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Do COVID-19 Restrictions Serve the Common Good?

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Voiced

We've been told since the beginning of the COVID-19 pandemic that significant restrictions in the form of lockdowns, social distancing, quarantines, and mask mandates are necessary for the "common good." This refrain has been heard from medical professionals, politicians, our bishops and other Catholic leaders, and even the man on the street. Yet, looking at data from all disciplines, including the physiological, psychological, and psychosocial, calls into question whether the common good has truly been served by these restrictions. In all that has taken place, in all that we have observed, one has to ask whether the real pandemic was truly virus-induced or human-imposed.

In this article, we will briefly explore the background of the SARS-CoV-2 virus, the measures taken to slow its spread, the confusing messaging given to us by health experts throughout the pandemic, the fatality rates associated with the

virus, and potential treatments. Then we will examine the COVID-19-related restrictions and how they affect the common good. By doing this, we can analyze the impact of the disease itself vs. the impact of the restrictions.

Background

It is important to recognize at the outset the fact that SARS-CoV-2 is a virus within the family of corona viruses which were first characterized in the 1960s (Kahn and McIntosh, 2005). These viruses have been around for a long time. In fact, this is not the first time, nor will it be the last time, that coronaviruses have affected the global community—the SARS epidemic of 2003 was also caused by a coronavirus. Whether this virus originated in bats (Zhou et al., 2020; Zhu et al., 2020) or modified in a lab (Piplani et al.; Latham and Wilson, 2020) or not (Andersen et al., 2020), does not really matter much to most people. What does matter is how the virus has impacted everybody's life.

Measures taken to minimize spread

Starting in early 2020, the World Health Organization (WHO) and most governments across the world implemented a series of measures touted—without any real scientific or other evidence—to help reduce the spread of the SARS-CoV-2 virus. These included lockdowns (also known as "stay-at-home" orders) that shut down schools, work places, economies, and nations; quarantines, social distancing, and compulsory mask wearing. However, the hallmark characteristic of how authorities at all levels have handled this disease can only be described as confusing, contradictory, and, as evidence continues to accumulate, clearly inhumane.

One such example of confusion is the WHO warning against early termination of lockdowns in March of 2020, only to warn against lockdowns in October of the same year. Even the relaxing of the lockdowns brought only limited relief to the public. Mask mandates, social distancing, closure of so-called "non-essential" services, barriers in stores, classrooms, and anywhere where two humans would, God forbid, face each other, disinfection of surfaces and hands continued—and I

am sure that this is not an exhaustive list. Many of these behaviors continue to be practiced to this day.

While many arguments are raised to justify the necessity for the measures taken, there is one aspect that seems to be constantly either ignored (intentionally or unintentionally) or spoken of as an issue of lower priority: the human psychological impact that will be felt for several generations.

COVID-19 in context

Another difficulty regarding the response to the pandemic is putting COVID-19 cases, hospitalizations, and deaths into their proper context. Realistically speaking, there remains plenty of confusion pertaining to the real number of deaths associated with COVID-19, and part of this stems from the ambiguous definitions applied by authorities such as the WHO (WHO, 2020) or CDC (National Center for Health Statistics, 2020). However, the WHO and CDC are clearly not solely to blame for the confusion, given how some deaths have been attributed to COVID-19 despite a clear lack of connection.

One noticeable source of confusion is the persistent choice of members of the media and of politicians to speak in terms of raw counts rather than percentages. Raw number counts mean very little, given that they can only be understood appropriately if a context is provided. For example, claiming that 100 people died means different things if you are addressing a small rural community with a population of 1,200 or a city of 120,000. In the context of other diseases, and not taking the intentionally ambiguous definitions mentioned above into consideration, COVID-19-related deaths have not, realistically speaking, been any more alarming than any other global disease. It therefore appears that news outlets and politicians present the raw numbers not to aid understanding, since it does not, but to put forward a more dramatic view of the disease.

