

# Where's our Covid 'Sorry Day'?

*Sorry seems to be the hardest word for our politicians to utter*

**Julie Sladden**

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Recently I apologised for my profession. It occurred to me it was about time someone said 'sorry' for all that was done in the name of science and medicine over the past two and a half years.

Sorry for the lockdowns, for separating you from loved ones, for the terrible healthcare costs, for the lost education, for the financial burden.

Sorry.

As the data rolls in, we have been stocktaking the pandemic fallout. Calls for a Royal Commission have gotten louder. It seems no one in Australia's leadership class has the gumption to say 'sorry.' I recently had the opportunity to sit down with Jay Bhattacharya, Professor of Medicine and Economics at Stanford University, and asked him why this might be. He replied:

*'Once you've gone down that path of this absolutely extraordinary (lockdown) policy, it's extremely difficult to admit you're wrong. You've already caused a lot of damage to children and disrupted the lives of many people. And you've also created a sense of fear and panic about the threat of this virus. It's very hard, even once you have scientific evidence showing "this is probably not the right path" to say, "Oops, I got it wrong..."'*

Professor Bhattacharya called it in March 2020 with a piece in the [Wall Street Journal](#) that later proved to be spot on. How did he know?

*'When the pandemic hit, my first thought went to the 2009 H1N1 epidemic. The WHO put out a report saying H1N1 had a tremendously high death rate of 4-6 per cent. The world started to panic. But soon the reported high death rates started to fizzle out. A series of studies looking at population antibody levels revealed many more people had had H1N1 and recovered than originally thought. This meant the mortality rate for H1N1 was far lower, actually 0.01 per cent. Meaning a 99.99 per cent survival rate. Seroprevalence studies helped diffuse the fear around H1N1. So, when Covid arrived, I wrote my first ever op-ed and offered the hypothesis that the estimated 3-5 per cent mortality rate might not be right and called for a seroprevalence study.'*

*'This led to a series of extraordinary events that utterly changed my life. We ran the world's first large-scale seroprevalence study in April 2020 in Santa Clara County, California. A week later, we ran another in LA, California. The results were shocking, in a good way. We learned the prevalence was around 3-4 per cent, way more than expected, with fifty times more infections than cases. If this was true, there was no possibility of Covid-zero in the US. It also meant the death rate was far lower than originally thought, around 0.2 per cent. There was also a steep age gradient with older people much more likely to die from Covid than young. And at only 3-4 per cent prevalence, it was going to take a while for the world to be infected.'*

The response to publishing the studies was astonishing for Bhattacharya. 'The world decided I must've done something horrible and wrong for conducting these studies.'

A series of media 'hit-pieces' plus a university investigation followed.

*'You feel like your whole life is completely out of control. I lost 30lbs in two months... I wouldn't recommend it. In the end the University found I did nothing wrong. But in concluding that, they made clear if I stayed silent about the heterodox thoughts I was having regarding the pandemic, I could be a faculty in good standing again. It was my first hint that something very, very strange was going on.'*

Thankfully, Bhattacharya was undeterred.

*'If I, a tenured professor at Stanford, can't run a study with an unexpected finding that has tremendously important consequences for the world, then who can? Who can speak up?'*

Who indeed.

In October 2020, Bhattacharya joined two epidemiology heavy-weights: Harvard University Professor of Medicine, Martin Kulldorff, and Oxford University Professor of Epidemiology, Sunetra Gupta. Together they penned the **Great Barrington Declaration** calling for 'focused protection' and lifting of lockdowns. With almost 1,000,000 signatures, including over 47,000 medical practitioners, the declaration is the *actual* consensus position. It always has been. For a century, it's the plan we've always followed for respiratory pandemics.

It's now October 2022 in Australia. All-cause mortality rates are through the roof and people are asking **why**... Delayed health services caused by lockdowns are creating long queues for necessary care. The vaccine mandates did not protect patients by stopping transmission and, worse, have exacerbated staff shortages.

Meanwhile, children have suffered through disrupted schooling, damage that will be with them their whole lives. The economic bill is enormous, and the poor suffer even more because of rising inflation.

We don't know the full extent of damage, but one thing is clear: we're going to pay for a very long time.

The question is, how do we turn this mess around?

In medicine, when something goes wrong, all parties come together to assess what actually happened. It's called a Morbidity and Mortality (M&M) conference, a no-blame environment where the overriding aim is to identify mistakes and make changes to ensure these are not repeated. This is the necessary first step, suggests Bhattacharya.

*'This is too big of a world-changing event and the policy failure too great to not give the public an honest evaluation. The outcome of this process should be that lockdowns are never again considered an appropriate way of dealing with large-scale pandemics and that "lockdown" becomes a dirty word.'*

The future is not set, so we should also redress harms by increasing healthcare capacity to deal with backlogs and doubling down on investments in education. While we're at it, why don't we drop all mandates and reemploy sacked workers?

The M&M process should also result in identifying necessary reforms in science and medicine. 'Science and medicine function best with free discussion,' Bhattacharya surmises. 'No censorship, no smearing of contrary ideas. We need to restore that norm ... and the proper place of science and medicine in society.'

This is the idea behind the **Academy for Science and Freedom**, recently established by Bhattacharya and his colleagues in America. Its mission? To educate the people 'about the

free exchange of scientific ideas and the proper relationship between freedom and science in the pursuit of truth’.

The academy’s **Ethical Principles of Public Health** include sensible ideas like considering the benefits and harms of public health measures and the impact on overall health rather than a single disease; and protecting society’s most vulnerable, including children, low-income families, the disabled, and the elderly.

A group of local doctors, scientists, and leading academics have recently followed suit to form Australians for Science and Freedom. This group aims to ‘end mandates and social coercion, and stop lockdowns happening again’.

Now that’s an idea I can get behind. Who’s with me?

*Dr Julie Sladden is a doctor and freelance writer with a passion for transparency in healthcare.*

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