

# Roundtable Discussion on COVID Treatments and Mandates

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

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## STORY AT-A-GLANCE

- › March 7, 2022, Florida Gov. Ron DeSantis hosted a roundtable discussion about COVID treatment, early treatment suppression, vaccine risks, the collateral damage from school closures and lockdowns and more
- › March 8, 2022, the Florida Department of Health updated its guidance, formally recommending against COVID vaccination for healthy children, 5 to 17. Florida is the first state to go against CDC vaccine recommendations
- › Florida Surgeon General Joseph Ladapo stressed that, as we move forward, we must insist on holding decision makers accountable for their harmful public health decisions. “Their choices, that they made for everyone, were the wrong choices that led to, basically, no appreciable benefit,” Ladapo said
- › According to Dr. Jay Bhattacharya, one of the most egregious mistakes made was to ignore the fact that there’s a thousand-fold difference in risk between the lowest and highest risk groups. Children are at virtually no risk of dying from COVID, yet children have been forced to bear the burden of disease prevention. “Almost from the very beginning of the pandemic, we adopted policies that seem like they were tailor-made to harm children,” he said
- › According to Dr. Sunetra Gupta, what we’ve seen over the past two years is an “inversion of the schedule of uncertainty.” Doubt was cast on things that were certain, while certainty was claimed for things we had no clue about. Decision makers chose to do the very things we knew, for certain, would cause harm. They inverted the

precautionary principle to minimize harm, and chose to maximize harm instead

March 7, 2022, Florida Gov. Ron DeSantis hosted a roundtable discussion<sup>1</sup> about COVID treatment, early treatment suppression, vaccine risks, the collateral damage from school closures and lockdowns, and how to end the COVID theatre once and for all. Panelists included physicians, scientists and academics from around the U.S., including:

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Florida Surgeon General Joseph Ladapo, a former National Institutes of Health-funded researcher

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Dr. Robert Malone, a molecular virologist, bioethicist, vaccine researcher and co-developer of the mRNA vaccine platform

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Dr. Tracy Hoeg, Ph.D., an epidemiologist

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Dr. Jill Ackerman, a family physician

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Dr. Christopher D'Adamo, Ph.D., an epidemiologist and integrative medicine specialist

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Dr. Shveta Raju, an internist

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Dr. Harvey Risch, Ph.D., professor of epidemiology trained in mathematical modeling of infectious diseases

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Dr. Jay Bhattacharya, Ph.D., professor of health policy at Stanford, research associate at the National Bureau of Economic Research and co-author of the Great Barrington Declaration, which calls for focused protection of the most vulnerable<sup>2</sup>

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Dr. Martin Kulldorff, Ph.D., former professor of medicine at Harvard University, now senior scientific director of the Brownstone Institute, a biostatistician and epidemiologist with expertise in vaccine safety evaluation, co-author of the Great Barrington Declaration

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Dr. Joseph Fraiman, a rural emergency physician and clinical scientist, specializing in harm-benefit analysis

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Dr. Sunetra Gupta, Ph.D., Oxford University professor, an epidemiologist with expertise in immunology, vaccine development and mathematical modeling of infectious disease, co-author of the Great Barrington Declaration

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## We Must Hold Decision Makers to Account

As noted by Ladapo, one of the things we must remember and remain intent upon as we move forward is to hold people accountable for their public health decisions. Two years after the “two weeks to slow the spread,” we have ample evidence proving the decision makers “didn’t know what they were talking about,” Ladapo says.

**“ Their choices, that they made for everyone, were the wrong choices that led to, basically, no appreciable benefit. ~ Joseph Ladapo, Florida Surgeon General ”**

They abused their power, they manipulated data, they lied, and they now want us all to forget what they said and did. We cannot let them get away with it. Many errors were made, and those responsible must be held to account.

*“Their choices, that they made for everyone, were the wrong choices that led to, basically, no appreciable benefit,” Ladapo says. “We cannot let them*

*forget. We have to hold them accountable. We have to let the country, the world, know what the truth is – because it's the right thing to do, and because it can happen again if we don't."*

## **Thousand-Fold Difference in Risk Was Ignored**

Bhattacharya was one of the first to investigate the prevalence of COVID-19 in 2020, and he found that by April, the infection was already too prevalent for lockdowns to have any possibility of stopping the spread.