In 2020, globally, 1.8 million people were reported to have died of COVID-19. However, global deaths from diarrheal disease was reported to be 1.7 million in 2016 (Troeger et al., 2018), while cardiovascular diseases claim 17.9 million lives

a year. Last year abortion claimed 42.7 million lives while the first ten days of January 2021 alone claimed the life of 1.1 million unborn children globally.

Knowledge about COVID-19 and Potential Treatment

One might argue that COVID-19 is a far greater threat to life than diarrheal disease because we don't know how to treat it. So what do we know?

As indicated earlier, COVID-19 is caused by a virus (SARS-CoV-2). Recovery rates have been reported as being between 97% and 99.75% (Nikhra, 2020) and most of the COVID-19 deaths are related to comorbidities, meaning that only 6% of deaths are solely attributable to COVID-19 alone. Comorbidities include hypertension, diabetes, and obesity (Petrilli et al., 2020; Richardson et al., 2020).

A look at the number of deaths in relation to confirmed cases—at both the global level and also within the United States—indicates that at the global level deaths account for 2.22% of those confirmed, or 0.03% of the world population. In the United States deaths account for 1.8% of those confirmed, or 0.16% of the US population (data accessed March 4, 2021).

Additionally, we *do* have potential ways of treating COVID-19 or minimizing its impact. These include hydroxychlorquine (Klimke et al., 2020) and chloroquine (Vincent et al., 2005), alone or in combination with antibiotics (Arshad et al., 2020) or antivirals (Wang et al., 2020), the use of zinc supplementation (McCullough et al., 2021) that has been shown to enhance the absorption of chloroquine (Xue et al., 2014), in addition to immune modulators and steroids that target the so-called cytokine storm that drives the inflammation (Recovery Collaborative Group et al., 2020; Vijayvargiya et al., 2020). Moreover, increasing evidence supports the protective role of vitamin D against COVID-19 (Bilezikian et al., 2020; Teshome et al., 2021), which makes the lockdowns—which prevent people from being outside in the sun, the major source of vitamin D—clearly nonsensical.

Additionally, there are practices that people can and should be utilizing to minimize risk of serious infection, including basic hygiene practices such as hand-washing (Alzyood et al., 2020) and appropriate nutrition (Zabetakis et al., 2020; Demasi, 2021; Greene et al., 2021)—practices that, realistically, should be common sense.

The Common Good? Lockdowns, Social Distancing, Quarantines, Masks, Vaccines, and Testing: The Psychosocial impact

Although it appears that many possible treatments have been ignored, that does not mean that actions haven't been taken to slow the spread. Quite the contrary. However, many of the steps taken to address the spread of the SARS-CoV-2 virus appear rather questionable.

Firstly, from a statistical perspective as addressed earlier, given the low mortality rates (measured as Infection Fatality Ratio (IFR)), given the prognosis of most of those infected, given the abundance of potential methods of minimizing death in those infected, and given the potential common sense and non-stressful methods for minimizing the spread of infection, the measures imposed are disproportional to what the disease has shown itself to be.

Secondly, in medicine, as in life, the goal is always to reduce the risk/benefit ratio. This concept has been totally abandoned in the case of COVID-19, biasing the measures towards the risk, and ignoring the harms caused by the measures themselves.

Lockdowns, social distancing, quarantines, and mask mandates have clearly negatively impacted the dignity of the human person. Sadly, those responsible for this assault include not just the state, but also many within the Church, which in most cases appears to be a willing enforcer of the mandates. Even sadder is what appears to be the misuse and abuse of fundamental principles of Christian life. In some cases, this has taken the form of seeking to impose compliance to the mandates through fear, misinformation, and dramatization, sometimes of

personal events that may or may not reflect the general reality of COVID-19, while appearing to preach charity or the principle of the common good.

