

[DATE]

To the [members of the County Board of Commissioners] [or other public officials]:

I am writing to urge you to reconsider and immediately rescind your “order to the public to stay at home in order to slow the further spread of COVID-19.” Based on the latest information, the order to sequester [_____] County citizens in their homes for the next month makes neither public health sense nor social and economic sense.

In case you are unaware of [recent statements](#) from U.S. experts and other experts around the world, I would like to draw your attention to the following:

- Professor Neil Ferguson, Director of the MRC Centre for Global Infectious Disease Analysis at Imperial College London in the United Kingdom, has been providing COVID-19 policy advice and previously stated that he would “rather [overreact](#) than be accused of under reacting.” However, Professor Ferguson, an epidemiologist, recently [testified](#) to the UK Parliament that he vastly overstated his predictions of COVID-19 mortality. Professor Ferguson’s “[massively downgraded projection](#)” takes the potential UK death toll from 500,000 to 20,000 “or far fewer”—at least a 96% reduction. Note that the UK routinely experiences [29,000 pneumonia deaths](#) every year. Oxford epidemiologist Sunetra Gupta had previously criticized the “[unqualified acceptance](#)” of Ferguson’s inflated models. White House advisor Deborah Birx, too, has [cautioned](#) against models “that predict alarming increases in coronavirus infections and deaths in the U.S.”
- On March 15, Dr. Joel Kettner, former chief public health officer for Canada’s Manitoba province and professor of Community Health Sciences and Surgery at Manitoba University, made several pertinent observations. First, Dr. Kettner stated: “In 30 years of public health medicine I have never seen anything like this.... I’m not talking about the pandemic, because I’ve seen 30 of them, one every year. It is called influenza. And other respiratory illness viruses, we don’t always know what they are. But [I’ve never seen this reaction](#), and I’m trying to understand why.” Dr. Kettner also pointed out that “we actually do not have that much good evidence for the social distancing methods. It was just a couple of reviews in the CDC emerging infectious disease journal, which showed that although some of them might work, we really don’t know to what degree and *the evidence is pretty weak*.” Finally, Dr. Kettner noted that we should not be underestimating the consequences of social distancing and massive job losses.
- Along the same lines, leading microbiologist Dr. Sucharit Bhakdi in Germany described, on March 19, the “self-destructive” anti-COVID-19 measures as “[grotesque, absurd and very dangerous](#),” arguing that such measures are shortening life expectancy and having a “horrific impact” on the world economy. Dr. Bhakdi also poignantly observed that “Social contacts and social events, theater and music, travel and holiday recreation, sports and hobbies, etc. all help to prolong [the elderly’s] stay on earth” by giving meaning to daily life.
- In the U.S., Dr. John Ioannidis, director of Stanford University’s Prevention Research Center and Editor-in-Chief of the *European Journal of Clinical Investigation*, wrote about the “[fiasco](#)

[in the making](#)” on March 17 in *STAT News*, noting that “we are making decisions without reliable data.” Dr. Ioannidis wrote, “If we had not known about a new virus out there, and had not checked individuals with PCR tests, the number of total deaths due to ‘influenza-like illness’ would not seem unusual this year. At most, we might have casually noted that flu this season seems to be a bit worse than average.”

- Dr. Ioannidis also pointed out that “A positive test for coronavirus does not mean necessarily that this virus is always primarily responsible for a patient’s demise.” Detailed analysis of death records in Italy underscores this point, showing that 99% of fatalities occurred in people with [preexisting, serious medical conditions](#). In the U.S., the National Vital Statistics System advises that COVID-19 be reported on the death certificate “for all decedents where the disease caused or is [assumed to have caused](#) or contributed to death.” Given that COVID-19 symptoms overlap with other conditions such as influenza and pneumonia, it seems plausible that the U.S. record-keepers could be overattributing deaths to COVID-19, just as they did in Italy.
- Finally, a paper published in 2015 about the MERS outbreak in Korea describes many negative impacts resulting from the closure of schools and cancellation of events and questions the [disproportionate socioeconomic impact](#) of an illness for which “the numbers of infections and deaths . . . were smaller than the numbers of those from tuberculosis or seasonal influenza.” Korea lost US\$10 billion. Describing the four ethical principles of “the precautionary principle, the least restrictive option, fairness, and transparency in decision making,” the Korean author states that “it is unclear that these values were fully considered in the public health actions that were taken during the MERS outbreak in Korea.”

Have you—the officials elected to serve and protect people in this [county/city/town]—duly considered these important ethical principles? I hope you will do the right thing for your constituents and community and immediately cancel the state of emergency. If you choose to maintain the stay-at-home order, I am hereby requesting a letter of response from [each individual member of the Board of County Commissioners] that outlines your estimates of the income and businesses that will be destroyed, the pro forma impact on local tax collections, your estimate of what that means to services, and your reasons for ignoring the compelling statements and ethical principles that I have just enumerated.

Sincerely,