He points out that one of the most egregious mistakes made was to ignore the fact that there's a thousand-fold difference in risk between the lowest and highest risk groups. Children and teens are at virtually no risk of dying from COVID. Overall, the risk of COVID is primarily relegated to the very old and those with multiple comorbidities.

Bhattacharya has called the COVID-19 lockdowns the "biggest public health mistake ever made,"<sup>3</sup> stressing that the harms caused have been "absolutely catastrophically devastating," especially for children and the working class, worldwide.<sup>4</sup>

In some areas of the world, children have not been in school for two years, and the ramifications of that will likely reverberate for decades. Public health has also been negatively impacted by lockdowns and other measures – measures which Bhattacharya states were based in fear, not fact.

## **Stunning Denials of Science**

Kulldorff, in his opening remarks, points out what he believes is one of the most stunning parts of this pandemic, and that is the denial of the basic science of natural immunity. Even doctors and hospitals that "should know better have demanded vaccine mandates for people who have already had COVID," he says.

Perhaps even worse, hospitals have fired staff who have had COVID and have natural immunity, simply because they did not want to get the experimental jab. Those with natural immunity are not just less likely to get COVID again, they're also far less likely to spread it to others. This makes them among the most valuable staff members a hospital can have, yet they were routinely discarded.

*"That goes against basic principles of public health," Kulldorff says. "And to have a director of the CDC who questions natural immunity, which we have now, is sort of like having a director of NASA who questions whether the earth is flat or round. It's just mindboggling that we've come into a situation like that."*

Fraiman, whose clinical research expertise includes risk-benefit analysis, also expresses disbelief and frustration over the scientific censorship we've seen in the last two years. He points out that many of his colleagues are simply too afraid of getting fired to speak the truth.

DeSantis, similarly, highlights how incredibly difficult it has been to publish and find research that contradicted the official narrative, and even when available, the mainstream media would refuse to acknowledge it, whereas they would endlessly publicize speculation and statements of opinion that had no basis in fact or science, but supported – however flimsily – the official narrative.

I would add that so-called fact checkers have even gone so far as to "fact check" scientific peer-reviewed publications,<sup>5,6,7</sup> labeling them as "misinformation" or outright "false," resulting in their being censored on social media!

That's an astounding development. It does not bode well for science when noncredentialed individuals with zero experience in the topic at hand are given the authority to decide the "truthfulness" or accuracy of scientists' work.

## **The Inversion of the Precautionary Principle**

Gupta, who has some 30 years of expertise in mathematical modeling of infectious disease, points out that what we've seen over the past two years is an "inversion of the schedule of uncertainty." In short, doubt was cast on things that were rather certain — so-called "unknowns were not unknown," Gupta says — while certainty was claimed for things we had no clue about.

"The powers that be told us the measures and restrictions would work, but we didn't know they would work," she says. Moreover, we didn't know what their purpose actually was. "It was a rather incoherent set of goals," she says. One thing we knew for certain was that lockdowns and other restrictions "would have enormous cost," she says.

*"That was the one thing we were certain about, yet that's what we went ahead and did. We inverted the precautionary principle of trying to minimize harm, by doing the one thing we knew would cause harm."*

I would add that the scale of that harm was never calculated or addressed at any point along the way. It's as though it didn't matter how great the harm was, as long as there was the appearance that we were doing everything in our power to prevent COVID.

## **Plausibility Versus Science**

Risch brings up a similar point, saying we've seen a lot of misdirection. What's been conveyed to the public have been things that are plausible, but not scientific. "There's a big difference between things that seem plausible and things that are scientific," he says.

For example, lockdowns are a plausible countermeasure, but they're not based in science. In fact, all the science we have, show them to be harmful, with little or no benefit whatsoever. "The same has been true for medications," Rish says.

The U.S. Food and Drug Administration put out warnings saying that

hydroxychloroquine should not be used in outpatients, even though they had no data on outpatient use of the drug. They only had data on in-hospital use, and the two situations are not comparable.

Early COVID symptoms are completely different from symptoms of later-stage, severe infection and the two stages require completely different treatments.

Hydroxychloroquine only works well when used very early. It's not useful in the later stages, and frontline doctors were well aware of this.

## **No Justification for Mandating Vaccines for Children**

Malone – speaking on behalf of the International Alliance of Physicians and Medical Scientists,<sup>8</sup> which currently has some 17,000 members – stressed that, in terms of COVID policies, the Alliance has “made a series of very clear, unambiguous statements.”