Such misrepresentation of the common good ignores human history: those who intend evil have often twisted Christian principles to implement their evil aims. This has been evident in pro-abortion "Catholic" politicians, for example, and in words of Karl Marx himself, who states in the Communist Manifesto, "Nothing is easier than to give Christian asceticism a Socialist tinge. Has not Christianity declaimed against private property, against marriage, against the State? Has it not preached in the place of these, charity and poverty, celibacy and mortification of the flesh, monastic life and Mother Church?" (Marx and Engels, 2003)

One key aspect that seems to be forgotten in these efforts is that the common good is much greater than the individual and the few people that surround each individual. It considers "the good of **all people and of the whole person**" [my emphasis] (Pontifical Council of Justice and Peace, 2006, para. 165). Thus, the common good implies that we consider the reality of what is best for society's health.

Thus, in relation to COVID-19, we need to weigh the reality of the statistics of COVID-19 that I addressed above in relation to mortality relative to the consequences of the implemented mandates (addressed below) that effectively, in one form or another, isolate people and harm them. Some scientific literature is now starting to recognize this, as COVID-19 is "now understood as a traumatic stressor event capable of eliciting PTSD-like responses" with the possibility of making existing mental health issues worse (Bridgland et al., 2021).

Masks

While countries/states/institutions have sought to penalize those who do not wear masks utilizing evidence that seems to ignore realities beyond the virus particle (e.g. Konda et al., 2020; Howard et al., 2021) for the purpose of supposedly protecting others, they seem to have ignored not only the evidence that may be less supportive, but also the evidence that implies the potential for short-term and long-term negative consequences.

The consequences of mask wearing vary in their potential to negatively impact society (Czypionka et al., 2020). Practical and physical issues associated with mask wearing have included:

1. Reduced/impeded gaseous exchange (Kao et al., 2004; Tong et al., 2015; Fikenzer et al., 2020).
2. Penetration of viral particles as high as 97% in cloth masks and 44% in medical masks (MacIntyre et al., 2015).
3. Inefficiency due to improper wearing of masks (Burgess and Horii, 2012).
4. Reduced efficiency in protection from viruses the longer the mask is worn and due to increased humidity (MacIntyre et al., 2015; Lazzarino et al., 2020).
5. The potential for increased spread of the virus due to its presence on the outer surface of masks or due to increased touching of the eyes (Isaacs et al., 2020; Lazzarino et al., 2020).
6. Significant changes in skin characteristics on the part of the face covered by a mask, including in skin temperature, redness, hydration and secretions (Park et al., 2020) in addition to eye dryness, acne, skin breakdown and nosebleeds, headaches and bad odors (Shenal et al., 2012; Kumar and Singh, 2021).

In addition to these effects, and not however independent of them, there is a substantial psychosocial impact, the magnitude of which is difficult to currently quantify due to the typical delay that is observed in the manifestation of negative mental health consequences (Rajkumar, 2020). The physiological and psychological are not independent of each other and the former may potentially impact the latter (Roberge et al., 2012; Scheid et al., 2020). The psychosocial impact of masks include:

1. Their potential to interfere in the communication with the appropriate care and well-being of patients (Isaacs et al., 2020; Marler and Ditton, 2021).
2. Fatigue, anxiety, or claustrophobia, impaired cognition (Shenal et al., 2012; Kumar and Singh, 2021).
3. Confusion in the interpretation of emotions due to interference with the recognition of facial expressions, and impediment in interpersonal relationships irrespective of whether there are pre-existing psychopathologies or not (Critchley et al., 2000; Carbon, 2020; Isaacs et al., 2020).

4. The potential to interfere with the appropriate detection of natural chemicals (pheromones) that are potentially involved in the bonding involved in natural human relationships (Savic et al., 2009).

Dehumanization of the Human Person and Relationships

Moreover, and linked at least in part to the mask wearing, is the dehumanization of the human person and relationships, most especially sexual relationships, with instructions to wear masks during sexual intercourse (Pennsylvania Department of Health, 2021), in addition to efforts to encourage self-pleasure (Turban et al., 2020; Pennsylvania Department of Health, 2021). The impact of this has not been without consequences, with a global peak increase of 24.4% in pornography use being reported on March 25th, 2020 (US peak: 41.5%; European peak: 18.0%). While March 2020 reflected a peak, the use remains well above previous trends. Such increases are of concern irrespective of age group. However, among the most vulnerable are college students, who reported significant levels of depression and anxiety prior to the COVID-19 pandemic. Thus, one can only imagine that the relationship between pornography, negative mental health, and compulsive (addiction-like) behaviors previously reported (Camilleri et al., 2021) is currently only magnified, most especially with so much time being spent on-line in order to continue with classes.

