhode Island schoolchildren.

Moreover, I presented irrefragable peer reviewed, hard observational and randomized controlled trial data (from the Lancet, N. Engl J Med, Cochrane Review, etc., slides 20,23,25-30) demonstrating the superiority of natural immunity vs. vaccine acquired, the ineffectiveness of masking, and the poor benefit/risk of mass covid-19 vaccination, especially in low covid-19 risk populations. Wendelken "disagreed with these **claims**," without providing any specific countervailing published data.

Dr. Stephen Buka, maintained *"the state's response followed infectious disease principles."* D. A Henderson, MD, MPH (d. 2016), was a Dean of the Johns Hopkins University School of Public Health from 1977 to 1990, and a leading figure in the World Health Organization's successful smallpox eradication program. Perhaps Henderson's very calm, sober perspective was shaped by dealing with a much more catastrophic illness—smallpox—which had a 20–60% fatality rate. The covid-19 infection fatality rate (slide 9) was only 0.1% among those <70-years-old, who comprise 94% of the world's population, and even in the much higher covid-19 risk community dwelling elderly ≥ 70-years-old, rises to 2.9%—fatality rates vastly below those for smallpox. Contra Dr. Buka's uninformed assertions, in 2006, Dr. Henderson was the senior author on a seminal respiratory virus pandemic planning paper that **rejected** lockdowns, quarantining the well, school closures, and mask mandates, arguing these draconian measures could turn "**a manageable epidemic... toward catastrophe**."

Dana Richie chose not to challenge Buka, or Wendelken on any of their counterfactual assertions. The now infamous RIDOH/Brown University covid-19 hospitalization models, for example, failed miserably in real time. At minimum, Wendelken and Buka should have been compelled to acknowledge those utterly failed models, and address why the draconian measures they begot were never reconsidered until months to years later! There were many healthcare clinicians and analysts, like me, who criticized, starting early in the spring of 2020, the policies Dr. Buka still champions. Our now validated criticisms, for which we were vilified by Buka's ilk, were not as Buka falsely maintains, *"after the fact,"* and most assuredly not *"easy"* to proclaim.

I invite Mr. Wendelken and Dr. Buka to participate in a follow-up public seminar at The Warwick Public Library where we can cordially debate Rhode Island's covid-19 response. Dana Richie is invited to attend this proposed event as well, and—hope springs eternal—cover the discussion in a much more informed, thoughtful, and objective manner.