*“There is no justification for mandating vaccines for children. Full stop,” he says. “We’re of the strong opinion that if there is risk there must be choice. This is fundamental bioethics 101.”*

As noted in the second Physicians Declaration<sup>9</sup> by dated October 29, 2021, children’s clinical risk from SARS-CoV-2 infection is negligible and long term safety of the shots cannot be determined prior to the enactment of mandatory vaccination policies. Not only are children at high risk for severe adverse events, but having healthy, unvaccinated children in the population is crucial to achieving herd immunity. Malone continues:

*“No. 2, as far as we’re concerned, there is no medical emergency now, and there is therefore no justification for the declaration of medical emergency and the suspension of rights ...”*

The Alliance also condemns “the hunting of physicians and the restriction of physicians’ ability to prescribe and treat with early treatment.” With regard to

vaccines, Malone also highlights the fact that while a Pfizer/BioNTech COVID injection has been approved by the FDA, that product is not available.

So, there is NO FDA approved COVID “vaccine” on the market in the U.S. The only products available in the U.S., for children and adults alike, are emergency use authorization (EUA) products, for which liability is waived.

Now, in order for the COVID injections to qualify for EUA, there could not be any other treatments available, which appears to have been the driving factor behind the suppression of early treatment with repurposed drugs such as hydroxychloroquine and ivermectin.

## **Mask Mandates Have Not Had Any Benefit**

Speaking to the issue of mask mandates, Hoeg has published several studies, looking at the effects of universal mask wearing. One of them assessed compliance and outcomes in the Wisconsin school system. On average, 92% of children complied with the mask wearing, and only seven students out of 7,000 caught COVID during the 2021 school year.

This was used by media to proclaim that masks work. The problem is, there was no control group, and the low infection rate could have been due to anything. Hoeg points out we have studies from Scandinavia, where masks were not worn, and they too had extremely low infection rates among children.

Again and again, we’ve seen that children just aren’t susceptible to COVID, especially not severe infection. So, low incidence really says nothing about the effectiveness of masks.

DeSantis also notes that neighboring schools – one that had a mask mandate and another that did not – had no discernible difference in infection rates, which he believes is rather compelling evidence that mask mandates have no benefit. What’s more, of the two largest randomized controlled trials, both showed that masks do not



prevent the spread of infection.

According to Hoeg, we've inverted the precautionary principle with respect to mask wearing as well. Without any high-quality evidence of benefit, we've chosen to mask children even though we know there are harms. They interfere with communication, impede learning, hinder breathing, promote bacterial infections and more.

## **The Collateral Damage Has Been Immense**

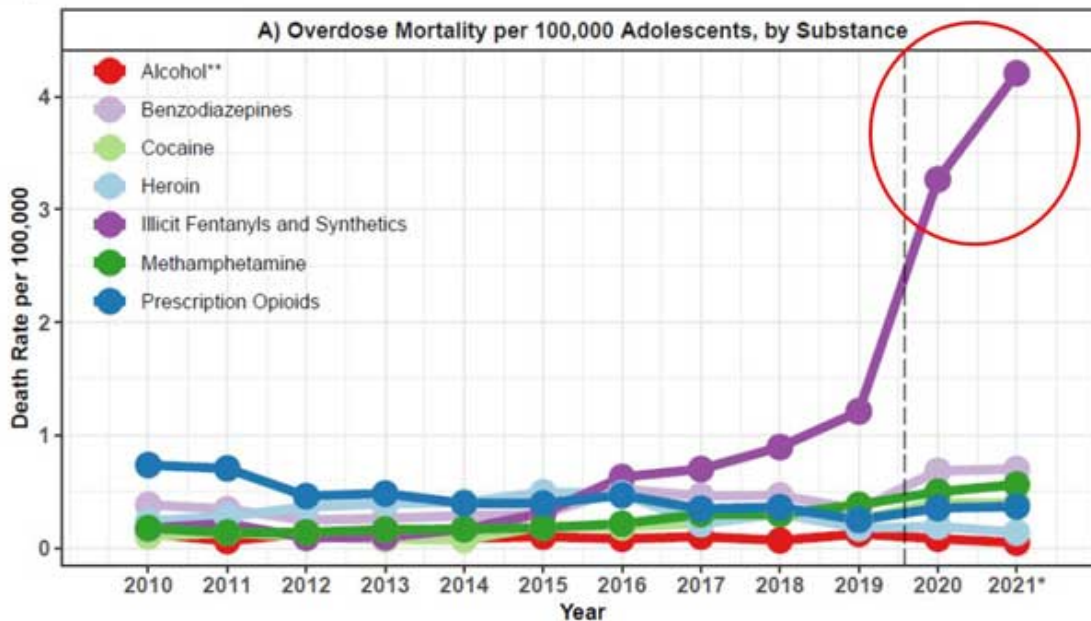
As noted by Fraiman, any time you consider a public health measure, you have to conduct a thorough risk-benefit analysis. Who may benefit and to what degree? What are the harms, who will be harmed the most, what's the extent of the collateral damage? Do the benefits outweigh all of the risks?