Testing, Contact Tracing, and Vaccines

The drive to test, even for asymptomatic carriers, to contact trace, and to vaccinate are also of concern. Once again, the term “common good” is repeatedly utilized to justify all of the above. However, there are a number of aspects that make the necessity of any of these questionable, given the burden they potentially impose relative to the purported benefit.

Relative to the testing, aside from the concerns arising pertaining to the accuracy of the Reverse-transcription polymerase chain reaction (RT-PCR) test utilized (Jaafar et al., 2020; Surkova et al., 2020) including comments from Dr. Fauci himself, the question arises as to the necessity and usefulness of the asymptomatic testing (Buitrago-Garcia et al., 2020; Pollock and Lancaster, 2020). Additionally, Dr. Fauci at a press conference at the end of January

2020 stated, "*Historically people need to realize that even if there is some asymptomatic transmission [of covid-19], in all the history of respiratory-borne viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person. Even if there's a rare asymptomatic person that might transmit, an epidemic is not driven by asymptomatic carriers*".

In regards to contact tracing, the WHO, in a document titled "Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza" (WHO, 2019) describes contact tracing as "highly disruptive" and "not recommended in general because there is no obvious rationale for it in most Member States." Additionally, in regards to evidence for contract tracing, the document states, "Evidence for overall effectiveness of contact tracing was limited" and contact tracing was "estimated to provide at most a modest benefit, but at the same time would increase considerably the number of quarantined individuals", along with all the social/psychological implications resulting from such measures.

Pertaining to vaccination, the America's Frontline Doctors White Paper On Experimental Vaccines For COVID-19 outlines some legitimate concerns pertaining to the vaccine, including but not limited to the absence of preclinical studies, the failure of previous coronavirus vaccines, as well as concerns relating to the technology utilized. Additionally, there is evidence for potential negative consequences sufficient to warrant caution based on findings related to SARS coronavirus vaccines (Tseng et al., 2012). Moreover, from an ethical perspective, concerns have been raised regarding the morality of utilizing vaccines even remotely connected to abortions. This information highlights the necessity for the realistic consideration of the true impact of the SARS-CoV-2 virus, and whether the vaccine is a truly justified measure.

Other consequences

Other consequences of the measures taken to minimize the spread of COVID-19 include the increase in domestic violence in numerous countries, with percentage

increases as high as 30% (UN Women, 2020). Additionally, reports continue to indicate a significant increase in mental health problems (30.9% increase in anxiety & depression; 26.3% increase in trauma & stressor related disorder), substance use (with 13.3% started or increased substance use to cope with the pandemic), and the serious consideration of suicide (25.5% of 18-24yo in the 30 days prior to the survey) (Czeisler et al., 2020).

Conclusion

To conclude, we know that COVID-19 is clearly a disease; however, treatments are available. It has become increasingly clear, as the statistics indicate, that the steps taken to supposedly combat the spread of the SARS-CoV-2 virus have been disproportional and harmful relative to what the disease has shown itself to be as is evident at various levels, including but not limited to the physiological, psychological, and social levels. Additionally, arguments utilizing the "common good" to justify the various mandates imposed on people ignore the reality of the significant, long-term (potentially multi-generational), negative consequences addressed in this article.

While this article could not realistically address exhaustively every impact reported in the scientific literature or the media, it does highlight the necessity for a serious re-evaluation of priorities by bishops, pastors, counsellors, and administrators at every level, of the more detrimental consequences of the measures taken to purportedly combat COVID-19. It is hoped that this will lead to concerted efforts to block and terminate the various inhumane measures, replacing them with more common sense efforts that respect the true dignity of the human person in its fullness and, as a result, truly serve the common good.

[Photo Credit: Shutterstock]

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