Commentary

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Post-pandemic: Canada desperately needs an impartial COVID-19 inquiry

Kevin Bardosh

Nearly four years after the Canadian government first imposed unprecedented COVID-19 policies, the nation still lacks a coherent plan for how to evaluate the effectiveness of these policies and their costs and consequences.

Sadly, recent efforts to promote a federal inquiry do very little to diminish concerns that key scientific and policy questions – about lockdowns, school closures, masks, contact tracing and vaccine mandates – will go unanswered. Rather than seriously questioning the dominant COVID policy approach, these efforts toward an inquiry parrot a set of misguided axioms set on justifying and institutionalizing them for the future.

A series of articles in the *British Medical Journal* (BMJ) called for an independent Canadian inquiry in mid-2023 (Clark et al. 2023). Supportive editorials were written by most Canadian media outlets and a launch event for the series was supported by the Royal Society of Canada. Yet, despite the BMJ series being entitled "Accountability for Canada's COVID-19 response", scientific data that contradict the necessity of government infection control policies as well

as the social harms to Canadian society from these far-reaching policies were largely ignored.

The BMJ article series assumes a unique form of implicit bias and faulty logic that I have called *Covidization*, and which has predominated as the mainstream position in government, media, the courts, academia and medicine since 2020 (Bardosh, 2023a). 'Covidization' over-states the evidence supporting COVID policies and downplays the evidence of their harm, or unintended consequences. It also assumes that more centralized government action was needed to control the virus and valorises population compliance. Take, for example, one of the most cited sentences in the BMJ series:

> What saved Canada was a largely willing and conforming populace that withstood stringent public health measures and achieved among the world's highest levels of vaccination coverage. In other words, Canadians delivered on the pandemic response while its governments faltered.
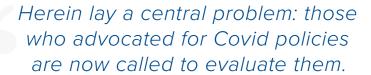
This mainstream position also inverts the burden of proof and contradicts key principles of public health ethics (Jamrozik, 2022): it is critical to appreciate that most COVID policies were *not* recommended for use during a viral respiratory pandemic by the World Health Organization and most governments pre-2020 because the evidence was weak and the anticipated harms substantial (Bardosh, 2023a). Pre-2020, the various vaccine mandates and passports used during the pandemic were also generally believed to be unethical and against the Canadian *Charter of Rights and Freedoms* (Bardosh et al. 2022).

Yet the social atmosphere of fear and panic during the pandemic re-engineered axiomatic truths and governance models including accepted ethical standards (e.g. precautionary principle) and cost-benefit analysis in decision-making. Instead, a narrow logic that approaches infection control *a priori* as the highest moral goal reigned.

The BMJ series is worrying because it was modelled on a similar article series launched just before the UK began its own formal COVID inquiry (McKee et al. 2022), which began in June 2023 (Bardosh, 2023b). The UK-focused BMJ articles were written, in part, by prominent advocates of Zero COVID, who, like China, promoted stricter containment believing the virus could be eliminated. This position went on to be reflected, in varying degree, in the biases and assumptions of the UK public inquiry itself.

The UK inquiry will run until 2026 and is estimated to be the most expensive British public inquiry ever, costing taxpayers £300-500 million. Yet the structure of the inquiry has given preferential status to bereaved family groups through legal representation, who are set on blaming the government for the death of their family members. This means that key assumptions about the effectiveness and appropriateness of COVID measures are simply taken for granted. Prominent scientists who advised the government, especially epidemiological modellers, have also been given preferential treatment by the barristers and the few scientists providing an alternative position, such as one more aligned with the idea of focused protection outlined in the Great Barrington Declaration (Kulldorff et al. 2020), have been largely maligned and ignored (Bardosh, 2023c).

The convergence between the UK inquiry and a possible Canadian inquiry may be more likely than anticipated. According to Canadian journalist Paul Wells, rumour has it that Professor Sir Mark Walport, who testified to the UK inquiry and recency chaired a UK Royal Society review on COVID interventions that ignored key data and the costs and consequences to society (Bardosh, 2023d), could head a Canadian inquiry (Wells, 2023). This has yet to be confirmed or denied.

> " *Herein lay a central problem: those who advocated for Covid policies are now called to evaluate them.*

Herein lay a central problem: those who advocated for COVID policies are now called to evaluate them. Epidemiological models and observational studies have been given substantial weight by government and public health agencies despite confounding effects, data reliability issues, incorrect assumptions, circular reasoning and inappropriate claims of causality (Grant et al. 2022; Doidge et al. 2022; Vickers et al. 2023).

In a desperate failure to 'follow the science', too many individuals in the mainstream medical establishment continue to frame efforts to question COVID policies as 'misinformation' or 'revisionism' (Murdoch and Caulfield, 2023). This perspective cherry-picks the evidence and ignores the totality

of data on policies such as school closures, mask mandates and lockdowns (Fitzpatrick et al. 2022; Vickers et al. 2022). It also ignores other factors that can explain COVID epidemiological trends: seasonality, innate immunity, voluntary risk reduction and herd immunity (Bardosh, 2023e).

Worryingly, provincial and federal governments are not required by law to evaluate the health, social or economic consequences of any emergency response in Canada, including COVID (Khoury et al. 2022). This leaves fundamental questions unanswered: Did government policies cause more harm than good? What should we do next time?

