

We're Being Locked-down for an Infection Fatality Rate of Less than 0.2%? Dr. Richard Schabas to Ontario Premier Doug Ford

By [Dr. Richard Schabas](#)

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[Mark Taliano](#) 18 January 2021

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Below is an important letter from former Ontario Chief Medical Officer of Health, Dr. Richard Schabas, addressed to Ontario Premier Doug Ford.

"The national lockdown was never part of our planned pandemic response nor is it supported by strong science".

"Two recent studies on the effectiveness of lockdown show that it has, at most, a small COVID mortality benefit compared to more moderate measures. Both studies warned about the excessive cost of lockdowns."

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January 18, 2021

Premier Doug Ford
111 Wellesley Street West
Toronto, ON M7A 1A8

Dear Premier Ford:

I served as Ontario's Chief Medical Officer of Health from 1987 to 1997. I helped train many current medical officers, including Dr. Williams and was Chief of Staff at York Central Hospital during the 2003 SARS crisis.

On January 15, 2021, MPP Roman Baber sent you a public letter calling on your Government to change course on Covid. MPP Baber made five key points and I believe he was correct on all five items.

First, reasonable estimates of the infection fatality rate (IFR) from Covid have been declining as we learn more. Outside of Long Term Care, the risk of dying if you are infected with Covid is probably less than 0.2% overall and deaths are concentrated in the frail elderly. Younger people and healthy people have a much lower risk. Models that predicted hundreds of thousands of deaths from Covid in Canada were badly wrong because they used incorrect, exaggerated inputs.

Second, lockdown was never part of our planned pandemic response nor is it supported by strong science. Lockdown has been used by almost every developed country and, in the great majority of cases, the lack of response speaks for itself. Two recent studies on the effectiveness of lockdown show that it has, at most, a small Covid mortality benefit compared to more moderate measures. Both studies warn about the excessive cost of lockdown.

Third, there are significant costs to lockdowns - lost education, unemployment, social isolation, deteriorating mental health and compromised access to health care. Lockdown is an affront to social justice because its burdens fall disproportionately on the young, the working poor and visible minorities. We will be paying for lockdown - in lives and dollars for decades to come.

Fourth, in April the government announced that it had added almost 1,500 critical care beds to cope with a Covid surge. Now, after nine months to prepare for the predictable resurgence of Covid, why do you have less ICU Capacity than we had last April?

Fifth, the government has resorted to fearmongering to encourage compliance with lockdown. An excellent example is in the government's response to Mr. Baber's letter. Instead of addressing his point about Covid IFRs, the government cited Covid's reported case fatality rate (CFR). Every knowledgeable observer of Covid understands that CFR is in itself an irrelevant number. IFR is the meaningful measure of virulence. CFR's only "virtue" is its ability to frighten by overstating the real risk of dying from a Covid infection. I can think of no other reason for the government to cite CFR except to promote fear.

Covid is a natural disaster with tragic consequences. Our well-intentioned but misguided efforts to control Covid are only compounding the tragedy. We need to change course. No one has all the answers but the first step is to start asking the right questions. Mr. Baber deserves great credit for his courage in trying open the discussion.

Sincerely,

Dr. Richard Schabas

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We'd like to thank Mark Taliano for bringing this to our attention.

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