In the case of school closures, "the collateral damage has been immense," Fraiman says. Physical and mental health has been impacted. According to Fraiman, there's been a doubling of obesity and diabetes, for example, during the pandemic. There's been a dramatic increase in anxiety, depression and stress.

Recent statistics show a shocking spike in fentanyl overdose deaths among high school-aged adolescents in the U.S. during 2020 and 2021. The following graph, from a December 24, 2021, preprint article<sup>10</sup> posted on medRxiv and tweeted<sup>11</sup> out by Dr. John B., a scientist, illustrates the situation better than words.

## Sharp Increases in Drug Overdose Deaths Among High-School-Age Adolescents During the US COVID-19 Epidemic and Illicit Fentanyl Crisis

Joseph Friedman, Morgan Godwin, Chelsea Shover, Joseph P. Gone, Helena Hansen, David Schriger  
doi: <https://doi.org/10.1101/2021.12.23.21268284>



According to the authors:<sup>12</sup>

*“Adolescent overdose mortality saw a sharp increase between 2019 and 2020, from 2.35 per 100,000 to 4.58 per 100,000, representing a 94.3% increase, the largest percent increase of any 5-year age group ...*

*Trends were driven by fatalities involving IMFs [illicitly-manufactured-fentanyl], which nearly tripled from 2019 to 2020, and represented 76.6% of adolescent overdose deaths in 2021 ... Our results should also be understood in the context of rising rates of adolescent mental illness during the COVID-19 pandemic.”*

“I think it’s quite clear that the collateral damage outweighed any benefit that was there,” Fraiman says. “So, I think we need to take a more systems-level approach before embarking on this kind of policy the next time.”

## Was Harming Children Intentional?

Bhattacharya adds, “Almost from the very beginning of the pandemic, we adopted policies that seem like they were tailor-made to harm children.” Lower-income children were disproportionately harmed by lockdowns and school closures. “The effect on these kids has been catastrophic,” he says.

He cites a study that calculated that, as a result of the school closures during the spring of 2020, children in the U.S. will lose 5.5 million life years. Lost learning literally ripples through the child’s entire lifetime. They lead less healthy and shorter lives and are more likely to be steeped in poverty.

In some areas of the world, schools have been closed for nearly two years. As noted by Bhattacharya, we’ve “robbed an entire generation of their birthright.” Mask mandates have made the impact on children even worse.

He points out that the U.S. Centers for Disease Control and Prevention is the only public health agency in the world that still recommends masking toddlers, “with literally not a single study showing it has any consequence on the spread of the disease.”

*“The only reason they continue to mask [toddlers] is because [the toddlers] are powerless,” he says. “We’ve adopted this idea that children are the central problem; children are the ones who should bear all the burden of infection control.*

*In fact, that’s not true. It has revealed the values we have as a society, and it’s not a pretty picture. None of this has actually worked to protect the vulnerable. Still, 80% of the deaths are in people over 65. What have these restrictions on children bought? Not very much, if at all. And it’s caused tremendous harm that we’re going to have to address for years to come.”*

## **Florida Recommends Against COVID Shots for Healthy Children**

In late February 2022, Ladapo and DeSantis also updated the state’s policy on masks,

formally discouraging mask wearing.<sup>13</sup> Toward the end of the roundtable, Ladapo announced the Florida Department of Health would also formally recommend against COVID shots for healthy children, aged 5 to 17,<sup>14</sup> as they “may not benefit from receiving the currently available COVID-19 vaccines.”

During the roundtable, risks such as myocarditis were also discussed. Florida is the first state to go against the CDC’s vaccine recommendations. In a statement published with the new guideline, March 8, 2022,<sup>15</sup> Ladapo said:

*“Based on currently available data, the risks of administering COVID-19 vaccination among healthy children may outweigh the benefits. These decisions should be made on an individual basis, and never mandated.”*