Now that the panic has subsided, it is time to move beyond the Covidization groupthink. Any thoughtful and objective COVID evaluation should be evidence-based and take as a starting position the investigation of social harms created by government infection control policies (Bardosh, 2023a).

This includes consequences on health and health services, such as an alarming mental health crisis (Agostino et al. 2021; Frounfelker et al. 2022; Jenkins et al. 2022) and rise in non-COVID excess mortality, for example due to drug overdoses among young people (Dmetrichuk et al. 2022; Lee et al. 2022). It includes a range of negative lifestyle changes that appear to be compounding risks for noncommunicable diseases: exercise, obesity, sleep, screen use, diet, addiction, frailty, and child development (Andreacchi et al. 2022; Colucci et al. 2022; Shillington et al. 2021; Potvin et al. 2022).

Pandemic policies closed businesses and shifted employment patterns, whilst also dramatically increasing government spending, debt and inflation (CFIB, 2021; Moran et al. 2022; Lemieux et al. 2020; Razak et al. 2022). What are the consequences and long-term legacy of these economic impacts? And, of course, economic consequences are likely to have had adverse effects on general well-being. It remains unclear how useful the vast government financial assistance programs really were (Kroebel et al. 2021).

The social fabric of Canada was also ruptured, with significant effects on domestic violence, child abuse, gender relations and social polarization (Baker et al. 2023; Smith, 2022; Wu et al. 2022; Wathen et al. 2022). Pandemic policies impacted children and teenagers at crucial points in their education and psychosocial development and are predicted to have various long-term consequences (Cost et al. 2022; Haeck and Larose, 2022). Studies on university students consistently show that well-being, social relationships, financial stress,

quality of learning and optimism about future job prospects were impacted (Appleby et al. 2022; Houlden and Veletsianos, 2022).

Socio-economic groups were affected in different ways. A generational paradox emerged: the virus itself caused minimal mortality among younger people who were most severely impacted by pandemic disruptions (Ciotti et al. 2022). More marginalized and vulnerable social groups also experienced disproportionate mental health and socio-economic effects (Jenkins et al. 2022). The quality of social services diminished as a result of accommodating social distancing protocols (Baker et al. 2023; Wathens et al. 2022). And the elderly were often isolated and locked-up in care facilities under inhumane conditions (Saad et al. 2022; Chu et al. 2022; Rangel et al. 2022).

> *The civic infrastructure of democratic accountability also eroded, with significant consequences for human rights, civil liberties, and checks on executive power .*

The civic infrastructure of democratic accountability also eroded (Baron and Van Geyn, 2023), with significant consequences for human rights, civil liberties, and checks on executive power (Joffe, 2021; Mykhalovskiy et al. 2022). Debate was, for the most part, abandoned at our institutions of higher education. An artificial 'consensus' was manufactured by the mainstream media (Capurro et al. 2021; Labbe et al. 2022; Norman et al. 2022). Science itself was politicised and a profound failure occurred in multidisciplinary scientific policy advice. The advice offered to policymakers focused almost exclusively on a pathogen-centric perspective (Bhatia et al. 2023) and disregarded the expertise of other relevant disciplines. Population compliance was supported through unprecedented laws on protest, data privacy and media freedom largely upheld by the courts (Ballard et al. 2021; CCLA, 2021; McClelland Luscombe, 2021). Growing public distrust culminated in the 2022 Ottawa trucker convoy protest while the biases of the Rouleau Commission that upheld the use of the *Emergencies Act* revealed similar failures in government accountability (Alford, 2023).

Despite these varied impacts on Canadians, no major scientific and institutional effort has emerged to collate and analyse the full data on these societal harms

and explore their implications for pandemic policy. Two recent efforts are, nonetheless, worth mentioning. First, the new United Conservative premier of Alberta, Danielle Smith, commissioned a public health emergency governance review which recommended, among other things, broader expertise in management and science advice and the need to better protect rights and freedoms (Kelly-Gagnon et al. 2023). Second, a grassroots independent movement recently completed a *National Citizen Inquiry* (2023), based on public testimony from a seven-city tour, and has released a final report focused on the varied impacts of COVID measures on society.

The federal government can call for a national commission of inquiry at any time and set the scope and format. Such inquiries have had lasting institutional impact in the past; the Canadian blood services emerged from the stained blood scandal in the 1980s. And their tendency to keep an issue in the news cycle helps ensure institutional change (Stutz, 2008).

However, before any Canadian inquiry takes place, it is critical that a reversal of perspective occurs about the key questions (Norfolk Group, 2023). Scientific analysis about the effectiveness of COVID policies in Canada need to be approached in an attitude of impartiality and with a willingness for self-criticism. The data on policy harms need to be taken seriously. This is certainly within the remit of the Public Health Agency of Canada, the Canadian Institutes of Health Research, the Social Sciences and Humanities Research Council of Canada, and many other government agencies.

All things considered, it would be wise to establish an independent scientific review with sufficient broad support, expertise and neutrality outside government. This could then inform the establishment of any future public inquiry. Otherwise, like the UK COVID inquiry, we risk eschewing a critical and objective assessment of the evidence and the difficult policy trade-offs between infection control, social harm and civil liberties.

Canada needs a proper COVID inquiry but ensuring that the public gets one will require political acumen, scientific rigor and a correct orientation toward the key social, political, and medical questions at stake. **MLI**

About the author

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Paul Martin

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The Honourable
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